

CS/SB 606 by **HP, Gaetz (CO-INTRODUCERS) Montford, Sobel, Hays;** (Similar to CS/H 0657) Dental Care

109062 A S RCS AHS, Richter Delete L.67: 03/19 09:44 AM

SB 682 by **Grimley;** (Similar to CS/H 0111) Transitional Living Facilities

785126 A S RCS AHS, Grimsley Delete L.1084 - 1086: 03/19 09:44 AM

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Garcia, Chair
Senator Smith, Vice Chair

MEETING DATE: Thursday, March 19, 2015
TIME: 9:30 a.m.—12:00 noon
PLACE: James E. "Jim" King, Jr. Committee Room, 401 Senate Office Building

MEMBERS: Senator Garcia, Chair; Senator Smith, Vice Chair; Senators Abruzzo, Bean, Benacquisto, Grimsley, Richter, and Sobel

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	CS/SB 606 Health Policy / Gaetz (Similar H 657)	Dental Care; Establishing a joint local and state dental care access account initiative, subject to the availability of funding; requiring the Department of Health to implement an electronic benefit transfer system; authorizing the department to transfer state funds remaining in a closed account at a specified time and to return unspent funds from local sources; requiring the Department of Economic Opportunity to rank shortage areas and medically underserved areas, etc.	HP 03/04/2015 Fav/CS AHS 03/16/2015 AHS 03/19/2015 AP
2	SB 682 Grimsley (Similar CS/H 111)	Transitional Living Facilities; Providing requirements for transitional living facility policies and procedures governing client admission, transfer, and discharge; prohibiting a licensee or employee of a facility from serving notice upon a client to leave the premises or taking other retaliatory action under certain circumstances; providing a penalty for certain misuse of a client's personal funds, property, or personal needs allowance; requiring the agency, the Department of Health, the Agency for Persons with Disabilities, and the Department of Children and Families to develop electronic information systems for certain purposes, etc.	CF 03/05/2015 Favorable AHS 03/16/2015 AHS 03/19/2015 AP

3 Review and Discussion of Fiscal Year 2015-2016 Budget Issues Relating to:

Agency for Health Care Administration

Agency for Persons with Disabilities

Department of Children and Family Services

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Subcommittee on Health and Human Services
Thursday, March 19, 2015, 9:30 a.m.—12:00 noon

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
	Department of Elder Affairs		
	Department of Health		
	Department of Veterans' Affairs		
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	Other Related Meeting Documents		
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The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: CS/SB 606

INTRODUCER: Health Policy Committee and Senator Gaetz and others

SUBJECT: Dental Care

DATE: March 13, 2015 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Stovall	HP	Fav/CS
2.	Brown	Pigott	AHS	Pre-meeting
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 606 authorizes the creation of joint state and local dental care access accounts to promote local economic development and to encourage Florida-licensed dentists to practice in dental health professional shortage areas or medically underserved areas, or serve a medically underserved population, subject to the availability of funds.

The Department of Health estimates first-year implementation expenditures of \$130,341 from the General Revenue Fund and recurring maintenance and support costs of \$152,050 from the General Revenue Fund.

The bill is effective July 1, 2015.

II. Present Situation:

Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services according to criteria developed in accordance with section 332 of the Public Health Services Act. HPSA designations are used to identify areas and population groups within the United States that are experiencing a shortage of health professionals.

There are three categories of HPSA designation: (1) primary medical; (2) dental; and (3) mental health. For each discipline category, there are three types of HPSA designations based on the area or population group that is experiencing the shortage: (1) geographic area; (2) population group; and (3) facility.

A geographic HPSA indicates that the entire area may experience barriers in accessing care, while a population HPSA indicates that a particular subpopulation of an area (e.g., homeless or low-income) may be underserved. Finally, a facility HPSA is a unique facility that primarily cares for an underserved population.

The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. The threshold for a dental HPSA is a population-to-provider ratio of at least 5,000 to 1 (or 4,000 to 1 in high need communities).

Medically Underserved Area

Medically Underserved Areas (MUA) are also designated by the U.S. Department of Health and Human Services. These areas are designated using one of three methods and can consist of a whole county, a group of contiguous counties, or census tracts.¹

The first method, the Index of Medical Underservice (IMU), calculates a score based on the ratio of primary medical care physicians per 1,000 in population, percentage of the population with incomes below the federal poverty level, infant mortality rate, and percentage of population aged 65 or older.

The second method, Medically Underserved Populations (MUP), is based on data collected under the MUA process and reviews the ratio of primary care physicians serving the population seeking the designation. A MUP is a group of people who encounter economic or cultural barriers to primary health care services.

The third process, Exceptional MUP Designations, includes those population groups which do not meet the criteria of an IMU but may be considered for designation because of unusual conditions with a request by the governor or another senior executive level official and a local state health official.²

The Dental Workforce

Nationally, the pool of dentists to serve the growing population of Americans is shrinking. The American Dental Association has found that 6,000 dentists retire each year in the U.S., while there are only 4,000 dental school graduates each year to replace them. The projected shortage of dentists is even greater in rural America. Of the approximately 150,000 general dentists in practice in the U.S., only 14 percent practice in rural areas, 7.7 percent practice in large rural

¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, *Shortage Demonstration: Health Professional Areas & Medically Underserved Areas/Populations* <http://www.hrsa.gov/shortage/> (Last visited Mar. 2, 2015).

² U.S. Department of Health and Human Services, Health Resources and Services Administration, *Medically Underserved Areas/Populations* <http://www.hrsa.gov/shortage/mua/index.html> (last visited Mar. 2, 2015).

areas, 3.7 percent practice in small rural areas, and 2.2 percent practice in isolated rural areas. In 2003, there were 2,235 federally designated dental health professional shortage areas (HPSAs).³ Today, the number of dental HPSAs has increased to over 4,900.

While the dental workforce is projected to grow by six percent between 2012 and 2025, it is not expected to meet the overall national demand. States expected to have the greatest shortfall are California, which has the largest number (1,234 fewer dentists than needed), followed by Florida, which has 1,152 fewer dentists than needed.⁴

Similar to the national trend, most dentists in Florida are concentrated in the more populous areas of the state, while rural areas, especially the central Panhandle counties and interior counties of south Florida, have a noticeable dearth of dentists.⁵ This is true for both general dentistry as well as for dental specialists. Over 20 percent of Florida licensed dentists that responded to the 2011-2012 *Florida Workforce Survey of Dentists* (survey) currently do not practice in Florida.⁶

Most dentists – 77.8 percent – practice in general dentistry.⁷ In many rural communities, the county health department may be the primary provider of health care services, including dental care. Florida currently has 220 designated dental HPSAs, which have only enough dentists to serve 17 percent of the population living within them. For 2012, HRSA estimated that 853 additional dentists were required to meet the total need. This puts Florida among the states with the highest proportion of their populations that are deemed underserved. By 2025, Florida's need grows to 1,152 dentists.⁸

The American Dental Association has also studied this issue and found that while there may be a sufficient number of dentists overall, there may be an inadequate number among certain populations or in certain geographic areas.⁹ Children are acutely affected by the shortage of dentists to serve low income patients. In 2012, 26 percent of Medicaid-enrolled children in Florida received one or more dental care services, according data from the Agency for Health Care Administration (AHCA).¹⁰ The survey noted a noticeable participation difference between

³National Rural Health Association, *Issue Paper: Recruitment and Retention of a Quality Health Workforce in Rural Areas*, (November 2006) (on file with the Senate Committee on Health Policy).

⁴ U.S. Department of Health and Human Services, Health Resources and Services Administration, *National and State Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2015*, pp.-3-4 (February 2015) <http://bhpr.hrsa.gov/healthworkforce/supplydemand/dentistry/nationalstatelevelprojectionsdentists.pdf> (last visited Feb. 27, 2015).

⁵ Florida Dept. of Health, *Report on the 2011-2012 Workforce Survey of Dentists*, p. 6 (April 2014) <http://www.floridahealth.gov/programs-and-services/community-health/dental-health/workforce-reports/florida-workforce-survey-of-dentists-2011-2012.pdf> (last visited Feb. 27, 2015). In 2009, the department developed this workforce survey for dentists. The survey was administered on a voluntary basis in conjunction with biennial renewal of dental licenses and 87 percent of dentists with an active Florida license responded to the survey; a drop of 2 percent points from the 2009-2010 survey.

⁶ Id. at 46.

⁷ Id.

⁸ *Supra* note 4, at 9.

⁹ Bradley Munson, B.A., and Marko Vujicic, Ph.D.: Health Policy Institute Research Brief, American Dental Association, *Supply of Dentists in the United States Likely to Grow*, p.2. (October 2014) http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1014_1.ashx (last visited Feb. 27, 2015).

¹⁰ *Supra* note 5, at 8.

private-practice dentists and those who practice in a safety-net setting. Of those in a private-office setting, only 13.7 percent report seeing Medicaid enrollees while over 60 percent of safety-net providers report Medicaid participation.¹¹

In 2011, the Legislature passed HB 7107¹² creating the Statewide Medicaid Managed Care (SMMC) program as part IV of ch. 409, F.S. The program has two primary components: Managed Medical Assistance program (MMA) and Long Term Care program. To implement MMA, the law required the AHCA to create an integrated managed care program for the delivery of delivery of Medicaid primary and acute care, including dental. Medicaid recipients who are enrolled in MMA receive their dental services through managed care plans. Although most dental services are designated as a required benefit only for Medicaid recipients under age 21, many of the managed care plans also provide, as an enhanced benefit, dental services for adults.

The Cost of Dental Education

Among U.S. dental schools, the cost of a four-year degree has risen dramatically over the last 10 years – by 93 percent for in-state residents (from about \$89,000 to \$171,000) and by 82 percent for out-of-state residents (from \$128,000 to \$234,000). Dental school debt has increased proportionately. The average debt for dental school graduates in 2011 was \$245,497.¹³ Some studies indicate that increasing education costs and the prospect of indebtedness after dental school graduation could further erode access to care for vulnerable, underserved populations.¹⁴ At least three studies, including a 2011 Florida Senate Report,¹⁵ have recommended consideration of loan forgiveness programs as one strategy for addressing dental workforce shortage concerns.¹⁶

¹¹ *Supra* note 5, at 35.

¹² *See* ch. 2011-134, Laws of Fla.

¹³ *Supra* note 4, at 6.

¹⁴ American Dental Education Association, *A Report of the ADEA Presidential Task Force on the Cost of Higher Education and Student Borrowing*, pp. 17-18 (March 2013)

http://www.adea.org/uploadedFiles/ADEA/Content_Conversion_Final/publications/Documents/ADEACostandBorrowingReportMarch2013.pdf (last viewed Feb. 27, 2015). *See also* U.S. Dept. of Health and Human Services, Health Resources and Services Administration, *Financing Dental Education: Public Policy Interests, Issues and Strategic Considerations*, p. 39 (2005) <http://bhpr.hrsa.gov/healthworkforce1/reports/financedentaledu.pdf> (last visited Feb 27, 2015).

¹⁵ Comm. on Health Regulation, The Florida Senate, *Review Eligibility of Dentist Licensure in Florida and Other Jurisdictions*, p.15 (Interim Report 2012-127) (Sept. 2011)

<http://www.flsenate.gov/PublishedContent/Session/2012/InterimReports/2012-127hr.pdf> (last visited Mar. 2, 2015). The report concluded, in part: “Florida may become more competitive in its recruitment of dentists in rural areas and may enhance Florida’s dental care for underserved populations if it offers a loan forgiveness program. The program could require dentists seeking loan assistance to serve in a rural area (the Panhandle or central, south Florida) and require dentists to serve a certain percentage of Medicaid recipients or participate in the provider network of managed care entities participating in the Medicaid program for a particular period of time. Considering the current lack of state resources, it may be beneficial to limit the number of dentists that may apply to the loan forgiveness program and target resources to areas with the most need for general dentists or specialists.” At the time, Florida was one of only eight states that did not have a state loan forgiveness program. According to the American Dental Association, it is one of only 11 states: Alabama, Arkansas, Connecticut, Florida, Georgia, Hawaii, Idaho, Indiana, Montana, Texas, and Utah as of July 2014. <http://www.ada.org/~media/ADA/Education%20and%20Careers/Files/dental-student-loan-repayment-resource.ashx> (Last visited Mar. 2, 2015).

¹⁶ American Dental Education Association, *supra* note 14, at 26; *Financing Dental Education*, *supra* note 14, at 40.

Florida Health Services Corps

In 1992, the Legislature created the Florida Health Services Corps (FHSC), administered by the Department of Health (DOH), to encourage medical professionals to practice in locations that are underserved because of a shortage of qualified professionals.¹⁷ The FHSC was defined¹⁸ as a program that offered scholarships to allopathic, osteopathic, chiropractic, podiatric, dental, physician assistant, and nursing students, and loan repayment assistance and travel and relocation expenses to allopathic and osteopathic residents and physicians, chiropractic physicians, podiatric physicians, nurse practitioners, dentists, and physician assistants, in return for service in a public health care program¹⁹ or in a medically underserved area.²⁰ Membership in the FHSC could be extended to any health care practitioner who provided uncompensated care to medically indigent patients.²¹ All FHSC members were required to enroll in Medicaid and to accept all patients referred by the DOH pursuant to the program agreement.²² In exchange for this service, an FHSC member was made an agent of the state and granted sovereign immunity under s. 768.28(9), F.S., when providing uncompensated care to medically indigent patients referred for treatment by the DOH.²³

The statute authorized the DOH to provide loan repayment assistance and travel and relocation reimbursement to allopathic and osteopathic medical residents with primary care specialties during their last two years of residency training or upon completion of residency training, and to physician assistants and nurse practitioners with primary care specialties, in return for an agreement to serve a minimum of two years in the FHSC. During the period of service, the maximum amount of annual financial payments was limited to no more than the annual total of loan repayment assistance and tax subsidies authorized by the National Health Services Corps (NHSC) loan repayment program.²⁴

During the 20 years the program was authorized by law, it was funded only three times. A total of \$3,684,000 was appropriated in the 1994-1995 fiscal year, 1995-1996 fiscal year, and 1996-1997 fiscal year for loan assistance payments to all categories of eligible health care practitioners. Of that amount, \$971,664 was directed to 18 dentists for an average award of \$25,570 per year of service in the program.²⁵ The 2007 Legislature attempted to reinvigorate the

¹⁷ Ch. 92-33, s. 111, Laws of Fla. (creating s. 381.0302, F.S., effective July 1, 1992).

¹⁸ Section 381.0302(2)(b)1., F.S. (2011).

¹⁹ “Public health program” was defined to include a county health department, a children’s medical services program, a federally funded community health center, a federally funded migrant health center, or other publicly funded or nonprofit health care program designated by the department. Section 381.0302(2)(e), F.S. (2011).

²⁰ “Medically underserved area” was defined to include: a geographic area, a special population, or a facility that has a shortage of health professionals as defined by federal regulations; a county health department, community health center, or migrant health center; or a geographic area or facility designated by rule of the department that has a shortage of health care practitioners who serve Medicaid and other low-income patients. Section 381.0302(2)(c), F.S. (2011).

²¹ “Medically indigent person” was defined as a person who lacks public or private health insurance, is unable to pay for care, and is a member of a family with income at or below 185 percent of the federal poverty level. Section 381.0302(2)(d), F.S. (2011).

²² Section 381.0302(10), F.S. (2011).

²³ Section 381.0302(11), F.S. (2011).

²⁴ Section 381.0302(6), F.S. (2011).

²⁵ Email from Karen Lundberg, Florida Dept. of Health, to Joe Anne Hart, Florida Dental Association (Sept. 16, 2005) (on file with the Senate Committee on Health Policy).

program by appropriating \$700,000 to fund loan repayment assistance for dentists only.²⁶ However, the appropriation and a related substantive bill were vetoed by the governor.²⁷ The Legislature repealed the program in 2012.²⁸

National Health Service Corps

The NHSC programs provide scholarships and educational loan repayment to primary care providers²⁹ who agree to practice in areas that are medically underserved. NHSC loan repayment program (LRP) participants fulfill their service requirement by working at NHSC-approved sites in HPSAs. The NHSC-approved sites are community-based health care facilities that provide comprehensive outpatient, ambulatory, primary health care services. Eligible dental facilities must be located in a dental HPSA and offer comprehensive primary dental health services. NHSC-approved sites (with the exception of correctional facilities and free clinics) are required to provide services for free or on a sliding fee scale (SFS) or discounted fee schedule for low-income individuals. The SFS or discounted fee schedule is based upon the Federal Poverty Guidelines, and patient eligibility is determined by annual income and family size.³⁰

The LRP provides funds to participants to repay their outstanding qualifying educational loans. Maximum loan reimbursement under the program is \$50,000 for a two-year, full-time practice or up to \$15,000 for a two-year, half-time clinical practice, although participants may be eligible to continue loan repayment beyond the initial term.^{31,32} Participants who breach their LRP agreement are subject to monetary damages, which are the sum of the amount of assistance received by the participant representing any period of obligated service not completed, a penalty, and interest. Loan repayments are exempt from federal income and employment taxes and are not included as wages when determining benefits under the Social Security Act.³³ In 2013, there were 38.5 full-time-equivalent NHSC dentists in Florida.³⁴

A second NHSC program, the State Loan Repayment Program (SLRP) offers cost-sharing grants to states to operate their own state educational loan repayment programs for primary care providers, including dental professionals, working in HPSAs within the state. The SLRP varies

²⁶ Ch. 2007-72, Laws of Fla. The funding was contained in Specific Appropriations 677A of the General Appropriation Act, but later vetoed pursuant to the Governor's line item veto authority.

²⁷ *Journal of the Florida Senate*, at 3 (June 12, 2007).

²⁸ Ch. 2012-184, s. 45, Laws of Fla.

²⁹ Primary care physicians, nurse practitioners, certified nurse midwives, physician assistants, dentists, dental hygienists, and behavioral and mental health providers, including health service psychologists, licensed clinical social workers, marriage and family therapists, psychiatrist nurse specialists, and licensed professional counselors.

³⁰ U.S. Dept. of Health and Human Services, Health Resources and Services Administration, *National Health Service Corps Site Reference Guide*, (April 14, 2014) <http://nhsc.hrsa.gov/downloads/sitereference.pdf> (last visited Mar. 2, 2015).

³¹ The definition of part-time and full-time vary by discipline. The guidelines for both can be found in the *Fiscal Year 2015 Application and Program Guidance* packet beginning on 19 <http://www.nhsc.hrsa.gov/loanrepayment/lrpapplicationguidance.pdf> (last viewed Feb, 27, 2015).

³² U.S. Department of Health and Human Services, Loan Repayment Program - *Fiscal Year 2015 Application and Program Guidance*, pp. 4-5 (January 2015) <http://www.nhsc.hrsa.gov/loanrepayment/lrpapplicationguidance.pdf> (last viewed Feb. 27, 2015).

³³ U.S. Dept. of Health and Human Services, Health Resources and Services Administration, *National Health Service Corps 101* (on file in the Senate Health Policy Committee).

³⁴ Email from Philip Street, Senior Policy Coordinator, Health Statistics and Performance Management, Florida Dept. of Health (Nov. 19, 2013) (on file with the Senate Committee on Health Policy).

from state-to-state and may differ in eligible categories of providers, practice sites, length of required service commitment, and the amount of loan repayment assistance offered. However, there are certain statutory requirements SLRP grantees must meet. There is a minimum two-year service commitment with an additional one-year commitment for each year of additional support requested. Any SLRP program participant must practice at an eligible site located in a federally-designated HPSA. Like the NHSC loan repayment program awards, assistance provided through an SLRP is not taxable.

In addition, the SLRP requires a \$1 state match for every \$1 provided under the federal grant. While the SLRP does not limit award amounts, the maximum award amount per provider that the federal government will support through its grant is \$50,000 per year, with a minimum service commitment of two years.

Florida does not currently participate in SLRP.

III. Effect of Proposed Changes:

The bill creates the dental care access accounts initiative at the Department of Health (DOH). The initiative is conditioned on the availability of funds and is intended to encourage dentists to practice in dental health professional shortage areas or medically underserved areas or serve a medically underserved population. The bill defines several key terms:

- Dental health professional shortage area: A geographic area so designated by the Health Resources and Services Administration of the U.S. Department of Health and Human Services;
- Medically underserved area: A designated health professional shortage area that lacks an adequate number of dental health professionals to serve Medicaid and other low income patients; and
- Public health program: A county health department, the Children's Medical Services program, a federally-funded community health center, a federally-funded migrant health center, or other publicly-funded or not-for-profit health care program designated by the DOH.

The initiative will be developed by the DOH to benefit dentists licensed to practice in this state who demonstrate, as required by DOH rule:

- Active employment by a public health program in a dental health professional shortage area or a medically underserved area; or
- A commitment to opening a private practice in a dental health professional shortage area or medically underserved area by residing in the area, maintaining a Medicaid provider agreement, enrolling with one or more Medicaid managed care plans, expending capital to open an office to serve at least 1,200 patients, and obtaining community financial support.

The DOH is required to establish dental access accounts for dentists who meet the requirements in the bill and to implement an electronic benefits transfer system. Funds from the account may be used only for specific purposes, such as payment of student loans; investment in property, facilities, or equipment necessary to establish an office and payment of transitional expenses related to relocating or opening a dental practice.

Subject to available appropriations, the DOH is required to distribute funds to the dental access accounts in amounts not to exceed \$100,000 and no less than \$10,000. A state award may not exceed three times the amount contributed to an account in the same year from a local source. The DOH is authorized to accept funds for deposit from local sources.

If a dentist qualifies for an account on the basis of his or her employment with a public health program, the dentist's salary and associated employer expenditures may count as local match for a state award if the salary and employer expenditures are not state funds. State funds may not be used to calculate amounts contributed from local sources.

Accounts may be terminated if the dentist no longer works for a public health program and does not open a dental practice in a designated area within 30 days of terminating employment, the dentist's practice is no longer located in a dental professional shortage area or a medically underserved area, the provider has been terminated from Medicaid, or the provider has participated in any fraudulent activity. The DOH is directed to close an account five years after the first deposit or upon a dentist's termination from the program.

Any remaining funds after five years or from terminated accounts may be awarded to another account or returned to the donor. A dentist is required to repay any funds withdrawn from the account after the occurrence of an event which requires account closure, if the dentist fails to maintain eligibility for the program through employment in a public health program or establishing a dental practice for a minimum of two years, or uses the funds for unauthorized purposes. The DOH is authorized to recover the withdrawn funds through disciplinary enforcement actions and other methods authorized by law.

The DOH is authorized to adopt rules for application procedures that:

- Limit the number of applicants;
- Incorporate a documentation process for evidence of sufficient capital expenditures in opening a dental practice, such as contracts or leases or other acquisitions of a practice location of at least 30 percent of the value of equipment or supplies necessary to operate a practice; and
- Give priority to those applicants practicing in the areas receiving higher rankings by the Department of Economic Opportunity.

The DOH may also establish by rule a process to verify that funds withdrawn from an account have been used for the purposes authorized.

The Department of Economic Opportunity shall rank the dental professional shortage areas and medically underserved areas based on the extent to which limited access to dental care is impeding economic development.

The DOH must develop a marketing plan for the dental care access account initiative with the University of Florida College of Dentistry, the Nova Southeastern College of Dental Medicine, the Lake Erie College of Osteopathic Medicine School of Dental Medicine, and the Florida Dental Association.

The bill's effective date is July 1, 2015.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Under CS/SB 606 Floridians living in those areas identified as medically underserved and have little to no access to dental care could benefit from this initiative as it could bring additional dental professionals to their communities. The initiative also permits the grantees to utilize the funds to transition or relocate to new areas and to build or renovate office space in rural communities, which would generate economic growth for small towns and cities.

The ability to maintain good oral health for adults and children enables workers to also be more productive and for children to participate more actively in school activities.

Additionally, dentists who qualify for loan repayment assistance will benefit from a reduction in their student loan debt.

C. Government Sector Impact:

This bill will create a fiscal impact to the Department of Health (DOH) for the costs related to the implementation and management of the dental care access account initiative. The projected impact is \$130,341 from the General Revenue Fund for the 2015-2016 fiscal year with a recurring cost of \$152,050 from the General Revenue Fund beginning with Fiscal Year 2016-2017.

The initial cost for the electronic benefit transfer contract/vendor is unknown, but the DOH reports a nominal cost of approximately \$0.50 per participant per month as a maintenance fee. The DOH also anticipates a withdrawal fee of at least \$1 per transaction

when a dentist makes a withdrawal from his or her account. The number of dentists qualifying for this initiative is unknown.³⁵

The DOH also reports the bill will create a workload impact that current staff is unable to meet. Two additional staff members (2 FTEs) would be required to develop the application process and adopt rules. Staff will also be needed to monitor activity, dentist conduct, dentist membership status, and rulings by the Board of Dentistry on recipients.

The following are the estimated expenditures for the DOH.³⁶

Estimated Expenditures (General Revenue)	1st Year	2nd Year Annualization/Recurring
SALARIES		
1 FTE Health Care Program Analyst @ \$40,948 - pay grade 24	\$41,460	\$55,280
1 FTE Senior Management Analyst II @ \$46,381 - pay grade 26	\$46,961	\$62,614
EXPENSES		
2 FTEs Calculated with standard DOH professional package (limited travel) @ \$15,616	\$31,232	\$23,468
HUMAN RESOURCES SERVICES		
2 FTEs Calculated with standard DOH Central Office package @ \$344	\$688	\$688
Operating Capital Outlay		
Operating Capital Outlay	\$0.00	\$0.00
Contractual Services		
Estimate for the development, implementation and maintenance of an electronic benefit transfer (EBT) system	\$10,000	\$10,000
TOTAL ESTIMATED EXPENDITURES	\$130,341	\$152,050

The DOH is also directed to develop a marketing plan with Florida-based dental schools. The cost of that marketing plan has not yet been developed by the DOH.

VI. Technical Deficiencies:

None.

³⁵ Florida Department of Health, *Senate Bill 606 Analysis*, pp.4-5, (Feb. 6, 2015) (on file with the Senate Committee on Health Policy).

³⁶ *Id.*

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 381.4019, Florida Statutes.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy - March 4, 2015

The committee substitute:

- Adds medically underserved populations to the focus areas of the dental care access account initiative;
- Authorizes the salary and associated employer expenditures of an employee in a public health program to qualify as local match if no state funds contribute to these costs and specifically prohibits state funds from counting toward local match;
- Provides that local funds are to be returned on a pro rata basis;
- Provides standards for rulemaking regarding the demonstration of sufficient capital to show substantial progress in opening a dental practice;
- Requires rule to verify funds are used for allowable purposes; and
- Requires the Department of Health to develop a marketing plan with the state dental schools.

- B. **Amendments:**

None.



109062

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/19/2015	.	
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Appropriations Subcommittee on Health and Human Services
(Richter) recommended the following:

Senate Amendment

Delete line 67
and insert:
qualified community health center, a federally funded migrant

By the Committee on Health Policy; and Senators Gaetz, Montford,
and Sobel

588-01938-15

2015606c1

1 A bill to be entitled
2 An act relating to dental care; creating s. 381.4019,
3 F.S.; establishing a joint local and state dental care
4 access account initiative, subject to the availability
5 of funding; authorizing the creation of dental care
6 access accounts; specifying the purpose of the
7 initiative; defining terms; providing criteria for the
8 selection of dentists for participation in the
9 initiative; providing for the establishment of
10 accounts; requiring the Department of Health to
11 implement an electronic benefit transfer system;
12 providing for the use of funds deposited in the
13 accounts; authorizing the department to distribute
14 state funds to accounts subject to legislative
15 appropriations; authorizing the department to accept
16 contributions from local sources for deposit in
17 designated accounts; limiting the number of years that
18 an account may remain open; providing for the
19 immediate closure of accounts under certain
20 circumstances; authorizing the department to transfer
21 state funds remaining in a closed account at a
22 specified time and to return unspent funds from local
23 sources; requiring a dentist to repay funds in certain
24 circumstances; authorizing the department to pursue
25 disciplinary enforcement actions and to use other
26 legal means to recover funds; requiring the department
27 to establish by rule application procedures and a
28 process to verify the use of funds withdrawn from a
29 dental care access account; requiring the department

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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30 to give priority to applications from dentists
31 practicing in certain areas; requiring the Department
32 of Economic Opportunity to rank shortage areas and
33 medically underserved areas; requiring the Department
34 of Health to develop a marketing plan in cooperation
35 with certain dental colleges and the Florida Dental
36 Association; providing an effective date.
37
38 Be It Enacted by the Legislature of the State of Florida:
39
40 Section 1. Section 381.4019, Florida Statutes, is created
41 to read:
42 381.4019 Dental care access accounts.—Subject to the
43 availability of funds, the Legislature establishes a joint local
44 and state dental care access account initiative and authorizes
45 the creation of dental care access accounts to promote economic
46 development by supporting qualified dentists who practice in
47 dental health professional shortage areas or medically
48 underserved areas or who treat a medically underserved
49 population. The Legislature recognizes that maintaining good
50 oral health is integral to overall health status and that the
51 good health of residents of this state is an important
52 contributing factor in economic development. Better health,
53 including better oral health, enables workers to be more
54 productive, reduces the burden of health care costs, and enables
55 children to improve in cognitive development.
56 (1) As used in this section, the term:
57 (a) "Dental health professional shortage area" means a
58 geographic area so designated by the Health Resources and

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59 Services Administration of the United States Department of
60 Health and Human Services.

61 (b) "Department" means the Department of Health.

62 (c) "Medically underserved area" means a geographic area so
63 designated by the Health Resources and Services Administration
64 of the United States Department of Health and Human Services.

65 (d) "Public health program" means a county health
66 department, the Children's Medical Services program, a federally
67 funded community health center, a federally funded migrant
68 health center, or other publicly funded or nonprofit health care
69 program as designated by the department.

70 (2) The department shall develop and implement a dental
71 care access account initiative to benefit dentists licensed to
72 practice in this state who demonstrate, as required by the
73 department by rule:

74 (a) Active employment by a public health program located in
75 a dental health professional shortage area or a medically
76 underserved area; or

77 (b) A commitment to opening a private practice in a dental
78 health professional shortage area or a medically underserved
79 area evidenced by residing in the designated area, maintaining
80 an active Medicaid provider agreement, enrolling in one or more
81 Medicaid managed care plans, expending sufficient capital to
82 make substantial progress in opening a dental practice that is
83 capable of serving at least 1,200 patients, and obtaining
84 financial support from the local community in which the dentist
85 is practicing or intending to open a practice.

86 (3) The department shall establish dental care access
87 accounts as individual benefit accounts for each dentist who

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88 satisfies the requirements of subsection (2) and is selected by
89 the department for participation. The department shall implement
90 an electronic benefit transfer system that enables each dentist
91 to spend funds from his or her account for the purposes
92 described in subsection (4).

93 (4) Funds contributed from state and local sources to a
94 dental care access account may be used for one or more of the
95 following purposes:

96 (a) Repayment of dental school student loans.

97 (b) Investment in property, facilities, or equipment
98 necessary to establish and operate a dental office consisting of
99 no fewer than two operatories.

100 (c) Payment of transitional expenses related to the
101 relocation or opening of a dental practice which are
102 specifically approved by the department.

103 (5) Subject to legislative appropriation, the department
104 shall distribute state funds as an award to each dental care
105 access account. Such awards must be in an amount not more than
106 \$100,000 and not less than \$10,000, except that a state award
107 may not exceed 3 times the amount contributed to an account in
108 the same year from local sources. If a dentist qualifies for a
109 dental care access account under paragraph (2)(a), the dentist's
110 salary and associated employer expenditures constitute a local
111 match and qualify the account for a state award if the salary
112 and associated expenditures do not come from state funds. State
113 funds may not be included in a determination of the amount
114 contributed to an account from local sources.

115 (6) The department may accept contributions of funds from
116 local sources for deposit in the account of a dentist designated

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117 by the donor.

118 (7) The department shall close an account no later than 5
 119 years after the first deposit of state or local funds into that
 120 account or immediately upon the occurrence of any of the
 121 following:

122 (a) Termination of the dentist's employment with a public
 123 health program, unless, within 30 days of such termination, the
 124 dentist opens a private practice in a dental health professional
 125 shortage area or medically underserved area.

126 (b) Termination of the dentist's practice in a designated
 127 dental health professional shortage area or medically
 128 underserved area.

129 (c) Termination of the dentist's participation in the
 130 Florida Medicaid program.

131 (d) Participation by the dentist in any fraudulent
 132 activity.

133 (8) Any state funds remaining in a closed account may be
 134 awarded and transferred to another account concurrent with the
 135 distribution of funds under the next legislative appropriation
 136 for the initiative. The department shall return to the donor on
 137 a pro rata basis unspent funds from local sources which remain
 138 in a closed account.

139 (9) If the department determines that a dentist has
 140 withdrawn account funds after the occurrence of an event
 141 specified in subsection (7), has used funds for purposes not
 142 authorized in subsection (4), or has not remained eligible for a
 143 dental care access account for a minimum of 2 years, the dentist
 144 shall repay the funds to his or her account. The department may
 145 recover the withdrawn funds through disciplinary enforcement

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146 actions and other methods authorized by law.

147 (10) The department shall establish by rule:

148 (a) Application procedures for dentists who wish to apply
 149 for a dental care access account. An applicant may demonstrate
 150 that he or she has expended sufficient capital to make
 151 substantial progress in opening a dental practice that is
 152 capable of serving at least 1,200 patients by documenting
 153 contracts for the purchase or lease of a practice location and
 154 providing executed obligations for the purchase or other
 155 acquisition of at least 30 percent of the value of equipment or
 156 supplies necessary to operate a dental practice. The department
 157 may limit the number of applicants selected and shall give
 158 priority to those applicants practicing in the areas receiving
 159 higher rankings pursuant to subsection (11). The department may
 160 establish additional criteria for selection which recognize an
 161 applicant's active engagement with and commitment to the
 162 community providing a local match.

163 (b) A process to verify that funds withdrawn from a dental
 164 care access account have been used solely for the purposes
 165 described in subsection (4).

166 (11) The Department of Economic Opportunity shall rank the
 167 dental health professional shortage areas and medically
 168 underserved areas of the state based on the extent to which
 169 limited access to dental care is impeding the area's economic
 170 development, with a higher ranking indicating a greater
 171 impediment to development.

172 (12) The department shall develop a marketing plan for the
 173 dental care access account initiative in cooperation with the
 174 University of Florida College of Dentistry, the Nova

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175 Southeastern University College of Dental Medicine, the Lake
176 Erie College of Osteopathic Medicine School of Dental Medicine,
177 and the Florida Dental Association.

178 Section 2. This act shall take effect July 1, 2015.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: SB 682

INTRODUCER: Senator Grimsley

SUBJECT: Transitional Living Facilities

DATE: March 13, 2015

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Hendon</u>	<u>Hendon</u>	<u>CF</u>	<u>Favorable</u>
2.	<u>Brown</u>	<u>Pigott</u>	<u>AHS</u>	<u>Pre-meeting</u>
3.	_____	_____	<u>AP</u>	_____

I. Summary:

SB 682 revises regulations for transitional living facilities (TLFs). The purpose of these facilities is to provide rehabilitative care in a small residential setting for persons with brain or spinal cord injuries and who need significant care and services to regain their independence. The bill provides admission criteria, client evaluations, and treatment plans. The bill establishes rights for clients in TLFs, screening requirements for facility employees, and penalties for violations.

The bill is not expected to have a fiscal impact on the Agency for Health Care Administration (AHCA) because regulation of TLFs is funded through existing fees and fines.

Except as otherwise provided, the bill is effective July 1, 2015.

II. Present Situation:

Brain and Spinal Cord Injuries

The human spinal cord operates much like a telephone line, relaying messages from the brain to the rest of the body. Spinal cord injuries are caused by bruising, crushing, or tearing of the delicate cord tissue. Swelling of the spinal cord after the injury can cause further damage. After an injury, the “messages” sent between the brain and the other parts of the body no longer flow through the damaged area. Many times the functions of the body which are located above the injury point will continue to work properly without impairment. However, the area below the injury point will be impaired to some degree, which may include any combination of the following: motor deficit, sensory deficit, initial breathing difficulty, and/or bowel or bladder dysfunction.¹

¹Florida Spinal Cord Injury Resource Center, *Family and Survivor’s Guide*, <http://fscirc.com/what-is-a-sci> (last visited Feb. 23, 2015).

The Brain and Spinal Cord Injury Program (BSCIP) is administered by the Department of Health (DOH).² The program is funded through a percentage of traffic-related fines and surcharges for driving or boating under the influence of alcohol or drugs, fees on temporary license tags, and a percentage of fees from a motorcycle specialty tag.

The BSCIP is operated through a statewide system of case managers and rehabilitation technicians. The program also employs regional managers who supervise staff in their regions and who oversee the local operation, development, and evaluation of the program's services and supports. Services include: case management, acute care, inpatient and outpatient rehabilitation, transitional living, assistive technology, home and vehicle modifications, nursing home transition facilitation, and long-term supports for survivors and families through contractual agreements with community-based agencies.

In addition to providing resource facilitation and funding for the services above, the program funds education, prevention, and research activities. The program expands its services by funding a contract with the Brain Injury Association of Florida and the Florida Disabled Outdoors Association. Other services are provided through working relationships with the Florida Centers for Independent Living and the Florida Department of Education's Division of Vocational Rehabilitation.

Section 381.76, F.S., requires that an individual receiving services must be a legal Florida resident who has suffered a brain or spinal cord injury meeting the state's definition of such injuries;³ has been referred to the BSCIP central registry; and must be medically stable. There must also be a reasonable expectation that with the provision of appropriate services and supports, the person can return to a community-based setting rather than reside in a skilled nursing facility.

Transitional Living Facilities

Transitional living facilities (TLFs) provide specialized health care services, including, but not limited to: rehabilitative services, community reentry training, aids for independent living, and counseling to persons with spinal cord or head injuries. There are currently 14 facilities located in the state.⁴ Most of the facilities are small and have between five and 10 beds. One facility, however, is licensed for 116 beds (Florida Institute for Neurologic Rehabilitation in Wauchula). The facilities are located primarily in central Florida. The AHCA is the licensing authority and one of the regulatory authorities which oversees TLFs under part II of ch. 408, F.S., part V of ch. 400, F.S., and Rule 59A-17 of the Florida Administrative Code. The current licensure fee is \$4,588 plus a \$90 per-bed fee per biennium.⁵

² Florida Department of Health, <http://www.floridahealth.gov/licensing-and-regulation/brain-and-spinal-cord-injury-program-site-survey-inspections/BSCIP%20Rules%20and%20Statutes/index.html>. (Last visited Feb. 23, 2015).

³ Section 381.745, F.S., defines "brain or spinal cord injury" as either a lesion to the spinal cord or cauda equina, resulting from external trauma, with evidence of significant involvement of two of the following deficits or dysfunctions: motor deficit, sensory deficit, or bowel and bladder dysfunction; or an insult to the skull, brain, or its covering, resulting from external trauma that produces an altered state of consciousness or anatomic motor, sensory, cognitive, or behavioral deficits.

⁴ The AHCA, *Florida Health Finder* <http://www.floridahealthfinder.gov/index.html> (last visited Feb. 23, 2015).

⁵ The AHCA, *Senate Bill 682 Analysis* (Dec. 12, 2014) (on file with the Senate Committee on Children, Families, and Elder Affairs).

The AHCA governs the physical plant and fiscal management of these facilities and adopts rules in conjunction with the DOH to monitor services provided for persons with traumatic brain and spinal cord injuries. The Department of Children and Families investigates allegations of abuse and neglect of children and vulnerable adults.⁶

Section 400.805, F.S., provides requirements for TLFs. Section 400.805(2), F.S., sets licensure requirements and fees for operation of a facility, as well as requiring all facility personnel to submit to a level 2 background screening. Section 400.805(3)(a), F.S., requires the AHCA, in consultation with the DOH, to adopt rules governing the physical plan and the fiscal management of TLFs.⁷

The Brain and Spinal Cord Injury Advisory Council has the right to enter and inspect transitional living facilities.⁸ In addition, designated representatives of the AHCA, the local fire marshal, and other agencies have access to the facilities and clients.⁹

According to a news report from Bloomberg dated January 24, 2012, clients at the Florida Institute for Neurologic Rehabilitation in Wauchula, Florida, were abused, neglected, and confined. The news report was based on information from current and former clients and their family members, criminal charging documents, civil complaints, and advocates for the disabled.¹⁰ The employees were terminated from employment with the facility and face criminal charges for abusing clients. The AHCA most recently inspected the facility April 9, 2014, and found no deficiencies.¹¹

III. Effect of Proposed Changes:

Section 1 creates and designates ss. 400.997 through 400.9985, F.S., as part XI of ch. 400, F.S., entitled “Transitional Living Facilities.”

Under the newly-created s. 400.997, F.S., the bill provides legislative intent that TLFs are to assist persons with brain and spinal cord injuries to achieve independent living and return to the community.

The bill defines the terms:

- “Chemical restraint” as a pharmacologic drug that physically limits, restricts, or deprives a person of movement or mobility and which is used for client protection or safety and is not required for the treatment of medical conditions or symptoms;
- “Physical restraint” as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the individual’s body which cannot easily be removed and restricts freedom of movement or normal access to one’s own body; and

⁶ Supra n. 5

⁷ Supra n. 5

⁸ Section 400.805(4), F.S.

⁹ Supra n. 5

¹⁰ David Armstrong, *Abuse of Brain Injured Americans Scandalizes U.S.*, BLOOMBERG, Jan. 7, 2012.

¹¹ The AHCA, *Florida Health Finder* <http://www.floridahealthfinder.gov/index.html> (last visited Feb. 23, 2015).

- “Seclusion” as the physical segregation of a person in any fashion or the involuntary isolation of a person in a room or area from which the person is prevented from leaving, while not meaning isolation due to a person’s medical condition or symptoms.

The bill also moves the definition of a TLF from s. 381.475, F.S., and defines “agency” as the AHCA and “department” as the DOH.

Under the newly-created s. 400.9972, F.S., the bill provides licensure requirements and application fees for TLFs. The bill codifies the current license fee of \$4,588 and the per-bed fee of \$90.¹² The bill requires certain information from the licensure applicant, including the facility location, proof that local zoning requirements have been met, proof of liability insurance, proof of a satisfactory fire safety inspection, and documentation of a sanitation inspection by a county health department. The bill also requires facilities to be accredited by an accrediting organization specializing in rehabilitation facilities. The AHCA may conduct an inspection of a facility after the facility submits proof of accreditation.

Admission Criteria

Under the newly created s. 400.9973, F.S., the bill sets standards that TLFs must meet for client admission, transfer, and discharge from the facility. The facility is required to establish admission, transfer, and discharge policies and procedures in writing.

Only clients who have a brain or spinal cord injury may be admitted to a TLF. Clients may be admitted to the facility only through a prescription by a licensed physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) and must remain under the care of a health care practitioner for the duration of the client’s stay in the facility. Clients whose diagnosis does not positively identify a cause may be admitted for an evaluation period of up to 90 days.

A facility may not admit a client whose primary diagnosis is a mental illness or an intellectual or developmental disability. The facility may not admit clients who present significant risk of infection to other clients or personnel. Documentation indicating the person is free of apparent signs and symptoms of communicable disease is required. The facility may not admit clients who are a danger to themselves or others as determined by a physician, PA, ARNP, or mental health practitioner. The facility may not admit clients requiring nursing supervision on a 24-hour basis or who are bedridden.

A facility’s nursing or medical director must complete an initial evaluation of a client’s functional skills, behavioral status, cognitive status, educational or vocational potential, medical status, psychosocial status, sensorimotor capacity, and other related skills and abilities within the first 72 hours after a client’s admission to the facility. An initial treatment plan must be implemented within four days of admission. A facility must also develop, and update at least monthly, a discharge plan for each client and must discharge a client who no longer requires the

¹² Section 400.805(2)(b), F.S., authorizes a license fee of \$4,000 and a per bed fee of \$75.50. Pursuant to s. 408.805(2), F.S., The AHCA can increase the fees each year by up to the increase in the consumer price index for that year. The current fee is \$4,588 and \$90 per bed and the bill uses these amounts.

facility's specialized services as soon as practicable. A facility must provide at least 30 days' notice to the client before transferring or discharging him or her.

Client Plans and Evaluation

Under the newly created s. 400.9974, F.S., the bill requires that a facility must develop a comprehensive treatment plan for each client within 30 days after an initial treatment plan is developed. An interdisciplinary team, including the client, if appropriate, must develop the plan. Each plan must be updated at least monthly and include the following:

- The physician's, PA's, or ARNP's orders, diagnosis, medical history, physical examinations and rehabilitation needs;
- A nursing evaluation with physician, PA, or ARNP orders for immediate care completed at admission; and
- A comprehensive assessment of the client's functional status and the services he or she needs to become independent and return to the community.

A facility must have qualified staff to carry out and monitor rehabilitation services in accordance with the stated goals of the treatment plan.

Under the newly created s. 400.9975, F.S., the bill provides for certain rights of each client. Specifically, a facility must ensure that each client:

- Lives in a safe environment;
- Is treated with respect, recognition of personal dignity, and privacy;
- Retains use of his or her own clothes and personal property;
- Has unrestricted private communications, which includes mail, telephone, and visitors; and
- Has the opportunity to:
 - Participate in community services and activities;
 - Manage his or her own financial affairs, unless the client or the client's representative authorizes the administrator of the facility to provide safekeeping for funds;
 - Participate in physical exercise regularly and to be outdoors several times a week;
 - Enjoy civil and religious liberties;
 - Have adequate access to appropriate health care services; and
 - Present grievances and recommend changes in policies, procedures, and services.

A facility must:

- Promote participation of a client's representative in the process of treatment for the client;
- Answer communications from a client's family and friends promptly;
- Promote visits by individuals with a relationship to the client at any reasonable hour;
- Allow residents to leave from the facility to visit or to take trips or vacations; and
- Promptly notify client representatives of any significant incidents or changes in condition.

The bill requires a facility administrator to post a written notice of provider responsibilities in a prominent place in the facility that includes the statewide toll-free telephone number for reporting complaints to the AHCA and the statewide toll-free number of Disability Rights of Florida. The facility must ensure the client has access to a telephone to call the AHCA, the central abuse hotline, or Disabilities Rights of Florida. The facility is prohibited from taking

retaliatory action against a client for filing a complaint or grievance. These are similar to protections provided to residents of nursing homes and assisted living facilities.

Medication

Under the newly created s. 400.9976, F.S., the bill requires a TLF to record a client's medication administration, including self-administration, and each dose of medication. The medication must be administered in compliance with the physician's, PA's, or ARNP's orders. Drug administration errors and adverse drug reactions must be recorded and reported immediately to the physician, PA, or ARNP. The interdisciplinary team that develops a client's treatment plan must determine whether the client is capable of self-administration of medications.

Under the newly created s. 400.9977, F.S., unlicensed direct care services staff may assist residents with repackaged medications that are prescribed, prepackaged, and premeasured. The bill requires that the facility provide training, develop procedures, and maintain records regarding assistance with medication by unlicensed staff. Training must be conducted by a registered nurse, a licensed physician, or a licensed pharmacist. The AHCA is required to adopt rules to implement this section.

Under the newly created s. 400.9979, F.S., the bill requires that physical and chemical restraints must be ordered for clients before such restraints may be used by a facility. The bill requires that an order for restraints must be documented by a client's physician, PA, or ARNP and be consistent with the policies and procedures adopted by the facility. The client's representative or responsible party must be notified as soon as practicable after the use of restraints. Clients receiving medications that can serve as a restraint must be evaluated by their physician at least monthly to assess:

- Continued need for the medication;
- Level of the medication in client's blood; and
- The need to adjust the prescription.

A facility must ensure clients are free from unnecessary drugs and physical restraints. All interventions to manage inappropriate client behaviors must be administered with sufficient safeguards and supervision.

Employees

Under the newly created s. 400.9978, F.S., the bill specifies that a TLF is responsible for developing and implementing policies and procedures for screening and training employees, protection of clients, and for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, and exploitation. This includes a facility identifying clients whose history renders the client a risk for abusing other clients. The facility must implement procedures to:

- Screen potential employees for a history of abuse, neglect, or mistreatment of clients;
- Train employees through orientation and ongoing sessions on abuse prohibition practices;
- Provide clients, families, and staff information on how and to whom they may report concerns, incidents, and grievances without fear of retribution;
- Identify events, such as suspicious bruising of clients, that may constitute abuse to determine the direction of the investigation;

- Investigate different types of incidents and identify staff members responsible for the initial internal reporting and the reporting of results to the proper authorities;
- Protect clients from harm during an investigation; and
- Report all alleged violations and all substantiated incidents as required under ch. 39, F.S. and ch. 415, F.S., to the appropriate licensing authorities.

Under the newly created s. 400.998, F.S., the bill requires all TLF personnel to complete a level 2 background screening and requires the facility to maintain personnel records containing the staff's background screening, job description, training requirements, compliance documentation, and a copy of all licenses or certifications held by staff who perform services for which licensure or certification is required. The record must also include a copy of all job performance evaluations. In addition, the bill requires a facility to:

- Implement infection control policies and procedures;
- Maintain liability insurance, as defined by s. 624.605, F.S., at all times;
- Designate one person as administrator who is responsible for the overall management of the facility;
- Designate one person as program director who is responsible for supervising the therapeutic and behavioral staff;
- Designate in writing a person responsible for the facility when the administrator is absent for more than 24 hours;
- Designate a person to be responsible when the program director is absent;
- Obtain approval of the comprehensive emergency management plan from the local emergency management agency; and
- Maintain written records in a form and system that complies with standard medical and business practices and which is available for submission to the AHCA upon request. The records must include:
 - A daily census;
 - A report of all accidental or unusual incidents involving clients or staff members who caused or had the potential to cause injury or harm to any person or property within the facility;
 - Agreements with third party providers;
 - Agreements with consultants employed by the facility; and
 - Documentation of each consultant's visits and required written, dated reports.

Under the newly created s. 400.9981, F.S., the bill grants clients the option of using their own personal belongings and choosing a roommate whenever possible. The admission of a client to a facility and his or her presence therein does not confer on a licensee, administrator, employee, or representative any authority to manage, use, or dispose of any property of the client. The licensee, administrator, employee, or representative may not act as the client's guardian, trustee, or payee for social security or other benefits. The licensee, administrator, employee, or representative may be granted power of attorney for a client if the licensee has filed a surety bond with the AHCA in an amount equal to twice the average monthly income of the client. If the power of attorney is granted to the licensee, administrator, staff, or representative, he or she must notify the client on a monthly basis of any transactions made on the client's behalf and a copy of such statement must be given to the client and retained in the client's file and be available for inspection by the AHCA.

The bill states that a facility, upon consent of the client, shall provide for the safekeeping in the facility of personal effects not in excess of \$1,000 and funds of the client not in excess of \$500 in cash, and shall keep complete and accurate records of all funds and personal effects received.

The bill provides for any funds or other property belonging to, or due to, a client, or expendable from his or her account, which is received by licensee, shall be regarded as funds held in trust and shall be kept separate from the funds and property of the licensee and other clients or shall be specifically credited to the client. At least once every month, the facility shall furnish the client and the client's representative a complete and verified statement of all funds and other property, detailing the amount and items received, together with their sources and disposition.

The bill mandates that any person who intentionally withholds a client's property or funds; demands, beneficially receives, or contracts for payment of all or any part of a client's personal property in satisfaction of the facility rate for supplies or services; or borrows from a client's personal funds, unless agreed to by written contract, commits a misdemeanor of the first degree. The bill mandates any licensee, administrator or staff, or representative thereof, who is granted power of attorney for any client of the facility and who misuses or misappropriates funds obtained through this power, commits a felony of the third degree.

In the event of the death of a client, a TLF must return all refunds, funds, and property held in trust to the client's personal representative. If the client has no spouse or adult next of kin or such person cannot be located, funds due the client shall be placed in an interest-bearing account, and all property held in trust by the licensee shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code.

The bill authorizes the AHCA, by rule, to clarify terms and specify procedures and documentation necessary to administer the provisions relating to the proper management of clients' funds and personal property and the execution of surety bonds.

Under the newly created s. 400.9982, F.S., the bill authorizes the AHCA to publish and enforce rules to include criteria to ensure reasonable and consistent quality of care and client safety. The AHCA may adopt and enforce rules to implement this part and part II of ch. 408, F.S., including:

- The location of TLFs;
- The qualifications of personnel;
- The requirements for personnel procedures, reporting procedures, and documentation;
- Services provided to clients; and
- The preparation and annual update of a comprehensive emergency management plan.

Under s. 400.9983, F.S., the bill revises penalties for violations. Current law requires the AHCA to determine if violations in health care related facilities are isolated, patterned, or widespread.¹³ The penalties in the bill take into account the frequency of the problems within the facility as well. Violations are also separated into class I through class IV based on severity with class I violations being the most serious and class IV being the least serious. Class I violations put clients in imminent danger. Class II violations directly threaten the safety of clients. Class III violations indirectly threaten the safety of clients. Class IV violations are primarily for

¹³ See s. 408.813(2), F.S.

paperwork violations that would not harm clients. The classifications must be included on the written notice of the violation provided to the facility.¹⁴

Under the bill, fines for violations will be levied at the following amounts, but fines for class III and class IV violations will not be levied if the violations are corrected within timeframes specified by the AHCA:

Class of Violation/Correction	Isolated	Patterned	Widespread
I - Regardless of correction	\$5,000	\$7,500	\$10,000
II - Regardless of correction	\$1,000	\$2,500	\$5,000
III - Only if uncorrected	\$500	\$750	\$1,000
IV - Only if uncorrected	Fines for Class IV violations may range from \$100 to \$200.		

Under the newly created s. 400.9984, F.S., the bill authorizes the AHCA to petition a court for the appointment of a receiver for TLFs using the provisions of s. 429.22, F.S.

Under the newly created s. 400.9985, F.S., the bill requires the AHCA, the DOH, the Agency for Persons with Disabilities, and the Department of Children and Families to develop an electronic database to ensure that relevant information pertaining to the regulation of TLFs and clients is communicated timely among all agencies for the protection of clients. This system must include the Brain and Spinal Cord Registry and the abuse registries.

Sections 2 and 3 transfer s. 400.805, F.S., to the newly created s. 400.9986, F.S., and provide for the repeal of s. 400.9986, F.S., on July 1, 2016.

Section 4 renames the title of part V of chapter 400 as “Intermediate Care Facilities” to remove “Transitional Living Facilities” from the title as the bill creates a new statutory part for such facilities.

Section 5 amends s. 381.745, F.S., to conform to changes in the definition of a TLF.

Section 6 amends s. 381.75, F.S., to eliminate a reference to the responsibility of the DOH to develop rules with the AHCA for the regulation of transitional living facilities. Provisions in this statutory section are moved and revised in the newly created sections 400.997 through 400.9984, F.S.

Section 7 amends s. 381.78, F.S., relating to the Brain and Spinal Cord Injury Advisory Council’s appointment of a committee to regulate TLFs. These duties are duplicative of the regulation by the AHCA under the bill and are therefore removed.

Section 8 amends s. 400.93, F.S., to conform a reference to TLFs.

Section 9 amends s. 408.802, F.S., to conform a reference to TLFs.

Section 10 amends s. 408.820, F.S., to conform a reference to TLFs.

¹⁴ See s. 408.813, F.S.

Section 11 reenacts s. 381.79, F.S., to incorporate amendments made to s. 381.75, F.S.

Section 12 creates a non-statutory section of Florida law requiring that TLFs that were licensed prior to the effective date of the bill must be licensed under the new requirements of the bill no later than July 1, 2016.

Section 13 provides an effective date of July 1, 2015.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Transitional living facilities may incur increased costs due to the increased requirements contained in SB 682.

C. Government Sector Impact:

None.¹⁵

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

¹⁵ The Agency for Health Care Administration, *Senate Bill 682 Analysis* (Dec. 12, 2014) (on file with the Senate Committee on Children, Families, and Elder Affairs).

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 381.745, 381.75, 381.78, 400.93, 408.802, and 408.820.

This bill creates the following sections of the Florida Statutes: 400.997, 400.9971, 400.9972, 400.9973, 400.9974, 400.9975, 400.9976, 400.9977, 400.9978, 400.9979, 400.998, 400.9981, 400.9982, 400.9983, 400.9984, and 400.9985.

This bill reenacts section 381.79 of the Florida Statutes.

This bill repeals section 400.805 of the Florida Statutes.

This bill creates an undesignated section of Florida law.

IX. Additional Information:

- A. **Committee Substitute – Statement of Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

- B. **Amendments:**

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/19/2015	.	
	.	
	.	
	.	

Appropriations Subcommittee on Health and Human Services
(Grimsley) recommended the following:

Senate Amendment (with title amendment)

Delete lines 1084 - 1086

and insert:

Section 11. For the purpose of incorporating the amendment made by this act to section 381.75, Florida Statutes, in a reference thereto, subsection (1) of section 381.79, Florida Statutes, is reenacted to read:

381.79 Brain and Spinal Cord Injury Program Trust Fund.—

(1) There is created in the State Treasury the Brain and



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11 Spinal Cord Injury Program Trust Fund. Moneys in the fund shall
12 be appropriated to the department for the purpose of providing
13 the cost of care for brain or spinal cord injuries as a payor of
14 last resort to residents of this state, for multilevel programs
15 of care established pursuant to s. 381.75.

16 (a) Authorization of expenditures for brain or spinal cord
17 injury care shall be made only by the department.

18 (b) Authorized expenditures include acute care,
19 rehabilitation, transitional living, equipment and supplies
20 necessary for activities of daily living, public information,
21 prevention, education, and research. In addition, the department
22 may provide matching funds for public or private assistance
23 provided under the brain and spinal cord injury program and may
24 provide funds for any approved expansion of services for
25 treating individuals who have sustained a brain or spinal cord
26 injury.

27
28 ===== T I T L E A M E N D M E N T =====

29 And the title is amended as follows:

30 Delete lines 98 - 100

31 and insert:

32 act; reenacting s. 381.79(1), F.S., relating to the
33 Brain and Spinal Cord Injury Program Trust Fund, to
34 incorporate the amendment made by the act to s.
35 381.75, F.S., in a reference thereto; providing for
36 the act's

By Senator Grimsley

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1 A bill to be entitled
 2 An act relating to transitional living facilities;
 3 creating part XI of ch. 400, F.S.; creating s.
 4 400.997, F.S.; providing legislative intent; creating
 5 s. 400.9971, F.S.; providing definitions; creating s.
 6 400.9972, F.S.; requiring the licensure of
 7 transitional living facilities; providing license fees
 8 and application requirements; requiring accreditation
 9 of licensed facilities; creating s. 400.9973, F.S.;
 10 providing requirements for transitional living
 11 facility policies and procedures governing client
 12 admission, transfer, and discharge; creating s.
 13 400.9974, F.S.; requiring a comprehensive treatment
 14 plan to be developed for each client; providing plan
 15 and staffing requirements; requiring certain consent
 16 for continued treatment in a transitional living
 17 facility; creating s. 400.9975, F.S.; providing
 18 licensee responsibilities with respect to each client
 19 and specified others and requiring written notice of
 20 such responsibilities to be provided; prohibiting a
 21 licensee or employee of a facility from serving notice
 22 upon a client to leave the premises or taking other
 23 retaliatory action under certain circumstances;
 24 requiring the client and client's representative to be
 25 provided with certain information; requiring the
 26 licensee to develop and implement certain policies and
 27 procedures governing the release of client
 28 information; creating s. 400.9976, F.S.; providing
 29 licensee requirements relating to administration of

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30 medication; requiring maintenance of medication
 31 administration records; providing requirements for the
 32 self-administration of medication by clients; creating
 33 s. 400.9977, F.S.; providing training and supervision
 34 requirements for the administration of medications by
 35 unlicensed staff; specifying who may conduct the
 36 training; requiring licensees to adopt certain
 37 policies and procedures and maintain specified records
 38 with respect to the administration of medications by
 39 unlicensed staff; requiring the Agency for Health Care
 40 Administration to adopt rules; creating s. 400.9978,
 41 F.S.; providing requirements for the screening of
 42 potential employees and training and monitoring of
 43 employees for the protection of clients; requiring
 44 licensees to implement certain policies and procedures
 45 to protect clients; providing conditions for
 46 investigating and reporting incidents of abuse,
 47 neglect, mistreatment, or exploitation of clients;
 48 creating s. 400.9979, F.S.; providing requirements and
 49 limitations for the use of physical restraints,
 50 seclusion, and chemical restraint medication on
 51 clients; providing a limitation on the duration of an
 52 emergency treatment order; requiring notification of
 53 certain persons when restraint or seclusion is
 54 imposed; authorizing the agency to adopt rules;
 55 creating s. 400.998, F.S.; providing background
 56 screening requirements for licensee personnel;
 57 requiring the licensee to maintain certain personnel
 58 records; providing administrative responsibilities for

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59 licensees; providing recordkeeping requirements;
 60 creating s. 400.9981, F.S.; providing licensee
 61 responsibilities with respect to the property and
 62 personal affairs of clients; providing requirements
 63 for a licensee with respect to obtaining surety bonds;
 64 providing recordkeeping requirements relating to the
 65 safekeeping of personal effects; providing
 66 requirements for trust funds or other property
 67 received by a licensee and credited to the client;
 68 providing a penalty for certain misuse of a client's
 69 personal funds, property, or personal needs allowance;
 70 providing criminal penalties for violations; providing
 71 for the disposition of property in the event of the
 72 death of a client; authorizing the agency to adopt
 73 rules; creating s. 400.9982, F.S.; providing
 74 legislative intent; authorizing the agency to adopt
 75 and enforce rules establishing specified standards for
 76 transitional living facilities and personnel thereof;
 77 creating s. 400.9983, F.S.; classifying certain
 78 violations and providing penalties therefor; providing
 79 administrative fines for specified classes of
 80 violations; creating s. 400.9984, F.S.; authorizing
 81 the agency to apply certain provisions with regard to
 82 receivership proceedings; creating s. 400.9985, F.S.;
 83 requiring the agency, the Department of Health, the
 84 Agency for Persons with Disabilities, and the
 85 Department of Children and Families to develop
 86 electronic information systems for certain purposes;
 87 transferring and renumbering s. 400.805, F.S., as s.

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88 400.9986, F.S.; repealing s. 400.9986, F.S., relating
 89 to transitional living facilities, on a specified
 90 date; revising the title of part V of ch. 400, F.S.;
 91 amending s. 381.745, F.S.; revising the definition of
 92 the term "transitional living facility," to conform to
 93 changes made by the act; amending s. 381.75, F.S.;
 94 revising the duties of the Department of Health and
 95 the agency relating to transitional living facilities;
 96 amending ss. 381.78, 400.93, 408.802, and 408.820,
 97 F.S.; conforming provisions to changes made by the
 98 act; reenacting s. 381.79(1), F.S., to incorporate the
 99 amendment made by this act to s. 381.75, F.S., in a
 100 reference thereto; providing for the act's
 101 applicability to licensed transitional living
 102 facilities licensed on specified dates; providing
 103 effective dates.

104
 105 Be It Enacted by the Legislature of the State of Florida:

106
 107 Section 1. Part XI of chapter 400, Florida Statutes,
 108 consisting of sections 400.997 through 400.9986, is created to
 109 read:

110 PART XI

111 TRANSITIONAL LIVING FACILITIES

112 400.997 Legislative intent.—It is the intent of the
 113 Legislature to provide for the licensure of transitional living
 114 facilities and require the development, establishment, and
 115 enforcement of basic standards by the Agency for Health Care
 116 Administration to ensure quality of care and services to clients

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117 in transitional living facilities. It is the policy of the state
 118 that the least restrictive appropriate available treatment be
 119 used based on the individual needs and best interest of the
 120 client, consistent with optimum improvement of the client's
 121 condition. The goal of a transitional living program for persons
 122 who have brain or spinal cord injuries is to assist each person
 123 who has such an injury to achieve a higher level of independent
 124 functioning and to enable the person to reenter the community.
 125 It is also the policy of the state that the restraint or
 126 seclusion of a client is justified only as an emergency safety
 127 measure used in response to danger to the client or others. It
 128 is therefore the intent of the Legislature to achieve an ongoing
 129 reduction in the use of restraint or seclusion in programs and
 130 facilities that serve persons who have brain or spinal cord
 131 injuries.

132 400.9971 Definitions.—As used in this part, the term:

133 (1) "Agency" means the Agency for Health Care
 134 Administration.

135 (2) "Chemical restraint" means a pharmacologic drug that
 136 physically limits, restricts, or deprives a person of movement
 137 or mobility, is used for client protection or safety, and is not
 138 required for the treatment of medical conditions or symptoms.

139 (3) "Client's representative" means the parent of a child
 140 client or the client's guardian, designated representative,
 141 designee, surrogate, or attorney in fact.

142 (4) "Department" means the Department of Health.

143 (5) "Physical restraint" means a manual method to restrict
 144 freedom of movement of or normal access to a person's body, or a
 145 physical or mechanical device, material, or equipment attached

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146 or adjacent to the person's body that the person cannot easily
 147 remove and that restricts freedom of movement of or normal
 148 access to the person's body, including, but not limited to, a
 149 half-bed rail, a full-bed rail, a geriatric chair, or a Posey
 150 restraint. The term includes any device that is not specifically
 151 manufactured as a restraint but is altered, arranged, or
 152 otherwise used for this purpose. The term does not include
 153 bandage material used for the purpose of binding a wound or
 154 injury.

155 (6) "Seclusion" means the physical segregation of a person
 156 in any fashion or the involuntary isolation of a person in a
 157 room or area from which the person is prevented from leaving.
 158 Such prevention may be accomplished by imposition of a physical
 159 barrier or by action of a staff member to prevent the person
 160 from leaving the room or area. For purposes of this part, the
 161 term does not mean isolation due to a person's medical condition
 162 or symptoms.

163 (7) "Transitional living facility" means a site where
 164 specialized health care services are provided to persons who
 165 have brain or spinal cord injuries, including, but not limited
 166 to, rehabilitative services, behavior modification, community
 167 reentry training, aids for independent living, and counseling.

168 400.9972 License required; fee; application.—

169 (1) The requirements of part II of chapter 408 apply to the
 170 provision of services that require licensure pursuant to this
 171 part and part II of chapter 408 and to entities licensed by or
 172 applying for licensure from the agency pursuant to this part. A
 173 license issued by the agency is required for the operation of a
 174 transitional living facility in this state. However, this part

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175 does not require a provider licensed by the agency to obtain a
 176 separate transitional living facility license to serve persons
 177 who have brain or spinal cord injuries as long as the services
 178 provided are within the scope of the provider's license.

179 (2) In accordance with this part, an applicant or a
 180 licensee shall pay a fee for each license application submitted
 181 under this part. The license fee shall consist of a \$4,588
 182 license fee and a \$90 per-bed fee per biennium and shall conform
 183 to the annual adjustment authorized in s. 408.805.

184 (3) An applicant for licensure must provide:

185 (a) The location of the facility for which the license is
 186 sought and documentation, signed by the appropriate local
 187 government official, which states that the applicant has met
 188 local zoning requirements.

189 (b) Proof of liability insurance as provided in s.
 190 624.605(1)(b).

191 (c) Proof of compliance with local zoning requirements,
 192 including compliance with the requirements of chapter 419 if the
 193 proposed facility is a community residential home.

194 (d) Proof that the facility has received a satisfactory
 195 firesafety inspection.

196 (e) Documentation that the facility has received a
 197 satisfactory sanitation inspection by the county health
 198 department.

199 (4) The applicant's proposed facility must attain and
 200 continuously maintain accreditation by an accrediting
 201 organization that specializes in evaluating rehabilitation
 202 facilities whose standards incorporate licensure regulations
 203 comparable to those required by the state. An applicant for

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204 licensure as a transitional living facility must acquire
 205 accreditation within 12 months after issuance of an initial
 206 license. The agency shall accept the accreditation survey report
 207 of the accrediting organization in lieu of conducting a
 208 licensure inspection if the standards included in the survey
 209 report are determined by the agency to document that the
 210 facility substantially complies with state licensure
 211 requirements. Within 10 days after receiving the accreditation
 212 survey report, the applicant shall submit to the agency a copy
 213 of the report and evidence of the accreditation decision as a
 214 result of the report. The agency may conduct an inspection of a
 215 transitional living facility to ensure compliance with the
 216 licensure requirements of this part, to validate the inspection
 217 process of the accrediting organization, to respond to licensure
 218 complaints, or to protect the public health and safety.

219 400.9973 Client admission, transfer, and discharge.-

220 (1) A transitional living facility shall have written
 221 policies and procedures governing the admission, transfer, and
 222 discharge of clients.

223 (2) The admission of a client to a transitional living
 224 facility must be in accordance with the licensee's policies and
 225 procedures.

226 (3) To be admitted to a transitional living facility, an
 227 individual must have an acquired internal or external injury to
 228 the skull, the brain, or the brain's covering, caused by a
 229 traumatic or nontraumatic event, which produces an altered state
 230 of consciousness, or a spinal cord injury, such as a lesion to
 231 the spinal cord or cauda equina syndrome, with evidence of
 232 significant involvement of at least two of the following

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233 deficits or dysfunctions:

234 (a) A motor deficit.

235 (b) A sensory deficit.

236 (c) A cognitive deficit.

237 (d) A behavioral deficit.

238 (e) Bowel and bladder dysfunction.

239 (4) A client whose medical condition and diagnosis do not
 240 positively identify a cause of the client's condition, whose
 241 symptoms are inconsistent with the known cause of injury, or
 242 whose recovery is inconsistent with the known medical condition
 243 may be admitted to a transitional living facility for evaluation
 244 for a period not to exceed 90 days.

245 (5) A client admitted to a transitional living facility
 246 must be admitted upon prescription by a licensed physician,
 247 physician assistant, or advanced registered nurse practitioner
 248 and must remain under the care of a licensed physician,
 249 physician assistant, or advanced registered nurse practitioner
 250 for the duration of the client's stay in the facility.

251 (6) A transitional living facility may not admit a person
 252 whose primary admitting diagnosis is mental illness or an
 253 intellectual or developmental disability.

254 (7) A person may not be admitted to a transitional living
 255 facility if the person:

256 (a) Presents significant risk of infection to other clients
 257 or personnel. A health care practitioner must provide
 258 documentation that the person is free of apparent signs and
 259 symptoms of communicable disease;

260 (b) Is a danger to himself or herself or others as
 261 determined by a physician, physician assistant, or advanced

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262 registered nurse practitioner or a mental health practitioner
 263 licensed under chapter 490 or chapter 491, unless the facility
 264 provides adequate staffing and support to ensure patient safety;

265 (c) Is bedridden; or

266 (d) Requires 24-hour nursing supervision.

267 (8) If the client meets the admission criteria, the medical
 268 or nursing director of the facility must complete an initial
 269 evaluation of the client's functional skills, behavioral status,
 270 cognitive status, educational or vocational potential, medical
 271 status, psychosocial status, sensorimotor capacity, and other
 272 related skills and abilities within the first 72 hours after the
 273 client's admission to the facility. An initial comprehensive
 274 treatment plan that delineates services to be provided and
 275 appropriate sources for such services must be implemented within
 276 the first 4 days after admission.

277 (9) A transitional living facility shall develop a
 278 discharge plan for each client before or upon admission to the
 279 facility. The discharge plan must identify the intended
 280 discharge site and possible alternative discharge sites. For
 281 each discharge site identified, the discharge plan must identify
 282 the skills, behaviors, and other conditions that the client must
 283 achieve to be eligible for discharge. A discharge plan must be
 284 reviewed and updated as necessary but at least once monthly.

285 (10) A transitional living facility shall discharge a
 286 client as soon as practicable when the client no longer requires
 287 the specialized services described in s. 400.9971(7), when the
 288 client is not making measurable progress in accordance with the
 289 client's comprehensive treatment plan, or when the transitional
 290 living facility is no longer the most appropriate and least

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291 restrictive treatment option.

292 (11) A transitional living facility shall provide at least
 293 30 days' notice to a client of transfer or discharge plans,
 294 including the location of an acceptable transfer location if the
 295 client is unable to live independently. This subsection does not
 296 apply if a client voluntarily terminates residency.

297 400.9974 Client comprehensive treatment plans; client
 298 services.-

299 (1) A transitional living facility shall develop a
 300 comprehensive treatment plan for each client as soon as
 301 practicable but no later than 30 days after the initial
 302 comprehensive treatment plan is developed. The comprehensive
 303 treatment plan must be developed by an interdisciplinary team
 304 consisting of the case manager, the program director, the
 305 advanced registered nurse practitioner, and appropriate
 306 therapists. The client or, if appropriate, the client's
 307 representative must be included in developing the comprehensive
 308 treatment plan. The comprehensive treatment plan must be
 309 reviewed and updated if the client fails to meet projected
 310 improvements outlined in the plan or if a significant change in
 311 the client's condition occurs. The comprehensive treatment plan
 312 must be reviewed and updated at least once monthly.

313 (2) The comprehensive treatment plan must include:

314 (a) Orders obtained from the physician, physician
 315 assistant, or advanced registered nurse practitioner and the
 316 client's diagnosis, medical history, physical examination, and
 317 rehabilitative or restorative needs.

318 (b) A preliminary nursing evaluation, including orders for
 319 immediate care provided by the physician, physician assistant,

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320 or advanced registered nurse practitioner, which shall be
 321 completed when the client is admitted.

322 (c) A comprehensive, accurate, reproducible, and
 323 standardized assessment of the client's functional capability;
 324 the treatments designed to achieve skills, behaviors, and other
 325 conditions necessary for the client to return to the community;
 326 and specific measurable goals.

327 (d) Steps necessary for the client to achieve transition
 328 into the community and estimated length of time to achieve those
 329 goals.

330 (3) The client or, if appropriate, the client's
 331 representative must consent to the continued treatment at the
 332 transitional living facility. Consent may be for a period of up
 333 to 6 months. If such consent is not given, the transitional
 334 living facility shall discharge the client as soon as
 335 practicable.

336 (4) A client must receive the professional program services
 337 needed to implement the client's comprehensive treatment plan.

338 (5) The licensee must employ qualified professional staff
 339 to carry out and monitor the various professional interventions
 340 in accordance with the stated goals and objectives of the
 341 client's comprehensive treatment plan.

342 (6) A client must receive a continuous treatment program
 343 that includes appropriate, consistent implementation of
 344 specialized and general training, treatment, health services,
 345 and related services and that is directed toward:

346 (a) The acquisition of the behaviors and skills necessary
 347 for the client to function with as much self-determination and
 348 independence as possible.

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349 (b) The prevention or deceleration of regression or loss of
 350 current optimal functional status.

351 (c) The management of behavioral issues that preclude
 352 independent functioning in the community.

353 400.9975 Licensee responsibilities.-

354 (1) The licensee shall ensure that each client:

355 (a) Lives in a safe environment free from abuse, neglect,
 356 and exploitation.

357 (b) Is treated with consideration and respect and with due
 358 recognition of personal dignity, individuality, and the need for
 359 privacy.

360 (c) Retains and uses his or her own clothes and other
 361 personal property in his or her immediate living quarters to
 362 maintain individuality and personal dignity, except when the
 363 licensee demonstrates that such retention and use would be
 364 unsafe, impractical, or an infringement upon the rights of other
 365 clients.

366 (d) Has unrestricted private communication, including
 367 receiving and sending unopened correspondence, access to a
 368 telephone, and visits with any person of his or her choice. Upon
 369 request, the licensee shall modify visiting hours for caregivers
 370 and guests. The facility shall restrict communication in
 371 accordance with any court order or written instruction of a
 372 client's representative. Any restriction on a client's
 373 communication for therapeutic reasons shall be documented and
 374 reviewed at least weekly and shall be removed as soon as no
 375 longer clinically indicated. The basis for the restriction shall
 376 be explained to the client and, if applicable, the client's
 377 representative. The client shall retain the right to call the

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378 central abuse hotline, the agency, and Disability Rights Florida
 379 at any time.

380 (e) Has the opportunity to participate in and benefit from
 381 community services and activities to achieve the highest
 382 possible level of independence, autonomy, and interaction within
 383 the community.

384 (f) Has the opportunity to manage his or her financial
 385 affairs unless the client or, if applicable, the client's
 386 representative authorizes the administrator of the facility to
 387 provide safekeeping for funds as provided under this part.

388 (g) Has reasonable opportunity for regular exercise more
 389 than once per week and to be outdoors at regular and frequent
 390 intervals except when prevented by inclement weather.

391 (h) Has the opportunity to exercise civil and religious
 392 liberties, including the right to independent personal
 393 decisions. However, a religious belief or practice, including
 394 attendance at religious services, may not be imposed upon any
 395 client.

396 (i) Has access to adequate and appropriate health care
 397 consistent with established and recognized community standards.

398 (j) Has the opportunity to present grievances and recommend
 399 changes in policies, procedures, and services to the staff of
 400 the licensee, governing officials, or any other person without
 401 restraint, interference, coercion, discrimination, or reprisal.
 402 A licensee shall establish a grievance procedure to facilitate a
 403 client's ability to present grievances, including a system for
 404 investigating, tracking, managing, and responding to complaints
 405 by a client or, if applicable, the client's representative and
 406 an appeals process. The appeals process must include access to

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407 Disability Rights Florida and other advocates and the right to
 408 be a member of, be active in, and associate with advocacy or
 409 special interest groups.

410 (2) The licensee shall:

411 (a) Promote participation of the client's representative in
 412 the process of providing treatment to the client unless the
 413 representative's participation is unobtainable or inappropriate.

414 (b) Answer communications from the client's family,
 415 guardians, and friends promptly and appropriately.

416 (c) Promote visits by persons with a relationship to the
 417 client at any reasonable hour, without requiring prior notice,
 418 in any area of the facility that provides direct care services
 419 to the client, consistent with the client's and other clients'
 420 privacy, unless the interdisciplinary team determines that such
 421 a visit would not be appropriate.

422 (d) Promote opportunities for the client to leave the
 423 facility for visits, trips, or vacations.

424 (e) Promptly notify the client's representative of a
 425 significant incident or change in the client's condition,
 426 including, but not limited to, serious illness, accident, abuse,
 427 unauthorized absence, or death.

428 (3) The administrator of a facility shall ensure that a
 429 written notice of licensee responsibilities is posted in a
 430 prominent place in each building where clients reside and is
 431 read or explained to clients who cannot read. This notice shall
 432 be provided to clients in a manner that is clearly legible,
 433 shall include the statewide toll-free telephone number for
 434 reporting complaints to the agency, and shall include the words:
 435 "To report a complaint regarding the services you receive,

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436 please call toll-free ...[telephone number]... or Disability
 437 Rights Florida ...[telephone number]..." The statewide toll-
 438 free telephone number for the central abuse hotline shall be
 439 provided to clients in a manner that is clearly legible and
 440 shall include the words: "To report abuse, neglect, or
 441 exploitation, please call toll-free ...[telephone number]..."
 442 The licensee shall ensure a client's access to a telephone where
 443 telephone numbers are posted as required by this subsection.

444 (4) A licensee or employee of a facility may not serve
 445 notice upon a client to leave the premises or take any other
 446 retaliatory action against another person solely because of the
 447 following:

448 (a) The client or other person files an internal or
 449 external complaint or grievance regarding the facility.

450 (b) The client or other person appears as a witness in a
 451 hearing inside or outside the facility.

452 (5) Before or at the time of admission, the client and, if
 453 applicable, the client's representative shall receive a copy of
 454 the licensee's responsibilities, including grievance procedures
 455 and telephone numbers, as provided in this section.

456 (6) The licensee must develop and implement policies and
 457 procedures governing the release of client information,
 458 including consent necessary from the client or, if applicable,
 459 the client's representative.

460 400.9976 Administration of medication.-

461 (1) An individual medication administration record must be
 462 maintained for each client. A dose of medication, including a
 463 self-administered dose, shall be properly recorded in the
 464 client's record. A client who self-administers medication shall

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465 be given a pill organizer. Medication must be placed in the pill
 466 organizer by a nurse. A nurse shall document the date and time
 467 that medication is placed into each client's pill organizer. All
 468 medications must be administered in compliance with orders of a
 469 physician, physician assistant, or advanced registered nurse
 470 practitioner.

471 (2) If an interdisciplinary team determines that self-
 472 administration of medication is an appropriate objective, and if
 473 the physician, physician assistant, or advanced registered nurse
 474 practitioner does not specify otherwise, the client must be
 475 instructed by the physician, physician assistant, or advanced
 476 registered nurse practitioner to self-administer his or her
 477 medication without the assistance of a staff person. All forms
 478 of self-administration of medication, including administration
 479 orally, by injection, and by suppository, shall be included in
 480 the training. The client's physician, physician assistant, or
 481 advanced registered nurse practitioner must be informed of the
 482 interdisciplinary team's decision that self-administration of
 483 medication is an objective for the client. A client may not
 484 self-administer medication until he or she demonstrates the
 485 competency to take the correct medication in the correct dosage
 486 at the correct time, to respond to missed doses, and to contact
 487 the appropriate person with questions.

488 (3) Medication administration discrepancies and adverse
 489 drug reactions must be recorded and reported immediately to a
 490 physician, physician assistant, or advanced registered nurse
 491 practitioner.

492 400.9977 Assistance with medication.-

493 (1) Notwithstanding any provision of part I of chapter

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494 464, the Nurse Practice Act, unlicensed direct care services
 495 staff who provide services to clients in a facility licensed
 496 under this part may administer prescribed, prepackaged, and
 497 premeasured medications after the completion of training in
 498 medication administration and under the general supervision of a
 499 registered nurse as provided under this section and applicable
 500 rules.

501 (2) Training required by this section and applicable rules
 502 shall be conducted by a registered nurse licensed under chapter
 503 464, a physician licensed under chapter 458 or chapter 459, or a
 504 pharmacist licensed under chapter 465.

505 (3) A facility that allows unlicensed direct care service
 506 staff to administer medications pursuant to this section shall:

507 (a) Develop and implement policies and procedures that
 508 include a plan to ensure the safe handling, storage, and
 509 administration of prescription medications.

510 (b) Maintain written evidence of the expressed and informed
 511 consent for each client.

512 (c) Maintain a copy of the written prescription, including
 513 the name of the medication, the dosage, and the administration
 514 schedule and termination date.

515 (d) Maintain documentation of compliance with required
 516 training.

517 (4) The agency shall adopt rules to implement this section.
 518 400.9978 Protection of clients from abuse, neglect,
 519 mistreatment, and exploitation.—The licensee shall develop and
 520 implement policies and procedures for the screening and training
 521 of employees; the protection of clients; and the prevention,
 522 identification, investigation, and reporting of abuse, neglect,

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523 mistreatment, and exploitation. The licensee shall identify
 524 clients whose personal histories render them at risk for abusing
 525 other clients, develop intervention strategies to prevent
 526 occurrences of abuse, monitor clients for changes that would
 527 trigger abusive behavior, and reassess the interventions on a
 528 regular basis. A licensee shall:

529 (1) Screen each potential employee for a history of abuse,
 530 neglect, mistreatment, or exploitation of clients. The screening
 531 shall include an attempt to obtain information from previous and
 532 current employers and verification of screening information by
 533 the appropriate licensing boards.

534 (2) Train employees through orientation and ongoing
 535 sessions regarding issues related to abuse prohibition
 536 practices, including identification of abuse, neglect,
 537 mistreatment, and exploitation; appropriate interventions to
 538 address aggressive or catastrophic reactions of clients; the
 539 process for reporting allegations without fear of reprisal; and
 540 recognition of signs of frustration and stress that may lead to
 541 abuse.

542 (3) Provide clients, families, and staff with information
 543 regarding how and to whom they may report concerns, incidents,
 544 and grievances without fear of retribution and provide feedback
 545 regarding the concerns that are expressed. A licensee shall
 546 identify, correct, and intervene in situations in which abuse,
 547 neglect, mistreatment, or exploitation is likely to occur,
 548 including:

549 (a) Evaluating the physical environment of the facility to
 550 identify characteristics that may make abuse or neglect more
 551 likely to occur, such as secluded areas.

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552 (b) Providing sufficient staff on each shift to meet the
 553 needs of the clients and ensuring that the assigned staff have
 554 knowledge of each client's care needs.

555 (c) Identifying inappropriate staff behaviors, such as
 556 using derogatory language, rough handling of clients, ignoring
 557 clients while giving care, and directing clients who need
 558 toileting assistance to urinate or defecate in their beds.

559 (d) Assessing, monitoring, and planning care for clients
 560 with needs and behaviors that might lead to conflict or neglect,
 561 such as a history of aggressive behaviors including entering
 562 other clients' rooms without permission, exhibiting self-
 563 injurious behaviors or communication disorders, requiring
 564 intensive nursing care, or being totally dependent on staff.

565 (4) Identify events, such as suspicious bruising of
 566 clients, occurrences, patterns, and trends that may constitute
 567 abuse and determine the direction of the investigation.

568 (5) Investigate alleged violations and different types of
 569 incidents, identify the staff member responsible for initial
 570 reporting, and report results to the proper authorities. The
 571 licensee shall analyze the incidents to determine whether
 572 policies and procedures need to be changed to prevent further
 573 incidents and take necessary corrective actions.

574 (6) Protect clients from harm during an investigation.

575 (7) Report alleged violations and substantiated incidents,
 576 as required under chapters 39 and 415, to the licensing
 577 authorities and all other agencies, as required, and report any
 578 knowledge of actions by a court of law that would indicate an
 579 employee is unfit for service.

580 400.9979 Restraint and seclusion; client safety.-

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581 (1) A facility shall provide a therapeutic milieu that
 582 supports a culture of individual empowerment and responsibility.
 583 The health and safety of the client shall be the facility's
 584 primary concern at all times.

585 (2) The use of physical restraints must be ordered and
 586 documented by a physician, physician assistant, or advanced
 587 registered nurse practitioner and must be consistent with the
 588 policies and procedures adopted by the facility. The client or,
 589 if applicable, the client's representative shall be informed of
 590 the facility's physical restraint policies and procedures when
 591 the client is admitted.

592 (3) The use of chemical restraints shall be limited to
 593 prescribed dosages of medications as ordered by a physician,
 594 physician assistant, or advanced registered nurse practitioner
 595 and must be consistent with the client's diagnosis and the
 596 policies and procedures adopted by the facility. The client and,
 597 if applicable, the client's representative shall be informed of
 598 the facility's chemical restraint policies and procedures when
 599 the client is admitted.

600 (4) Based on the assessment by a physician, physician
 601 assistant, or advanced registered nurse practitioner, if a
 602 client exhibits symptoms that present an immediate risk of
 603 injury or death to himself or herself or others, a physician,
 604 physician assistant, or advanced registered nurse practitioner
 605 may issue an emergency treatment order to immediately administer
 606 rapid-response psychotropic medications or other chemical
 607 restraints. Each emergency treatment order must be documented
 608 and maintained in the client's record.

609 (a) An emergency treatment order is not effective for more

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610 than 24 hours.

611 (b) Whenever a client is medicated under this subsection,
 612 the client's representative or a responsible party and the
 613 client's physician, physician assistant, or advanced registered
 614 nurse practitioner shall be notified as soon as practicable.

615 (5) A client who is prescribed and receives a medication
 616 that can serve as a chemical restraint for a purpose other than
 617 an emergency treatment order must be evaluated by his or her
 618 physician, physician assistant, or advanced registered nurse
 619 practitioner at least monthly to assess:

620 (a) The continued need for the medication.

621 (b) The level of the medication in the client's blood.

622 (c) The need for adjustments to the prescription.

623 (6) The licensee shall ensure that clients are free from
 624 unnecessary drugs and physical restraints and are provided
 625 treatment to reduce dependency on drugs and physical restraints.

626 (7) The licensee may only employ physical restraints and
 627 seclusion as authorized by the facility's written policies,
 628 which shall comply with this section and applicable rules.

629 (8) Interventions to manage dangerous client behavior shall
 630 be employed with sufficient safeguards and supervision to ensure
 631 that the safety, welfare, and civil and human rights of a client
 632 are adequately protected.

633 (9) A facility shall notify the parent, guardian, or, if
 634 applicable, the client's representative when restraint or
 635 seclusion is employed. The facility must provide the
 636 notification within 24 hours after the restraint or seclusion is
 637 employed. Reasonable efforts must be taken to notify the parent,
 638 guardian, or, if applicable, the client's representative by

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639 telephone or e-mail, or both, and these efforts must be
 640 documented.

641 (10) The agency may adopt rules that establish standards
 642 and procedures for the use of restraints, restraint positioning,
 643 seclusion, and emergency treatment orders for psychotropic
 644 medications, restraint, and seclusion. If rules are adopted, the
 645 rules must include duration of restraint, staff training,
 646 observation of the client during restraint, and documentation
 647 and reporting standards.

648 400.998 Personnel background screening; administration and
 649 management procedures.-

650 (1) The agency shall require level 2 background screening
 651 for licensee personnel as required in s. 408.809(1)(e) and
 652 pursuant to chapter 435 and s. 408.809.

653 (2) The licensee shall maintain personnel records for each
 654 staff member that contain, at a minimum, documentation of
 655 background screening, a job description, documentation of
 656 compliance with the training requirements of this part and
 657 applicable rules, the employment application, references, a copy
 658 of each job performance evaluation, and, for each staff member
 659 who performs services for which licensure or certification is
 660 required, a copy of all licenses or certification held by that
 661 staff member.

662 (3) The licensee must:

663 (a) Develop and implement infection control policies and
 664 procedures and include the policies and procedures in the
 665 licensee's policy manual.

666 (b) Maintain liability insurance as defined in s.
 667 624.605(1)(b).

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668 (c) Designate one person as an administrator to be
 669 responsible and accountable for the overall management of the
 670 facility.

671 (d) Designate in writing a person to be responsible for the
 672 facility when the administrator is absent from the facility for
 673 more than 24 hours.

674 (e) Designate in writing a program director to be
 675 responsible for supervising the therapeutic and behavioral
 676 staff, determining the levels of supervision, and determining
 677 room placement for each client.

678 (f) Designate in writing a person to be responsible when
 679 the program director is absent from the facility for more than
 680 24 hours.

681 (g) Obtain approval of the comprehensive emergency
 682 management plan, pursuant to s. 400.9982(2)(e), from the local
 683 emergency management agency. Pending the approval of the plan,
 684 the local emergency management agency shall ensure that the
 685 following agencies, at a minimum, are given the opportunity to
 686 review the plan: the Department of Health, the Agency for Health
 687 Care Administration, and the Division of Emergency Management.
 688 Appropriate volunteer organizations shall also be given the
 689 opportunity to review the plan. The local emergency management
 690 agency shall complete its review within 60 days after receipt of
 691 the plan and either approve the plan or advise the licensee of
 692 necessary revisions.

693 (h) Maintain written records in a form and system that
 694 comply with medical and business practices and make the records
 695 available by the facility for review or submission to the agency
 696 upon request. The records shall include:

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697 1. A daily census record that indicates the number of
 698 clients currently receiving services in the facility, including
 699 information regarding any public funding of such clients.
 700 2. A record of each accident or unusual incident involving
 701 a client or staff member that caused, or had the potential to
 702 cause, injury or harm to any person or property within the
 703 facility. The record shall contain a clear description of each
 704 accident or incident; the names of the persons involved; a
 705 description of medical or other services provided to these
 706 persons, including the provider of the services; and the steps
 707 taken to prevent recurrence of such accident or incident.
 708 3. A copy of current agreements with third-party providers.
 709 4. A copy of current agreements with each consultant
 710 employed by the licensee and documentation of a consultant's
 711 visits and required written and dated reports.
 712 400.9981 Property and personal affairs of clients.-
 713 (1) A client shall be given the option of using his or her
 714 own belongings, as space permits; choosing a roommate if
 715 practical and not clinically contraindicated; and, whenever
 716 possible, unless the client is adjudicated incompetent or
 717 incapacitated under state law, managing his or her own affairs.
 718 (2) The admission of a client to a facility and his or her
 719 presence therein does not confer on a licensee or administrator,
 720 or an employee or representative thereof, any authority to
 721 manage, use, or dispose of the property of the client, and the
 722 admission or presence of a client does not confer on such person
 723 any authority or responsibility for the personal affairs of the
 724 client except that which may be necessary for the safe
 725 management of the facility or for the safety of the client.

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726 (3) A licensee or administrator, or an employee or
 727 representative thereof, may:
 728 (a) Not act as the guardian, trustee, or conservator for a
 729 client or a client's property.
 730 (b) Act as a competent client's payee for social security,
 731 veteran's, or railroad benefits if the client provides consent
 732 and the licensee files a surety bond with the agency in an
 733 amount equal to twice the average monthly aggregate income or
 734 personal funds due to the client, or expendable for the client's
 735 account, that are received by a licensee.
 736 (c) Act as the attorney in fact for a client if the
 737 licensee files a surety bond with the agency in an amount equal
 738 to twice the average monthly income of the client, plus the
 739 value of a client's property under the control of the attorney
 740 in fact.
 741 The surety bond required under paragraph (b) or paragraph (c)
 742 shall be executed by the licensee as principal and a licensed
 743 surety company. The bond shall be conditioned upon the faithful
 744 compliance of the licensee with the requirements of licensure
 745 and is payable to the agency for the benefit of a client who
 746 suffers a financial loss as a result of the misuse or
 747 misappropriation of funds held pursuant to this subsection. A
 748 surety company that cancels or does not renew the bond of a
 749 licensee shall notify the agency in writing at least 30 days
 750 before the action, giving the reason for cancellation or
 751 nonrenewal. A licensee or administrator, or an employee or
 752 representative thereof, who is granted power of attorney for a
 753 client of the facility shall, on a monthly basis, notify the
 754 client of the facility shall, on a monthly basis, notify the

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755 client in writing of any transaction made on behalf of the
 756 client pursuant to this subsection, and a copy of the
 757 notification given to the client shall be retained in the
 758 client's file and available for agency inspection.

759 (4) A licensee, with the consent of the client, shall
 760 provide for safekeeping in the facility of the client's personal
 761 effects of a value not in excess of \$1,000 and the client's
 762 funds not in excess of \$500 cash and shall keep complete and
 763 accurate records of the funds and personal effects received. If
 764 a client is absent from a facility for 24 hours or more, the
 765 licensee may provide for safekeeping of the client's personal
 766 effects of a value in excess of \$1,000.

767 (5) Funds or other property belonging to or due to a client
 768 or expendable for the client's account that are received by a
 769 licensee shall be regarded as funds held in trust and shall be
 770 kept separate from the funds and property of the licensee and
 771 other clients or shall be specifically credited to the client.
 772 The funds held in trust shall be used or otherwise expended only
 773 for the account of the client. At least once every month, except
 774 pursuant to an order of a court of competent jurisdiction, the
 775 licensee shall furnish the client and, if applicable, the
 776 client's representative with a complete and verified statement
 777 of all funds and other property to which this subsection
 778 applies, detailing the amount and items received, together with
 779 their sources and disposition. The licensee shall furnish the
 780 statement annually and upon discharge or transfer of a client. A
 781 governmental agency or private charitable agency contributing
 782 funds or other property to the account of a client is also
 783 entitled to receive a statement monthly and upon the discharge

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784 or transfer of the client.

785 (6) (a) In addition to any damages or civil penalties to
 786 which a person is subject, a person who:

787 1. Intentionally withholds a client's personal funds,
 788 personal property, or personal needs allowance;
 789 2. Demands, beneficially receives, or contracts for payment
 790 of all or any part of a client's personal property or personal
 791 needs allowance in satisfaction of the facility rate for
 792 supplies and services; or

793 3. Borrows from or pledges any personal funds of a client,
 794 other than the amount agreed to by written contract under s.
 795 429.24,

796 commits a misdemeanor of the first degree, punishable as
 797 provided in s. 775.082 or s. 775.083.

799 (b) A licensee or administrator, or an employee, or
 800 representative thereof, who is granted power of attorney for a
 801 client and who misuses or misappropriates funds obtained through
 802 this power commits a felony of the third degree, punishable as
 803 provided in s. 775.082, s. 775.083, or s. 775.084.

804 (7) In the event of the death of a client, a licensee shall
 805 return all refunds, funds, and property held in trust to the
 806 client's personal representative, if one has been appointed at
 807 the time the licensee disburses such funds, or, if not, to the
 808 client's spouse or adult next of kin named in a beneficiary
 809 designation form provided by the licensee to the client. If the
 810 client does not have a spouse or adult next of kin or such
 811 person cannot be located, funds due to be returned to the client
 812 shall be placed in an interest-bearing account, and all property

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813 held in trust by the licensee shall be safeguarded until such
 814 time as the funds and property are disbursed pursuant to the
 815 Florida Probate Code. The funds shall be kept separate from the
 816 funds and property of the licensee and other clients of the
 817 facility. If the funds of the deceased client are not disbursed
 818 pursuant to the Florida Probate Code within 2 years after the
 819 client's death, the funds shall be deposited in the Health Care
 820 Trust Fund administered by the agency.

821 (8) The agency, by rule, may clarify terms and specify
 822 procedures and documentation necessary to administer the
 823 provisions of this section relating to the proper management of
 824 clients' funds and personal property and the execution of surety
 825 bonds.

826 400.9982 Rules establishing standards.-

827 (1) It is the intent of the Legislature that rules adopted
 828 and enforced pursuant to this part and part II of chapter 408
 829 include criteria to ensure reasonable and consistent quality of
 830 care and client safety. The rules should make reasonable efforts
 831 to accommodate the needs and preferences of the client to
 832 enhance the client's quality of life while residing in a
 833 transitional living facility.

834 (2) The agency may adopt and enforce rules to implement
 835 this part and part II of chapter 408, which may include
 836 reasonable and fair criteria with respect to:

837 (a) The location of transitional living facilities.

838 (b) The qualifications of personnel, including management,
 839 medical, nursing, and other professional personnel and nursing
 840 assistants and support staff, who are responsible for client
 841 care. The licensee must employ enough qualified professional

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842 staff to carry out and monitor interventions in accordance with
 843 the stated goals and objectives of each comprehensive treatment
 844 plan.

845 (c) Requirements for personnel procedures, reporting
 846 procedures, and documentation necessary to implement this part.

847 (d) Services provided to clients of transitional living
 848 facilities.

849 (e) The preparation and annual update of a comprehensive
 850 emergency management plan in consultation with the Division of
 851 Emergency Management. At a minimum, the rules must provide for
 852 plan components that address emergency evacuation
 853 transportation; adequate sheltering arrangements; postdisaster
 854 activities, including provision of emergency power, food, and
 855 water; postdisaster transportation; supplies; staffing;
 856 emergency equipment; individual identification of clients and
 857 transfer of records; communication with families; and responses
 858 to family inquiries.

859 400.9983 Violations; penalties.-A violation of this part or
 860 any rule adopted pursuant thereto shall be classified according
 861 to the nature of the violation and the gravity of its probable
 862 effect on facility clients. The agency shall indicate the
 863 classification on the written notice of the violation as
 864 follows:

865 (1) Class "I" violations are defined in s. 408.813. The
 866 agency shall issue a citation regardless of correction and
 867 impose an administrative fine of \$5,000 for an isolated
 868 violation, \$7,500 for a patterned violation, or \$10,000 for a
 869 widespread violation. Violations may be identified, and a fine
 870 must be levied, notwithstanding the correction of the deficiency

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871 giving rise to the violation.

872 (2) Class "II" violations are defined in s. 408.813. The
 873 agency shall impose an administrative fine of \$1,000 for an
 874 isolated violation, \$2,500 for a patterned violation, or \$5,000
 875 for a widespread violation. A fine must be levied
 876 notwithstanding the correction of the deficiency giving rise to
 877 the violation.

878 (3) Class "III" violations are defined in s. 408.813. The
 879 agency shall impose an administrative fine of \$500 for an
 880 isolated violation, \$750 for a patterned violation, or \$1,000
 881 for a widespread violation. If a deficiency giving rise to a
 882 class III violation is corrected within the time specified by
 883 the agency, the fine may not be imposed.

884 (4) Class "IV" violations are defined in s. 408.813. The
 885 agency shall impose for a cited class IV violation an
 886 administrative fine of at least \$100 but not exceeding \$200 for
 887 each violation. If a deficiency giving rise to a class IV
 888 violation is corrected within the time specified by the agency,
 889 the fine may not be imposed.

890 400.9984 Receivership proceedings.—The agency may apply s.
 891 429.22 with regard to receivership proceedings for transitional
 892 living facilities.

893 400.9985 Interagency communication.—The agency, the
 894 department, the Agency for Persons with Disabilities, and the
 895 Department of Children and Families shall develop electronic
 896 systems to ensure that relevant information pertaining to the
 897 regulation of transitional living facilities and clients is
 898 timely and effectively communicated among agencies in order to
 899 facilitate the protection of clients. Electronic sharing of

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900 information shall include, at a minimum, a brain and spinal cord
 901 injury registry and a client abuse registry.

902 Section 2. Section 400.805, Florida Statutes, is
 903 transferred and renumbered as s. 400.9986, Florida Statutes.

904 Section 3. Effective July 1, 2016, s. 400.9986, Florida
 905 Statutes, is repealed.

906 Section 4. The title of part V of chapter 400, Florida
 907 Statutes, consisting of sections 400.701 and 400.801, is
 908 redesignated as "INTERMEDIATE CARE FACILITIES."

909 Section 5. Subsection (9) of section 381.745, Florida
 910 Statutes, is amended to read:

911 381.745 Definitions; ss. 381.739-381.79.—As used in ss.
 912 381.739-381.79, the term:

913 (9) "Transitional living facility" means a state-approved
 914 facility, as defined and licensed under chapter 400 ~~or chapter~~
 915 429, or a facility approved by the brain and spinal cord injury
 916 program in accordance with this chapter.

917 Section 6. Section 381.75, Florida Statutes, is amended to
 918 read:

919 381.75 Duties and responsibilities of the department, ~~of~~
 920 ~~transitional living facilities, and of residents.~~—Consistent
 921 with the mandate of s. 381.7395, the department shall develop
 922 and administer a multilevel treatment program for individuals
 923 who sustain brain or spinal cord injuries and who are referred
 924 to the brain and spinal cord injury program.

925 (1) Within 15 days after any report of an individual who
 926 has sustained a brain or spinal cord injury, the department
 927 shall notify the individual or the most immediate available
 928 family members of their right to assistance from the state, the

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929 services available, and the eligibility requirements.

930 (2) The department shall refer individuals who have brain
931 or spinal cord injuries to other state agencies to ensure ~~assure~~
932 that rehabilitative services, if desired, are obtained by that
933 individual.

934 (3) The department, in consultation with emergency medical
935 service, shall develop standards for an emergency medical
936 evacuation system that will ensure that all individuals who
937 sustain traumatic brain or spinal cord injuries are transported
938 to a department-approved trauma center that meets the standards
939 and criteria established by the emergency medical service and
940 the acute-care standards of the brain and spinal cord injury
941 program.

942 (4) The department shall develop standards for designation
943 of rehabilitation centers to provide rehabilitation services for
944 individuals who have brain or spinal cord injuries.

945 (5) The department shall determine the appropriate number
946 of designated acute-care facilities, inpatient rehabilitation
947 centers, and outpatient rehabilitation centers, needed based on
948 incidence, volume of admissions, and other appropriate criteria.

949 (6) The department shall develop standards for designation
950 of transitional living facilities to provide transitional living
951 services for individuals who participate in the brain and spinal
952 cord injury program ~~the opportunity to adjust to their~~
953 ~~disabilities and to develop physical and functional skills in a~~
954 ~~supported living environment.~~

955 ~~(a) The Agency for Health Care Administration, in~~
956 ~~consultation with the department, shall develop rules for the~~
957 ~~licensure of transitional living facilities for individuals who~~

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958 ~~have brain or spinal cord injuries.~~

959 ~~(b) The goal of a transitional living program for~~
960 ~~individuals who have brain or spinal cord injuries is to assist~~
961 ~~each individual who has such a disability to achieve a higher~~
962 ~~level of independent functioning and to enable that person to~~
963 ~~reenter the community. The program shall be focused on preparing~~
964 ~~participants to return to community living.~~

965 ~~(c) A transitional living facility for an individual who~~
966 ~~has a brain or spinal cord injury shall provide to such~~
967 ~~individual, in a residential setting, a goal-oriented treatment~~
968 ~~program designed to improve the individual's physical,~~
969 ~~cognitive, communicative, behavioral, psychological, and social~~
970 ~~functioning, as well as to provide necessary support and~~
971 ~~supervision. A transitional living facility shall offer at least~~
972 ~~the following therapies: physical, occupational, speech,~~
973 ~~neuropsychology, independent living skills training, behavior~~
974 ~~analysis for programs serving brain-injured individuals, health~~
975 ~~education, and recreation.~~

976 ~~(d) All residents shall use the transitional living~~
977 ~~facility as a temporary measure and not as a permanent home or~~
978 ~~domicile. The transitional living facility shall develop an~~
979 ~~initial treatment plan for each resident within 3 days after the~~
980 ~~resident's admission. The transitional living facility shall~~
981 ~~develop a comprehensive plan of treatment and a discharge plan~~
982 ~~for each resident as soon as practical, but no later than 30~~
983 ~~days after the resident's admission. Each comprehensive~~
984 ~~treatment plan and discharge plan must be reviewed and updated~~
985 ~~as necessary, but no less often than quarterly. This subsection~~
986 ~~does not require the discharge of an individual who continues to~~

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987 ~~require any of the specialized services described in paragraph~~
 988 ~~(c) or who is making measurable progress in accordance with that~~
 989 ~~individual's comprehensive treatment plan. The transitional~~
 990 ~~living facility shall discharge any individual who has an~~
 991 ~~appropriate discharge site and who has achieved the goals of his~~
 992 ~~or her discharge plan or who is no longer making progress toward~~
 993 ~~the goals established in the comprehensive treatment plan and~~
 994 ~~the discharge plan. The discharge location must be the least~~
 995 ~~restrictive environment in which an individual's health, well-~~
 996 ~~being, and safety is preserved.~~

997 ~~(7) Recipients of services, under this section, from any of~~
 998 ~~the facilities referred to in this section shall pay a fee based~~
 999 ~~on ability to pay.~~

1000 Section 7. Subsection (4) of section 381.78, Florida
 1001 Statutes, is amended to read:

1002 381.78 Advisory council on brain and spinal cord injuries.-

1003 (4) The council shall:

1004 ~~(a) provide advice and expertise to the department in the~~
 1005 ~~preparation, implementation, and periodic review of the brain~~
 1006 ~~and spinal cord injury program.~~

1007 ~~(b) Annually appoint a five-member committee composed of~~
 1008 ~~one individual who has a brain injury or has a family member~~
 1009 ~~with a brain injury, one individual who has a spinal cord injury~~
 1010 ~~or has a family member with a spinal cord injury, and three~~
 1011 ~~members who shall be chosen from among these representative~~
 1012 ~~groups: physicians, other allied health professionals,~~
 1013 ~~administrators of brain and spinal cord injury programs, and~~
 1014 ~~representatives from support groups with expertise in areas~~
 1015 ~~related to the rehabilitation of individuals who have brain or~~

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1016 ~~spinal cord injuries, except that one and only one member of the~~
 1017 ~~committee shall be an administrator of a transitional living~~
 1018 ~~facility. Membership on the council is not a prerequisite for~~
 1019 ~~membership on this committee.~~

1020 ~~1. The committee shall perform onsite visits to those~~
 1021 ~~transitional living facilities identified by the Agency for~~
 1022 ~~Health Care Administration as being in possible violation of the~~
 1023 ~~statutes and rules regulating such facilities. The committee~~
 1024 ~~members have the same rights of entry and inspection granted~~
 1025 ~~under s. 400.805(4) to designated representatives of the agency.~~

1026 ~~2. Factual findings of the committee resulting from an~~
 1027 ~~onsite investigation of a facility pursuant to subparagraph 1.~~
 1028 ~~shall be adopted by the agency in developing its administrative~~
 1029 ~~response regarding enforcement of statutes and rules regulating~~
 1030 ~~the operation of the facility.~~

1031 ~~3. Onsite investigations by the committee shall be funded~~
 1032 ~~by the Health Care Trust Fund.~~

1033 ~~4. Travel expenses for committee members shall be~~
 1034 ~~reimbursed in accordance with s. 112.061.~~

1035 ~~5. Members of the committee shall recuse themselves from~~
 1036 ~~participating in any investigation that would create a conflict~~
 1037 ~~of interest under state law, and the council shall replace the~~
 1038 ~~member, either temporarily or permanently.~~

1039 Section 8. Subsection (5) of section 400.93, Florida
 1040 Statutes, is amended to read:

1041 400.93 Licensure required; exemptions; unlawful acts;
 1042 penalties.-

1043 (5) The following are exempt from home medical equipment
 1044 provider licensure, unless they have a separate company,

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1045 corporation, or division that is in the business of providing
 1046 home medical equipment and services for sale or rent to
 1047 consumers at their regular or temporary place of residence
 1048 pursuant to the provisions of this part:

1049 (a) Providers operated by the Department of Health or
 1050 Federal Government.

1051 (b) Nursing homes licensed under part II.

1052 (c) Assisted living facilities licensed under chapter 429,
 1053 when serving their residents.

1054 (d) Home health agencies licensed under part III.

1055 (e) Hospices licensed under part IV.

1056 (f) Intermediate care facilities ~~and~~, homes for special
 1057 services, ~~and transitional living facilities~~ licensed under part
 1058 V.

1059 (g) Transitional living facilities licensed under part XI.

1060 ~~(h)(g)~~ Hospitals and ambulatory surgical centers licensed
 1061 under chapter 395.

1062 ~~(i)(h)~~ Manufacturers and wholesale distributors when not
 1063 selling directly to consumers.

1064 ~~(j)(i)~~ Licensed health care practitioners who use ~~utilize~~
 1065 home medical equipment in the course of their practice, but do
 1066 not sell or rent home medical equipment to their patients.

1067 ~~(k)(j)~~ Pharmacies licensed under chapter 465.

1068 Section 9. Subsection (21) of section 408.802, Florida
 1069 Statutes, is amended to read:

1070 408.802 Applicability.—The provisions of this part apply to
 1071 the provision of services that require licensure as defined in
 1072 this part and to the following entities licensed, registered, or
 1073 certified by the agency, as described in chapters 112, 383, 390,

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1074 394, 395, 400, 429, 440, 483, and 765:

1075 (21) Transitional living facilities, as provided under part
 1076 XI ~~V~~ of chapter 400.

1077 Section 10. Subsection (20) of section 408.820, Florida
 1078 Statutes, is amended to read:

1079 408.820 Exemptions.—Except as prescribed in authorizing
 1080 statutes, the following exemptions shall apply to specified
 1081 requirements of this part:

1082 (20) Transitional living facilities, as provided under part
 1083 XI ~~V~~ of chapter 400, are exempt from s. 408.810(10).

1084 Section 11. Subsection (1) of s. 381.79 is reenacted for
 1085 the purpose of incorporating the amendment made by this act to
 1086 s. 381.75, Florida Statutes, in a reference thereto.

1087 Section 12. (1) A transitional living facility that is
 1088 licensed under s. 400.805, Florida Statutes, on June 30, 2015,
 1089 must be licensed under and in compliance with s. 400.9986,
 1090 Florida Statutes, until the licensee becomes licensed under and
 1091 in compliance with part XI of ch. 400, Florida Statutes, as
 1092 created by this act. Such licensees must be licensed under and
 1093 in compliance with part XI of chapter 400, Florida Statutes, as
 1094 created by this act, on or before July 1, 2016.

1095 (2) A transitional living facility that is licensed on or
 1096 after July 1, 2015, must be licensed under and in compliance
 1097 with part XI of ch. 400, Florida Statutes, as created by this
 1098 act.

1099 Section 13. Except as otherwise expressly provided in this
 1100 act, this act shall take effect July 1, 2015.

**Color Key for Budget Spreadsheet
FY 2014-15**

Yellow	= Base/Continuation Budget
Pink	= Budget Amendments and/or Non-Policy Technical Adjustments
Purple	= Base Budget Reductions Issues & Fund Shifts
Light Blue	Federal Grants/Donations/Other Entity Contracts (state match in-kind, if applicable)
Orange	= Social Services Estimating Conference
Light Green	= Full Appropriations Committee Decisions - Statewide Issues
Tan	= Total By Agency
Blue	= Total for Health and Human Services Appropriations Committee

**DRAFT CHAIR PROPOSAL Health and Human Services Appropriations Subcommittee
March 19, 2015**

Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
1		AGENCY/HEALTH CARE ADMIN									1
2	1100001	Startup (OPERATING)	1,644.00	73,684,830	5,394,569,298		306,708,002	4,178,424,255	14,605,143,741	24,484,845,296	2
3	1600855	Realignment Of Medicaid Appropriation Categories To Managed Care - Deduct			(1,345,451,418)		(306,708,002)	(1,051,825,308)	(4,149,206,864)	(6,853,191,592)	3
4	1600856	Realignment Of Medicaid Appropriation Categories To Managed Care - Add			1,345,451,418		306,708,002	1,512,671,373	3,688,360,799	6,853,191,592	4
5	1700018	Transfer Assistive Care Services From Children And Families			10,359,371					10,359,371	5
6	1700190	Transfer States' Share Of Statewide Inpatient Psychiatric Program To The Agency For Health Care Administration - Add			20,548,219					20,548,219	6
7	1801370	Transfer Of Third Party Liability From The Division Of Medicaid To The Division Of Operations - Add	5.00	222,372	-			8,802,418	8,802,418	17,604,836	7
8	1801470	Transfer Of Third Party Liability From The Division Of Medicaid To The Division Of Operations - Deduct	(5.00)	(222,372)	-			(8,802,418)	(8,802,418)	(17,604,836)	8
9	1801570	Realign Administrative Resources Across Divisions To Support The Statewide Medicaid Managed Care (SMMC) Program - Add	12.00	631,657	-			423,700	498,686	922,386	9
10	1801590	Realign Administrative Resources Across Divisions To Support The Statewide Medicaid Managed Care (SMMC) Program - Deduct	(12.00)	(631,657)	-			(423,700)	(498,686)	(922,386)	10
11	2000180	Realignment Of Medicaid Appropriation Categories - Deduct			(20,793,089)			(21,443,475)	(30,838,839)	(73,075,403)	11
12	2000190	Realignment Of Medicaid Appropriation Categories - Add			20,793,089			21,443,475	30,838,839	73,075,403	12
13	2000240	Realign Recurring Expenditures To Nonrecurring - Deduct			(22,962,510)					(22,962,510)	13
14	2000250	Realign Recurring Expenditures To Nonrecurring - Add			-	13,662,510	9,300,000			22,962,510	14
15	2000280	Realign Prepaid Health Plan Funding - Deduct			(227,944,554)				(348,109,410)	(576,053,964)	15
16	2000290	Realign Prepaid Health Plan Funding - Add			227,944,554				348,109,410	576,053,964	16
17	2000300	Realign Prepaid Health Plan - Long Term Care Funding - Deduct			(78,578,277)				(120,002,156)	(198,580,433)	17
18	2000310	Realign Prepaid Health Plan - Long Term Care Funding - Add			78,578,277				120,002,156	198,580,433	18
19	2000320	Realignment Of Funds To The Low Income Pool (LIP) - Deduct			(8,938,589)					(8,938,589)	19
20	2000330	Realignment Of Funds To The Low Income Pool (LIP) - Add			8,938,589					8,938,589	20
21	2001120	Transfer Of Cost Savings For Other Personal Services Positions - Add			-			31,652	31,652	63,304	21
22	2001130	Transfer Of Cost Savings For Other Personal Services Positions - Deduct			-			(31,652)	(31,652)	(63,304)	22
23	2001140	Transfer Resources For Health Insurance Portability And Accountability Act (HIPAA) And Security Compliance - Add	2.00	83,584	-			61,920	61,920	123,840	23

**DRAFT CHAIR PROPOSAL Health and Human Services Appropriations Subcommittee
March 19, 2015**

Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
24	2001150	Transfer Resources For Health Insurance Portability And Accountability Act (HIPAA) And Security Compliance - Deduct	(2.00)	(83,584)	-			(61,920)	(61,920)	(123,840)	24
25	2005240	Transfer Of Medicaid Contracts From The Other Personal Services Category To The Contracted Services Category - Add			866,266			6,322,055	10,578,476	17,766,797	25
26	2005250	Transfer Of Medicaid Contracts From The Other Personal Services Category To The Contracted Services Category - Deduct			(866,266)			(6,322,055)	(10,578,476)	(17,766,797)	26
27	2005260	Transfer Of Appropriations From The Medicaid Surveillance Category To The Other Personal Services Category - Add			-			113,796		113,796	27
28	2005270	Transfer Of Appropriations From The Medicaid Surveillance Category To The Other Personal Services Category - Deduct			-			(113,796)		(113,796)	28
29	2301510	Institutional And Prescribed Drug Providers			147,639,627			(7,840,642)	159,051,168	298,850,153	29
30	2503080	Direct Billing For Administrative Hearings			14,605			93,516	14,605	122,726	30
31	3000120	Supplemental Appropriation For Legal Representation			-			1,366,745	1,366,745	2,733,490	31
32	3000220	Medicaid Long Term Care Waiver Wait List Reduction			7,400,000				11,301,036	18,701,036	32
33	3000230	Children's Medical Services Administration			1,003,697				8,619,478	9,623,175	33
34	30011C0	Decreased Workload For Data Center To Support An Agency			-			(249,545)		(249,545)	34
35	3001780	Children'S Special Health Care			(15,244,162)			(2,091,297)	(651,482)	(17,986,941)	35
36	3004500	Medicaid Services			(54,263,504)			(474,847,018)	(1,393,585,803)	(1,922,696,325)	36
37	33V0510	Administrative Reduction In Other Personal Services Category			-			(91,824)	(91,824)	(183,648)	37
38	33V0620	Management And Efficiency	(52.00)	(1,690,726)	(162,761)			(1,013,049)	(1,360,902)	(2,536,712)	38
39	33V0680	Electronic Explanation Of Medicaid Benefits (EOMB) Forms Delivery System			(750,000)				(750,000)	(1,500,000)	39
40	33V0730	Medicaid Field Office Closures	(26.00)	(840,280)	(79,464)			(469,375)	(651,783)	(1,200,622)	40
41	33V1620	Vacant Position Reductions	(3.00)	(107,789)	(10,118)			(62,966)	(87,025)	(160,109)	41
42	33V4240	Reduce Medicaid Fiscal Contract			(2,000,000)				(6,000,000)	(8,000,000)	42
43	330C400	Contract Savings			(572,929)				(1,081,875)	(1,654,804)	43
44	3300100	Delete Unfunded Budget			-			(30,907,590)		(30,907,590)	44
45	3400200	Realignment Of Tobacco Settlement Trust Fund/General Revenue Appropriations - Deduct			(6,200,000)					(6,200,000)	45
46	3400210	Realignment Of Tobacco Settlement Trust Fund/General Revenue Appropriations - Add			-		6,200,000			6,200,000	46
47	36301C0	Florida Medicaid Management Information System (FMMIS)			-			333,877	2,747,441	3,081,318	47

**DRAFT CHAIR PROPOSAL Health and Human Services Appropriations Subcommittee
March 19, 2015**

Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
48	36302C0	Consulting Services For Enterprise System			-			150,000	150,000	300,000	48
49	36305C0	Advanced Data Analytics And Detection Services			-			304,500	2,740,500	3,045,000	49
50	36306C0	Background Screening Clearinghouse			-			238,563		238,563	50
51	4100080	Rate Increase For Private Duty Nursing Services			498,272				763,496	1,261,768	51
52	4100160	Planning For Diagnosis Code Conversion			-			518,631	948,476	1,467,107	52
53	4100390	Enrollment Broker Services For Health Insurance Affordability Exchange			3,100,000				3,100,000	6,200,000	53
54	4100430	Health Insurance Affordability Exchange			4,778,662	312,500			2,804,781,291	2,809,872,453	54
55	4100450	Medicaid Fiscal Agent Contract For Health Insurance Affordability Exchange			-	300,000			300,000	600,000	55
56	4100460	Actuarial Services For Health Insurance Affordability Exchange			250,000				250,000	500,000	56
57	4101710	Graduate Medical Education Program			500,000				766,143	1,266,143	57
58	4101760	Low Income Pool			-			849,077,555	1,309,952,189	2,159,029,744	58
59	4102140	Pediatric Physician Fee Increase			1,186,825				1,818,556	3,005,381	59
60	4105910	Meridian Home Health Care Pilot			-	175,000			268,150	443,150	60
61	4106050	Prescribed Pediatric Extended Care (PPEC) Rate Increase			479,940				735,406	1,215,346	61
62	4106103	Dentaquest			-	209,664			522,659	732,323	62
63	4107110	Medicaid Program Finance Consulting Services			-			250,000	250,000	500,000	63
64	4107120	Medicaid Outpatient Prospective Payment System			-			250,000	250,000	500,000	64
65	4200890	Achieved Savings Rebate Audit Contract			-			2,000,000		2,000,000	65
66	Total	AGENCY/HEALTH CARE ADMIN	1,563.00	71,046,035	5,490,083,068	14,659,674	322,208,002	4,976,280,401	17,050,734,321	27,853,965,466	66
67											67
68		AGENCY/PERSONS WITH DISABL									68
69	1100001	Startup (OPERATING)	2,865.50	102,457,236	483,927,391			2,860,566	657,009,366	1,143,797,323	69
70	160S100	Correct Funding Source Identifier - Add			-				212,953	212,953	70
71	160S200	Correct Funding Source Identifier - Deduct			-				(212,953)	(212,953)	71
72	1800070	Realignment Of Developmental Disabilities Public Facilities - Deduct			(2,305.50)	(76,786,477)	(65,582,906)	(2,793,990)	(58,441,831)	(126,818,727)	72
73	1800080	Realignment Of Developmental Disabilities Public Facilities - Add			2,305.50	76,786,477	65,582,906	2,793,990	58,441,831	126,818,727	73
74	2000300	Realignment Of Social Services Block Grant Funding - Add			-				1,513,352	1,513,352	74
75	2000310	Realignment Of Social Services Block Grant Funding - Deduct			-				(1,513,352)	(1,513,352)	75
76	2000560	Transfer Of Appropriations Between Appropriation Categories To Correct Itemization Of Expenditures (IOE) - Add			1,145,923					1,145,923	76
77	2000570	Transfer Of Appropriations Between Appropriation Categories To Correct Itemization Of Expenditures (IOE) - Deduct				(1,145,923)				(1,145,923)	77

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Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #	
78	2503080	Direct Billing For Administrative Hearings			37,143				1,031	38,174	78	
79	3000030	Serve Additional Clients On The Home And Community Based Services Waiver	28.00	946,178	906,871				501,097	1,407,968	79	
80	3000040	Additional Resources For The Developmental Disability Centers	24.00	611,542	1,386,310				224,886	1,611,196	80	
81	3000140	Actuarial Services			-			200,000	200,000	400,000	81	
82	30010C0	Increased Workload For Data Center To Support An Agency			4,382			5,261	12,390	22,033	82	
83	3200100	Delete Unfunded Budget			-				(1,242,789)	(1,242,789)	83	
84	33V1620	Vacant Position Reductions	(52.00)	(1,179,965)	-				(1,780,112)	(1,780,112)	84	
85	3300100	Delete Unfunded Budget		(122,049)	-				(187,768)	(187,768)	85	
86	3401470	Changes To Federal Financial Participation Rate - State			(9,045,096)					(9,045,096)	86	
87	3401480	Changes To Federal Financial Participation Rate - Federal			-				9,045,096	9,045,096	87	
88	3408030	Transfer Administrative Trust Fund To The Operations And Maintenance Trust Fund - Deduct			-				(66,576)	(1,240)	(67,816)	88
89	3408040	Transfer Administrative Trust Fund To The Operations And Maintenance Trust Fund - Add			-			66,576	1,240	67,816	89	
90	3408300	Transfer To Land Acquisition Trust Fund For Water And Land Conservation Constitutional Amendment			(187,642)					(187,642)	90	
91	3408320	Transfer From General Revenue For Water And Land Conservation Constitutional Amendment			-			187,642		187,642	91	
92	36201C0	Client Data Management And Electronic Visit Verification Project			-				1,359,742	1,359,742	92	
93	36303C0	Computer Refresh			-			44,175	27,075	71,250	93	
94	36304C0	Information Technology Equipment			-			37,200	22,800	60,000	94	
95	4000050	Employment And Internships - Individual And Family Supports			-			250,000		250,000	95	
96	4000070	Questionnaire For Situational Information Training And Case Studies			-			50,555	50,555	101,110	96	
97	4000090	Emergency Management			-			82,708	50,692	133,400	97	
98	4000150	Individual And Family Support Services			-			2,000,000		2,000,000	98	
99	4000280	Mailman Center For Child Development			-			150,000		150,000	99	
100	4000500	Support Coordinator Rate Increase			1,186,825				1,812,480	2,999,305	100	
101	4000540	Personal Supports Provider Rate Increase			601,263				918,229	1,519,492	101	
102	4001200	Serve Additional Clients On The Home And Community Based Services Waiver Waitlist			16,086,659				24,567,015	40,653,674	102	
103	4001280	Mactown Fitness And Wellness Services			-			150,000		150,000	103	
104	4003200	Our Pride Academy Child Care Training Program			1,200,000					1,200,000	104	
105	990G000	Grants And Aids - Fixed Capital Outlay - Palm Beach Habilitation Center			-	649,111				649,111	105	

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Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
106	990M000	Maintenance And Repair			-	2,646,800		1,217,000		3,863,800	106
107	Total	AGENCY/PERSONS WITH DISABL	2,865.50	102,712,942	496,104,106	3,295,911	-	7,235,107	692,591,785	1,199,226,909	107
108											108
109		CHILDREN & FAMILIES									109
110	1100001	Startup (OPERATING)	11,869.50	476,872,259	1,621,071,405			42,982,137	1,174,557,984	2,838,611,526	110
111	160F230	Transfer Budget To Support The Nancy C. Detert Common Sense And Compassion Independent Living Act - Deduct			(51,008)					(51,008)	111
112	160F240	Transfer Budget To Support The Nancy C. Detert Common Sense And Compassion Independent Living Act - Add			51,008					51,008	112
113	1601720	Continuation Of The Legislative Budget Commission Approval Of Additional Budget To Serve Clients In The Refugee Assistance Programs							8,597,671	8,597,671	113
114	1700018	Transfer Assistive Care Services To The Agency For Health Care Administration			(10,359,371)					(10,359,371)	114
115	1700180	Transfer States' Share Of Statewide Inpatient Psychiatric Program To Agency For Health Care Administration - Deduct			(20,548,219)					(20,548,219)	115
116	1800035	Realignment Of Community Mental Health Services - Deduct			(333,446,091)			(450,002)	(62,216,737)	(396,112,830)	116
117	1800036	Realignment Of Community Health Services - Add			333,446,091			450,002	62,216,737	396,112,830	117
118	1800037	Realignment Of Community Substance Abuse Services - Deduct	(40.00)	(2,188,181)	(104,658,697)			(2,351,887)	(107,503,777)	(214,514,361)	118
119	1800038	Realignment Of Community Substance Abuse Services - Add	40.00	2,188,181	104,658,697			2,351,887	107,503,777	214,514,361	119
120	1800039	Realignment Of Community Mental Health Services (EXECUTIVE LEADERSHIP) - Deduct	(49.00)	(2,785,466)	(5,620,939)			(908,200)	(3,057,558)	(9,586,697)	120
121	1800040	Realignment Of Community Mental Health Services (EXECUTIVE LEADERSHIP) - Add	49.00	2,785,466	5,620,939			908,200	3,057,558	9,586,697	121
122	1800630	Background Screening Consolidation - Deduct	(3.00)	(98,595)	(566,772)					(566,772)	122
123	1800640	Background Screening Consolidation - Add	3.00	98,595	566,772					566,772	123
124	1800740	Legal Services Statewide Consolidation - Add	12.00	682,321	899,138				157,638	1,056,776	124
125	1800750	Legal Services Statewide Consolidation - Deduct	(12.00)	(682,321)	(899,138)				(157,638)	(1,056,776)	125
126	1800760	Realignment Of Resources Within The Department - Add	17.00	674,710	884,913			33,442	127,029	1,045,384	126
127	1800770	Realignment Of Resources Within The Department - Deduct	(17.00)	(674,710)	(884,913)			(33,442)	(127,029)	(1,045,384)	127
128	1800780	Transfer Executive Leadership Position To Mental Health Services From Community Substance Abuse And Mental Health - Deduct	(1.00)	(38,000)	(63,311)					(63,311)	128

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Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
129	1800790	Transfer Executive Leadership Position To Mental Health Services From Community Substance Abuse And Mental Health - Add	1.00	38,000	63,311					63,311	129
130	1806510	Human Resources Shared Services - Add	29.00	1,116,412	1,673,564					1,673,564	130
131	1806520	Human Resources Shared Services - Deduct	(29.00)	(1,116,412)	(1,673,564)					(1,673,564)	131
132	2000370	Realignment Of Partnership For Success Grant Funding - Add			-				82,875	82,875	132
133	2000380	Realignment Of Partnership For Success Grant Funding - Deduct			-				(82,875)	(82,875)	133
134	2000560	Transfer Of Appropriations Between Appropriation Categories To Correct Itemization Of Expenditures (IOE) - Add			8,633,889			876,992	1,900,961	11,411,842	134
135	2000570	Transfer Of Appropriations Between Appropriation Categories To Correct Itemization Of Expenditures (IOE) - Deduct			(8,633,889)			(876,992)	(1,900,961)	(11,411,842)	135
136	2000580	Realignment Of Appropriation Categories For Mental Health Services - Deduct			(26,239,795)				(20,935,018)	(47,174,813)	136
137	2000590	Realignment Of Appropriation Categories For Mental Health Services - Add			26,239,795				20,935,018	47,174,813	137
138	2000600	Realignment Of Appropriation Categories For Baker Act Services- Deduct			(14,521,460)					(14,521,460)	138
139	2000610	Realignment Of Appropriation Categories For Baker Act Services- Add			14,521,460					14,521,460	139
140	2000650	Transfer Community Based Resource And Support Grant Funding Between Categories - Deduct			(143,547)				(574,189)	(717,736)	140
141	2000660	Transfer Community Based Resource And Support Grant Funding Between Categories - Add			143,547				574,189	717,736	141
142	2000670	Realignment Of Appropriation Categories For Substance Abuse - Deduct			(42,147,026)			(84,918)	(29,185,868)	(71,417,812)	142
143	2000680	Realignment Of Appropriation Categories For Substance Abuse - Add			42,147,026			84,918	29,185,868	71,417,812	143
144	2000690	Realignment Of Appropriation Categories For Managing Entities - Deduct			(19,951,914)				(1,432,773)	(21,384,687)	144
145	2000700	Realignment Of Appropriation Categories For Managing Entities - Add			19,951,914				1,432,773	21,384,687	145
146	2000710	Realignment Of Appropriation Categories For Central Receiving Facilities - Deduct			(2,500,000)					(2,500,000)	146
147	2000720	Realignment Of Appropriation Categories For Central Receiving Facilities - Add			2,500,000					2,500,000	147
148	2003070	Realignment Of Mental Health Administrative Funding - Add			486,707				54,742	541,449	148
149	2003080	Realignment Of Mental Health Administrative Funding - Deduct			(486,707)				(54,742)	(541,449)	149
150	2003090	Realignment Of Economic Self Sufficiency Administrative Funding - Add			-				88,918	88,918	150

**DRAFT CHAIR PROPOSAL Health and Human Services Appropriations Subcommittee
March 19, 2015**

Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
151	2003100	Realignment Of Economic Self Sufficiency Administrative Funding - Deduct			-				(88,918)	(88,918)	151
152	2003110	Realignment Of Substance Abuse Administrative Funding - Add			413,616			38,763	216,492	668,871	152
153	2003120	Realignment Of Substance Abuse Administrative Funding - Deduct			(413,616)			(38,763)	(216,492)	(668,871)	153
154	2003150	Sexual Violent Predator Program Category Realignment - Add			2,486,370					2,486,370	154
155	2003160	Sexual Violent Predator Program Category Realignment - Deduct			(2,486,370)					(2,486,370)	155
156	2503080	Direct Billing For Administrative Hearings Transfer Budget To Support The Nancy C. Detert Common Sense And Compassion Independent Living Act Annualization - Deduct			(192,991)					(192,991)	156
157	2600170	Transfer Budget To Support The Nancy C. Detert Common Sense And Compassion Independent Living Act Annualization - Deduct			(15,769)					(15,769)	157
158	2600180	Transfer Budget To Support The Nancy C. Detert Common Sense And Compassion Independent Living Act Annualization - Add			15,769					15,769	158
159	3000091	Cash Assistance Adjustment - Estimating Conference Adjustment			-				(2,954,034)	(2,954,034)	159
160	3000530	Children's Legal Services Newly Required Workload Adjustment	17.00	712,305	1,130,895	58,605			136,116	1,325,616	160
161	30010C0	Increased Workload For Data Center To Support An Agency			623,339			165,465	467,431	1,256,235	161
162	3201010	Eliminate Unfunded Budget			-				(633,490)	(633,490)	162
163	33V1620	Vacant Position Reductions		(59.00)	(273,133)	(544,703)		(6,058)	(166,166)	(716,927)	163
164	3300120	Reduce Excess Budget Authority			-				(1,999,170)	(1,999,170)	164
165	3400190	Mental Health And Substance Abuse Federal Grants Trust Fund Realignment - Add			-				2,586,071	2,586,071	165
166	3400200	Mental Health And Substance Abuse Federal Grants Trust Fund Realignment - Deduct			-			(1,214,585)	(1,371,486)	(2,586,071)	166
167	3400220	Changes In Federal Financial Participation For Maintenance Adoption Subsidy - Deduct			(4,428,484)					(4,428,484)	167
168	3400230	Changes In Federal Financial Participation For Maintenance Adoption Subsidy - Add			-				4,428,484	4,428,484	168
169	3400370	Fund Shift Social Services Block Grant Trust Fund To Federal Grants Trust Fund Add			-				1,831,387	1,831,387	169
170	3400380	Fund Shift Social Services Block Grant Trust Fund To Federal Grants Trust Fund Deduct			-				(1,831,387)	(1,831,387)	170
171	3401470	Changes To Federal Financial Participation Rate - State			(81,248)					(81,248)	171
172	3401480	Changes To Federal Financial Participation Rate - Federal			-				81,248	81,248	172
173	36314C0	Maintain Funding For Increased Workload For Primary Data Center To Support An Agency			2,102,364					2,102,364	173
174	36390C0	Florida Health Insurance Affordability Exchange Program - IT			-	94,897			854,073	948,970	174

**DRAFT CHAIR PROPOSAL Health and Human Services Appropriations Subcommittee
March 19, 2015**

Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
175	4000A70	Administered Funds Adjustment For State Attorney Children's Legal Service Staffing			284,758				35,905	320,663	175
176	4000010	Restore Funding For Mental Health Community Action Treatment Teams			4,500,000					4,500,000	176
177	4000210	Foster Parent Cost Of Living Adjustment Growth Rate			1,007,880					1,007,880	177
178	4000235	Healthy Families Expansion			-				1,999,170	1,999,170	178
179	4000245	Substance Abuse And Mental Health Services			-				39,811,594	39,811,594	179
180	4000420	Supplemental Nutrition Assistance Program (SNAP) Education Continuation Funding			-				2,760,665	2,760,665	180
181	4000530	Change In Medicaid Federal Medical Assistance Percentage (FMAP)			(679,546)					(679,546)	181
182	4000660	Community Based Care Risk Pool			-	5,000,000		5,000,000	3,000,000	13,000,000	182
183	4000750	Healthy Transitions Grant			-				999,750	999,750	183
184	4000790	Secure Capacity Increase At A Youth Facility/Juvenile Incompetent To Proceed Program			975,601	2,673				978,274	184
185	4000828	Increasing Safety In Child Protective Investigations For Families Experiencing Domestic Violence			-			250,000		250,000	185
186	40011C0	Strategic Alignment Of Funds In Support Of Microsoft Office 365 - Add			800,448			11,755	674,126	1,486,329	186
187	4001120	Federal Funding For Child Welfare Improvement Training Title IV-E			-				16,631,734	16,631,734	187
188	4001140	Increase To Core Service Funding For Community Based Care Lead Agencies			9,400,000				6,753,541	16,153,541	188
189	40012C0	Strategic Alignment Of Funds In Support Of Microsoft Office 365 - Deduct			(800,448)			(11,755)	(674,126)	(1,486,329)	189
190	4001260	Enhanced Services For Human Trafficking Victims			-	400,000				400,000	190
191	4001560	Florida Health Insurance Affordability Exchange Program	60.00	1,346,505	729,016	88,379			2,452,192	3,269,587	191
192	4002100	Realignment Of Budget To Anticipated Expenditures - Add			6,966,133			349,037	13,130,106	20,445,276	192
193	4002120	Realignment Of Budget To Anticipated Expenditures - Deduct			(6,966,133)			(1,332,774)	(12,146,369)	(20,445,276)	193
194	4002360	Maintain Funding For Programs Supported By Administrative Earnings			8,108,249					8,108,249	194
195	4004310	Marissa Amora Relief Bill Annual Request			-	1,700,000				1,700,000	195
196	4004510	Central Receiving Facilities - Grant Program	1.00	81,006	1,110,871	2,003,882				3,114,753	196
197	4005150	Children's Community Action Teams			-	750,000				750,000	197
198	4006020	Maintenance Adoption Subsidies			6,500,000				7,227,297	13,727,297	198
199	4006860	Mental Health Forensic Beds			1,142,888	3,131				1,146,019	199
200	4007560	Increased Budget Authority For Challenge Grant			-			3,800,000		3,800,000	200
201	4008750	Automated Community Connection To Economic Self Sufficiency Asset Verification			900,000				900,000	1,800,000	201
202	4008760	Access Identity Verification - Authentication Program			563,660				543,590	1,107,250	202

**DRAFT CHAIR PROPOSAL Health and Human Services Appropriations Subcommittee
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Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
203	4402016	Non-Violence Project USA (NVPUSA HEALTHCARE) To Expand Behavioral Health Program In Schools			-	1,000,000				1,000,000	203
204	4402019	Children's Network Of Southwest Florida's Mentoring Children And Parents Program			-	250,000				250,000	204
205	4402020	Recovery Residence Certification Funding			-	475,000				475,000	205
206	4402022	Behavioral Health Reimbursement For Jackson Behavioral Health Hospital			-	150,000				150,000	206
207	4409995	Restore Adult Community Mental Health County Criminal Justice Grants			341,661					341,661	207
208	990G000	Grants And Aids - Fixed Capital Outlay - Hardee Help Center			-	70,000				70,000	208
209	990M000	Maintenance And Repair			-	2,333,696				2,333,696	209
210	Total	CHILDREN & FAMILIES	11,888.50	478,738,942	1,623,658,025	14,380,263	-	49,993,222	1,268,683,907	2,956,715,417	210
211		ELDER AFFAIRS, DEPT OF									211
212		Startup (OPERATING)	440.50	18,643,803	116,701,537			720,398	166,699,328	284,121,263	213
214	30011C0	Decreased Workload For Data Center To Support An Agency			(16,382)				(315,348)	(331,730)	214
215	33V0620	Management And Efficiency Changes To Federal Participation Rate - State	(7.00)	(387,881)	(153,300)				(371,159)	(524,459)	215
216	3401470	Expenses			(317,777)					(317,777)	216
217	3401480	Changes To Federal Participation Rate - Federal Expenses			-				317,777	317,777	217
218	4100040	Alzheimer's Disease Initiative - Frail Elders Waiting For Services			500,000					500,000	218
219	4100200	Serve Additional Clients In The Community Care For The Elderly (CCE) Program			500,000					500,000	219
220	4400050	Lutheran Services Florida			-	150,000				150,000	220
221	4900100	Convert Other Personal Services (OPS) To Full-Time Equivalents (FTE) - Deduct			-			(63,527)		(63,527)	221
222	4900110	Convert Other Personal Services (OPS) To Full-Time Equivalents (FTE) - Add	1.00	36,469	-			63,527		63,527	222
223	Total	ELDER AFFAIRS, DEPT OF	434.50	18,292,391	117,214,078	150,000	-	720,398	166,330,598	284,415,074	223
224		HEALTH, DEPT OF									224
225		Startup (OPERATING)	15,171.57	619,125,386	474,449,660		66,930,586	943,453,978	1,291,002,706	2,775,836,930	226
227	1800890	Realign Federal Nutrition Special Categories - Deduct			-				(240,056,515)	(240,056,515)	227
228	1800900	Realign Federal Nutrition Special Categories - Add			-				240,056,515	240,056,515	228
229	1801020	Technical Adjustment - Transfer Executive Staff Between Budget Entities - Deduct	(1.00)	(55,212)	-			(71,520)		(71,520)	229
230	1801030	Technical Adjustment - Transfer Executive Staff Between Budget Entities - Add	1.00	55,212	-			71,520		71,520	230

**DRAFT CHAIR PROPOSAL Health and Human Services Appropriations Subcommittee
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Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
231	1801040	Technical Adjustment - Transfer Immunization Staff Between Budget Entities - Deduct	(1.00)	(34,228)	-				(46,866)	(46,866)	231
232	1801050	Technical Adjustment - Transfer Immunization Staff Between Budget Entities - Add	1.00	34,228	-				46,866	46,866	232
233	1801120	Technical Adjustment - Transfer Position From Disability Determination To Administrative Support Budget Entity - Deduct	(1.00)	(36,040)	-				(49,515)	(49,515)	233
234	1801130	Technical Adjustment - Transfer Position From Disability Determination To Administrative Support Budget Entity - Add	1.00	36,040	-				49,515	49,515	234
235	2000360	Realignment Of General Revenue Expenditures - Deduct			(9,478)					(9,478)	235
236	2000370	Realignment Of General Revenue Expenditures - Add			9,478					9,478	236
237	2000500	Realign Medically Needy Program General Revenue And Federal Grants Trust Fund - Deduct			(21,000)				(60,000)	(81,000)	237
238	2000510	Realign Medically Needy Program General Revenue And Federal Grants Trust Fund - Add			21,000				60,000	81,000	238
239	2000600	Realignment Of United States Trust Fund Expenditures - Deduct			-				(762,620)	(762,620)	239
240	2000610	Realignment Of United States Trust Fund Expenditures - Add			-				762,620	762,620	240
241	2503080	Direct Billing For Administrative Hearings Increased Workload For Data Center To Support An Agency						52,302	6,253	58,555	241
242	30010C0	Eliminate Excess Budget Authority			141,310			265,086	509,869	916,265	242
243	3300020	Eliminate Haitian American Association Against Cancer Funding			(275,910)					(275,910)	243
244	3300440	Transfer Position And Related Funding Between Trust Funds - Deduct	(1.00)	(36,040)	-				(49,515)	(49,515)	244
245	3400050	Transfer Position And Related Funding Between Trust Funds - Add	1.00	36,040	-				49,515	49,515	245
246	3400060	Changes To Federal Financial Participation Rate - State			(150,591)					(150,591)	246
247	3401470	Changes To Federal Financial Participation Rate - Federal			-				150,591	150,591	247
248	3401480	Upgrade Medical Quality Assurance Licensure, Regulatory And On-Line Systems			-			2,166,740		2,166,740	248
249	36325C0	Disease Surveillance Systems And Epidemiology Support			-				248,400	248,400	249
250	36326C0	Change In Medicaid Federal Medical Assistance Percentage (FMAP)			(84,417)					(84,417)	250
251	4000530	A Safe Haven For Newborns			300,000					300,000	251
252	4100010	Early Steps			3,287,009					3,287,009	252
253	4100120	Suncoast Community Health Centers			-	500,000				500,000	253
254	4100180	Epilepsy Services Program			-	100,000				100,000	254
255	4300100										255

**DRAFT CHAIR PROPOSAL Health and Human Services Appropriations Subcommittee
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Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
256	4300240	Brain And Spinal Cord Injury Medicaid Waiver Program			394,820				602,955	997,775	256
257	4300280	University Of Miami - Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Research			-	1,000,000				1,000,000	257
258	4307060	North Broward Hospital District - Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS) Outpatient Program			166,024					166,024	258
259	4309000	Tobacco Constitutional Amendment			-		1,070,210			1,070,210	259
260	4800020	Child Nutrition Program			-				15,000,000	15,000,000	260
261	4800120	Nova Southeastern University			-	75,000				75,000	261
262	4806520	Pregnancy Support Services Program			-	1,000,000				1,000,000	262
263	5300210	Supervention Therapy Academy, Inc.			-	100,000				100,000	263
264	5800140	Replace Radiological Core Soil Sampling Equipment			-			86,000		86,000	264
265	6200080	Mary Brogan Breast And Cervical Cancer Early Detection Program			-	50,000				50,000	265
266	6200900	Office Of Compassionate Use	3.00		-			380,472		380,472	266
267	64P0300	Bitner/Plante Amyotrophic Lateral Sclerosis Initiative			-	75,000				75,000	267
268	64P0320	Primary Care - Florida State University - College Of Medicine Immokalee			-	463,500				463,500	268
269	6500040	Sant La Haitian Neighborhood Center			-	200,000				200,000	269
270	6500120	St. John Bosco Clinic			-	200,000				200,000	270
271	6500160	Florida Association Of Free And Charitable Clinics			4,500,000					4,500,000	271
272	990C000	Code Corrections			-	2,324,207				2,324,207	272
273	990G000	Grants And Aids - Fixed Capital Outlay - Naples Primary Care Clinic			-	500,000				500,000	273
274	990G000	Grants And Aids - Fixed Capital Outlay - Sacred Heart Health Systems				75,000				75,000	274
275	990M000	Maintenance And Repair			-	1,309,000		8,158,760		9,467,760	275
276	990S000	Special Purpose			-	2,214,350		2,000,000		4,214,350	276
277	Total	HEALTH, DEPT OF	15,174.57	619,125,386	482,564,066	10,186,057	68,000,796	956,563,338	1,307,520,774	2,824,835,031	277
278											278
279		VETERANS' AFFAIRS, DEPT OF									279
280	1100001	Startup (OPERATING)	1,104.50	37,783,292	8,092,554			59,477,293	24,789,895	92,359,742	280
281	2401500	Replacement Of Motor Vehicles			-			23,750		23,750	281
282	3000550	Florida Is For Veterans - Increase To Operating Budget			115,268					115,268	282
283	30011C0	Decreased Workload For Data Center To Support An Agency			(1,165)					(1,165)	283
284	36245C0	Information Technology Base Budget Increase			-			288,587		288,587	284

**DRAFT CHAIR PROPOSAL Health and Human Services Appropriations Subcommittee
March 19, 2015**

Row #	Issue	Issue Title	FTE	Rate	Rec General Revenue	NR General Revenue	Tobacco	Other State TFs	All TF Federal	Total Funds	Row #
285	36301C0	Information Technology - Additional Equipment			-			73,408		73,408	285
286	4000460	Bureau Of State Approving Agency For Veterans' Training Increase Staffing	1.00	66,000	-			107,348		107,348	286
287	4200070	Increase In Expense Budget Authority - Quality Assessment			-			987,000		987,000	287
288	4200110	Disabled Veterans Insurance Careers Training Program			-	150,000				150,000	288
289	4200140	Grants And Donation Trust Fund Recurring Base Budget			-			50,000		50,000	289
290	990M000	Maintenance And Repair			-			5,288,800	7,150,000	12,438,800	290
291	990P000	Increased Capacity			-			700,000	1,300,000	2,000,000	291
292	Total	VETERANS' AFFAIRS, DEPT OF	1,105.50	37,849,292	8,206,657	150,000	-	66,996,186	33,239,895	108,592,738	292
293	Grand Total		33,031.57	1,327,764,988	8,217,830,000	42,821,905	390,208,798	6,057,788,652	20,519,101,280	35,227,750,635	293

**Appropriations Subcommittee on Health and Human Services
Chair's Proposal - Back of the Bill
Fiscal Year 2015-16**

Line #	Dept.	Description	Comments
1	AHCA	Provider Data Management System	Section XX. From the funds appropriated in Specific Appropriation 253 of chapter 2014-15, Laws of Florida for the provider data management system are hereby reverted and reappropriated for the same purpose for Fiscal Year 2015-16.
2	APD	Workload for Fair Hearings	Section XX. From the funds appropriated in Specific Appropriation 267 of chapter 2014-51, Laws of Florida, the amounts of \$2,273,500 from the General Revenue Fund and \$2,273,500 from the Operations and Maintenance Trust Fund provided to the Agency for Persons with Disabilities shall revert immediately. This section shall take effect upon becoming law.
3	APD	Developmental Disability Centers	Section XX. The nonrecurring sum of \$2,273,500 from the General Revenue Fund is appropriated for the Fiscal Year 2015-2016 in the Lump Sum - Developmental Disability Centers category to the Agency for Persons with Disabilities. The agency is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes. Any requests for release of funds shall include a plan for how the funds will be expended for operational cost at the Developmental Disability Centers.
4	APD	Home and Community Based Services Waiver - Ibudget	Section XX. The sum of \$24,414,352 from the General Revenue Fund provided to the Agency for Persons with Disabilities in Section 29 of chapter 2014-51, Laws of Florida, shall revert and is appropriated for the Fiscal Year 2015-16 in the Lump Sum - Home and Community Based Services Waiver category. The agency is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes. Any requests for release of funds shall include a plan for how the funds will be expended for increases in Medicaid Home and Community Based Waiver costs.
5	APD	Home and Community Based Services Waiver - IBudget	Section XX. The unexpended balance in Specific Appropriation 268 of chapter 2014-51, Laws of Florida, provided to the Agency for Persons with Disabilities for the Home and Community Based Services Waiver shall revert and is appropriated for Fiscal Year 2015-16 in the Lump Sum Home and Community Based Services Waiver category. The agency is authorized to submit budget amendments requesting the release of funds pursuant to the provisions of chapter 216, Florida Statutes. Any request for release of funds shall include a plan for how the funds will be expended for increases in Medicaid Home and Community Based Waiver costs.
6	APD	QEC - Client Data Management System	Section XX. The sum of \$750,000 from the General Revenue Fund and \$750,000 from the Operations and Maintenance Trust Fund provided to the Agency for Persons with Disabilities in Section 28, chapter 2014-51, Laws of Florida, for the Client Data Management System and Electronic Visit Verification Qualified Expenditure Category shall revert and is appropriated to the Agency for Persons with Disabilities for Fiscal Year 2015-2016 for the same purpose. From these funds, \$73,500 from the General Revenue Fund and \$661,500 from the Operations and Maintenance Trust Fund is appropriated in the Home and Community Services Administration category, and the remaining balance is appropriated in the Client Data Management System and Electronic Visit Verification Qualified Expenditure Category.
7	DCF	Sexual Violent Predator Program	Section XX. The sum of \$1,000,000 from the General Revenue Fund provided in Section 34, chapter 2014-51, Laws of Florida, provided to the Department of Children and Families for operational costs for the Florida Civil Commitment Center shall revert and is appropriated to the department for Fiscal Year 2015-16 in the Lump Sum - Sexually Violent Predator Program category for operational costs. The agency is authorized to submit budget amendments requesting the release of funds pursuant to the provisions of chapter 216, Florida Statutes.

**Appropriations Subcommittee on Health and Human Services
Chair's Proposal - Back of the Bill
Fiscal Year 2015-16**

Line #	Dept.	Description	Comments
8	DCF	CBC Current Year Deficit	Section XX. The sum of \$10,000,000 from the Federal Grants Trust Fund is appropriated for the Fiscal Year 2014-15 in the Lump Sum - Grants and Aids - Community Based Care category to the Department of Children and Families. The agency is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes. Any requests for release of funds shall include a plan for how the funds will be expended for operational cost of the Community Based Care Agencies. This section shall take effect upon becoming law.
9	DCF	Ft. Walton Beach Medical Center	Section XX. The sum of \$1,000,000 from the General Revenue Fund provided in Specific Appropriation 366B, chapter 2014-51, Laws of Florida, for the construction of a crisis stabilization unit at the Fort Walton Beach Medical Center shall revert and is appropriated for Fiscal Year 2015-16 to Fort Walton Beach Medical Center located in Okaloosa County for the purpose of constructing or renovating space to provide short term psychiatric care to Baker Act and other state funded patients.
10	DOH	Early Steps FY 2014-15 Deficit	Section XX. The nonrecurring sum of \$2,681,672 from the Medical Quality Assurance Trust Fund and \$2,681,672 from the Operations and Maintenance Trust Fund shall be transferred by using nonoperating budget authority to the Donations Trust Fund within the Department of Health to be used for the payment of contractual obligations for early intervention services.
11	DOH	Alzheimer's Disease Research Program	Section XX. The unexpended balance of funds provided to the Department of Health for the Ed and Ethel Moore Alzheimer's Disease Research Program in Specific Appropriation 474, chapter 2014-51, Laws of Florida, shall revert and is appropriated for Fiscal Year 2015-16 for the same purpose.
12	DOH	Child Care Food Program	Section XX. The sum of \$24,450,578 from the Federal Grants Trust Fund is appropriated to the Department of Health for the Federal Nutrition Programs for Fiscal Year 2014-15. This section shall take effect upon becoming law.
13	DVA	FL. Is for Veteran's Inc.	Section XX. The sum of \$1,000,000 from the General Revenue Fund in Specific Appropriations 597A, chapter 2014-51, Laws of Florida, provided to the Department of Veteran's Affairs for Entrepreneur Training shall revert and is appropriated to the department for Fiscal Year 2015-16 for the same purpose. The Legislative Budget Commission must approve the plan as required by s. 295.23, Florida Statutes, before Florida Is For Veterans, Inc. may expend funds for the duties required under s. 295.22, Florida Statutes.
14	DVA	FL. Is for Veteran's Inc.	Section XX. The sum of \$2,000,000 from the General Revenue Fund in Specific Appropriations 597A, chapter 2014-51, Laws of Florida, provided to the Department of Veteran's Affairs for Work Force Training Grants shall revert and is appropriated to the department for Fiscal Year 2015-16 for the same purpose. The Legislative Budget Commission must approve the plan as required by s. 295.23, Florida Statutes, before Florida Is For Veterans, Inc. may expend funds for the duties required under s. 295.22, Florida Statutes.

The moneys contained herein are appropriated from the named funds to the Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Children and Families, Department of Elder Affairs, Department of Health, and the Department of Veterans' Affairs as the amounts to be used to pay the salaries, other operational expenditures and fixed capital outlay of the named agencies.

AGENCY FOR HEALTH CARE ADMINISTRATION

PROGRAM: ADMINISTRATION AND SUPPORT

161 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 161, \$300,000 in nonrecurring funds from the Administrative Trust Fund is provided to the Agency for Health Care Administration to contract with an independent consultant to transition the stand-alone financial systems utilized by the agency to a modernized enterprise solution.

PROGRAM: HEALTH CARE SERVICES

CHILDREN'S SPECIAL HEALTH CARE

167 SPECIAL CATEGORIES
GRANTS AND AIDS - FLORIDA HEALTHY KIDS
CORPORATION

Funds in Specific Appropriations 167 and 163 are provided to the Agency for Health Care Administration to contract with the Florida Healthy Kids Corporation to provide comprehensive health insurance coverage, including dental services, to Title XXI children eligible under the Florida KidCare Program and pursuant to section 624.91, Florida Statutes. The corporation shall use local funds to serve non-Title XXI children that are eligible for the program pursuant to section 624.91(3)(b), Florida Statutes. The corporation shall return unspent local funds collected in Fiscal Year 2014-2015 to provide premium assistance for non-Title XXI eligible children based on a formula developed by the corporation.

170 SPECIAL CATEGORIES
GRANTS AND AIDS - FLORIDA HEALTHY KIDS
CORPORATION DENTAL SERVICES

Funds in Specific Appropriation 170 are provided to the Agency for Health Care Administration for Florida Healthy Kids dental services to be paid a monthly premium of no more than \$14.54 per member per month.

From the funds in Specific Appropriation 170, \$209,664 in nonrecurring funds from the General Revenue Fund and \$522,659 in nonrecurring funds from the Medical Care Trust Fund are provided to DentaQuest to cover costs associated with the Health Insurance Tax on Managed Care rates as mandated by the Affordable Care Act.

172 SPECIAL CATEGORIES
CHILDREN'S MEDICAL SERVICES NETWORK

From the funds in Specific Appropriation 172, \$1,003,697 from the General Revenue Fund and \$8,619,478 from the Medical Care Trust Fund are provided to increase the administrative per-member-per-month rate for the Children's Medical Services Network.

EXECUTIVE DIRECTION AND SUPPORT SERVICES

177A LUMP SUM
FLORIDA MEDICAID MANAGEMENT INFORMATION
SYSTEM AND FISCAL CONTRACT PROCUREMENT

From the funds in Specific Appropriation 177A, \$3,081,318 in nonrecurring funds from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to complete the Florida Medicaid Management Information System (FMMIS), Decision Support System (DSS) and Fiscal Agent Operations procurement. Requests for the release of funds shall include detailed operational work plans, spending plans, Centers for Medicare and Medicaid Services (CMS) approved Advanced Planning

Documents (APD), and the most recent Independent Verification and Validation report.

The Agency for Health Care Administration shall provide quarterly project status reports on the Florida Medicaid Management Information System (FMMIS), Decision Support System (DSS) and Fiscal Agent Operations procurement to the chair of the Senate Appropriations Committee, the chair of the House Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget that shall include a description of the progress made to date for each project milestone, planned and actual deliverable completion dates, planned and actual costs incurred, and current issues and risks being managed.

177B SPECIAL CATEGORIES
GRANTS AND AIDS - FLORIDA HEALTH CHOICES
ADMINISTRATION

Funds provided in Specific Appropriation 177B are contingent on approval by the federal Centers for Medicare and Medicaid Services of a Low-Income Pool model consistent with the provisions of the document entitled "Medicaid Hospital Funding Programs," incorporated by reference in Senate Proposed Bill 2502 or similar legislation.

181 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 181, \$3,045,000 in nonrecurring funds from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to continue the Public Benefits Integrity Data Analytics and Information Sharing Initiative which will detect and deter fraud, waste, and abuse in Medicaid and other public benefit programs within the state.

From the funds in Specific Appropriation 181, \$500,000 in nonrecurring funds from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to contract with an independent consultant to develop a plan to convert Medicaid payments for outpatient services from a cost based reimbursement methodology to a prospective payment system. The study shall identify steps necessary for the transition to be completed in a budget neutral manner. The report shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than November 30, 2015.

From the funds in Specific Appropriation 181, \$500,000 in nonrecurring funds from the Medical Care Trust Fund is provided to Medicaid Program Finance for Medicaid consultant services.

182 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 182, \$3,000,000 from the Grants and Donations Trust Fund and \$3,000,000 from the Medical Care Trust Fund may be used by the Agency for Health Care Administration to contract with the Florida Medical Schools Quality Network created under section 409.975(2), Florida Statutes.

187A DATA PROCESSING SERVICES
STATE DATA CENTER - AGENCY FOR STATE
TECHNOLOGY (AST)

From the funds in Specific Appropriation 187A, the Agency for Health Care Administration shall transfer \$250,000 from the Medical Care Trust Fund to the Agency for State Technology to provide independent project oversight as directed in section 282.0051, Florida Statutes, for the Florida Medicaid Management Information System (FMMIS), Decision Support System (DSS) and Fiscal Agent Operations procurement.

MEDICAID SERVICES TO INDIVIDUALS

From the funds in Specific Appropriations 180B through 231A, the Agency for Health Care Administration shall provide a quarterly reconciliation report of all Medicaid service appropriation expenditures and fund sources. The reconciliation shall compare actual expenditures paid through each specific appropriation category either through the Florida Medicaid Management Information System (FMMIS) or the Agency for Health Care Administration to expenditure estimates forecasted through the

Social Services Estimating Conference Medicaid services forecasting model, as directed in section 216.136(6), Florida Statutes. The comparison shall include fund source detail for each comparison. For any category where a variance is identified, the Agency for Health Care Administration shall submit a written corrective action plan to address each variance by category and fund source. The reconciliation shall be submitted to the Office of the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than 30 days after the close of each quarter. The Agency for Health Care Administration may submit budget amendments to the Legislative Budget Commission to realign appropriation categories based on the reconciliation pursuant to the provisions of chapter 216, Florida Statutes.

187B SPECIAL CATEGORIES
GRANTS AND AIDS - FLORIDA HEALTH CHOICES
COROPORATION

Funds provided in Specific Appropriation 187B are contingent on approval by the federal Centers for Medicare and Medicaid Services of a Low-Income Pool model consistent with the provisions of the document entitled "Medicaid Hospital Funding Programs," incorporated by reference in Senate Proposed Bill 2502 or similar legislation.

189 SPECIAL CATEGORIES
CASE MANAGEMENT

From the funds in Specific Appropriation 189, \$1,139,529 from the Medical Care Trust Fund is provided to the Agency for Health Care Administration for Medicaid reimbursable services that support children enrolled in contracted medical foster care programs under the Department of Health. This funding is contingent upon the availability of state matching funds in the Department of Health in Specific Appropriation 524.

190 SPECIAL CATEGORIES
COMMUNITY MENTAL HEALTH SERVICES

From the funds in Specific Appropriation 190, the Agency for Health Care Administration is authorized to work with the Department of Children and Families and Florida county governments to develop a local match program to fund Medicaid specialized substance abuse services using local county funds. The public funds required to match Medicaid funds for the specialized substance abuse services are limited to those funds that are local public tax revenues and are made available to the state for this purpose. As required by Medicaid policy, participating counties shall make these services available to any qualified Florida Medicaid beneficiary regardless of county of residence. Payment for these services is contingent upon the local matching funds being provided by participating counties.

192 SPECIAL CATEGORIES
DEVELOPMENTAL EVALUATION AND INTERVENTION/
PART C

Funds in Specific Appropriation 192 are contingent on the availability of state match being provided in Specific Appropriation 530.

194 SPECIAL CATEGORIES
GRANTS AND AIDS - RURAL HOSPITAL FINANCIAL
ASSISTANCE PROGRAM

Funds in Specific Appropriation 194 are provided for a federally matched Rural Hospital Disproportionate Share program and a state funded Rural Hospital Financial Assistance program as provided in section 409.9116, Florida Statutes.

From the funds in Specific Appropriation 194, the calculations of the Medicaid Hospital Funding Programs for the 2015-2016 fiscal year are incorporated by reference in Senate Proposed Committee Bill 2502. The calculations are the basis for the appropriations made in the General Appropriations Act.

196 SPECIAL CATEGORIES
GRANTS AND AIDS - SHANDS TEACHING HOSPITAL

The funds in Specific Appropriation 196 shall be primarily designated for transfer to the Agency for Health Care Administration's Grants and Donations Trust Fund for use in the Medicaid or Low Income Pool programs. Of these funds, up to \$3,820,670 may be used in the Low Income Pool program or to modify Medicaid inpatient and outpatient reimbursements applied to Shands Healthcare System. The transfer of the funds from the Low Income Pool program is contingent upon another local government or healthcare taxing district providing an equivalent amount of funds to be used in the Low Income Pool program. Should the Agency for Health Care Administration be unable to use the full amount of these designated funds, remaining funds may be used secondarily for payments to Shands Teaching Hospital to continue the original purpose of providing health care services to indigent patients through Shands Healthcare System.

198 SPECIAL CATEGORIES
HOME HEALTH SERVICES

From the funds in Specific Appropriation 198, \$175,000 in nonrecurring funds from the General Revenue Fund and \$268,150 in nonrecurring funds from the Medical Care Trust Fund are provided to the Meridian Home Health Care Pilot.

199 SPECIAL CATEGORIES
HOSPICE SERVICES

From the funds in Specific Appropriation 199 and 227, \$1,650,384 from the Grants and Donations Trust Fund and \$2,528,861 from the Medical Care Trust Fund are provided to buy back hospice rate reductions, effective on or after January 1, 2008, and are contingent on the nonfederal share being provided through nursing home quality assessments. Authority is granted to buy back rate reductions up to, but no higher than, the amounts available under the budgeted authority in this appropriation. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.

The Agency for Health Care Administration shall establish a single rate-setting period effective September 1 of year.

200 SPECIAL CATEGORIES
GRADUATE MEDICAL EDUCATION

From the funds in Specific Appropriation 200, \$500,000 from the General Revenue Fund and \$766,143 from the Medical Care Trust Fund are provided to hospitals that participate in the Statewide Medicaid Residency Program for a graduate medical education startup bonus designed to expand the number of residency slots to physician specialties that are in statewide supply shortage. Funds allocated for the startup bonus program under s. 409.909, Florida Statutes, are provided for the following physician specialties and subspecialties, both adult and pediatric, that are in statewide supply/demand deficit: allergy or immunology; anesthesiology; cardiology; endocrinology; family medicine; general surgery; hematology; oncology; infectious diseases; neurological surgery; neurology; obstetrics/gynecology; ophthalmology; orthopedic surgery; otolaryngology; psychiatry; pulmonary; radiology; rheumatology; thoracic surgery; and urology. Of these specialties and subspecialties, cardiology, endocrinology, hematology, infectious diseases, pulmonary, and rheumatology shall be secondary specialties within internal medicine for purposes of the startup bonus program.

201 SPECIAL CATEGORIES
HOSPITAL INPATIENT SERVICES

Funds in Specific Appropriation 201 are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. In the event the state share provided through grants and donations in the Grants and Donations Trust Fund is not available the Agency for Health Care Administration may submit a revised hospital reimbursement plan to the Legislative Budget Commission for approval. This section is contingent on Senate Bill 7044 or similar legislation becoming law.

From the funds in Specific Appropriation 201, the calculations of the Medicaid Hospital Funding Programs for the 2015-2016 fiscal year are incorporated by reference in Senate Proposed Committee Bill 2502. The calculations are the basis for the appropriations made in the General Appropriations Act.

From the funds in Specific Appropriation 201, the Agency for Health Care Administration may establish a global fee for bone marrow transplants and the global fee payment shall be paid to approved bone marrow transplant providers that provide bone marrow transplants to Medicaid beneficiaries.

From the funds in Specific Appropriations 201 and 209A , \$2,900,947 from the Grants and Donations Trust Fund and \$4,445,082 from the Medical Care Trust Fund are provided to make Medicaid payments for multi-visceral transplants and intestine transplants in Florida. The Agency for Health Care Administration shall establish a global fee for these transplant procedures and the payments shall be used to pay approved multi-visceral transplant and intestine transplant facilities a global fee for providing transplant services to Medicaid beneficiaries. Payment of the global fee is contingent upon the nonfederal share being provided through grants and donations from state, county or other governmental funds. The agency is authorized to seek any federal waiver or state plan amendment necessary to implement this provision.

Any hospital that was exempt from the inpatient reimbursement ceiling in the prior state fiscal year, due to their charity care and Medicaid days as a percentage to total adjusted hospital days equaling or exceeding 11 percent, but no longer meets the 11 percent threshold, because of updated audited DSH data, shall remain exempt from the inpatient reimbursement ceilings for a period of two years.

From the funds in Specific Appropriation 201, the Agency for Health Care Administration shall continue a Diagnosis Related Grouping reimbursement methodology for hospital inpatient services as directed in section 409.905 (5)(c), Florida Statutes. The agency shall apply the following criteria in establishing the methodology:

- Base Rate-\$3,110.48
- Neonates Service Adjustor-1.30
- Pediatrics Services/Age Adjustor-1.30
- Free Standing Rehabilitation Provider Adjustor-2.757
- Rural Provider Adjustor-1.866
- Long Term Acute Care (LTAC) Provider Adjustor-2.155
- High Medicaid and High Outlier Provider Adjustor-2.549
- Outlier Threshold-\$60,000
- Marginal Cost Percentage-60%
- Documentation and Coding Adjustment-5%

From the funds in Specific Appropriation 201, the Agency for Health Care Administration shall apply a four percent adjustment for anticipated case mix increases from improved documentation and coding through the implementation of Diagnosis Related Grouping. The agency shall also apply a one percent adjustment for real case mix change. By February 28, 2016, the agency shall perform a reconciliation and apply positive or negative adjustments to the reimbursements comparing actual to predicted case mix in aggregate. Actual case mix will be measured using admissions between July 1, 2014 and March 31, 2015. Actual case mix state fiscal year 2015-16 will be assumed to be higher than measured case mix by between one and three percent based on case mix trending. Effective March 1, 2016, adjustments will be performed prospectively from the recalculation of individual hospital base rates to be applied for the remainder of the fiscal year. Adjustments applied must maintain budget neutrality on an annual basis. The reconciliation shall not include the lump sum transitional payments.

202 SPECIAL CATEGORIES
REGULAR DISPROPORTIONATE SHARE

Funds in Specific Appropriation 202 shall be used for a Disproportionate Share Hospital Program as provided in sections 409.911, 409.9113, and 409.9119, Florida Statutes, and are contingent on the state share being provided through grants and donations from state, county, or other government entities.

From the funds in Specific Appropriation 211, the calculations of the Medicaid Hospital Funding Programs for the 2015-2016 fiscal year are incorporated by reference in Senate Proposed Committee Bill 2502. The

calculations are the basis for the appropriations made in the General Appropriations Act.

203 SPECIAL CATEGORIES
LOW INCOME POOL

From the funds in Specific Appropriation 203, the calculations of the Medicaid Hospital Funding Programs for the 2015-2016 fiscal year are incorporated by reference in Senate Proposed Committee Bill 2502. The calculations are the basis for the appropriations made in the General Appropriations Act.

This section is contingent on Senate Bill 7044 or similar legislation becoming law.

206 SPECIAL CATEGORIES
HOSPITAL OUTPATIENT SERVICES

From the funds in Specific Appropriation 206, \$7,182,339 from the Grants and Donations Trust Fund and \$11,005,402 from the Medical Care Trust Fund are provided to increase the outpatient cap for adults from \$1,000 to \$1,500 per year.

From the funds in Specific Appropriation 206, \$25,485,817 from the Grants and Donations Trust Fund and \$39,051,577 from the Medical Care Trust Fund are provided so that the Agency for Health Care Administration may amend its current facility fees and physician services to allow for payments to hospitals providing primary care to low-income individuals and participating in the Primary Care Disproportionate Share Hospital (DSH) program in Fiscal Year 2003-2004 provided such hospital implements an emergency room diversion program so that non-emergent patients are triaged to lesser acute settings; or a public hospital assumed the fiscal and operating responsibilities for one or more primary care centers previously operated by the Florida Department of Health or the local county government. Any payments made to qualifying hospitals because of this change shall be contingent on the state share being provided through grants and donations from counties, local governments, public entities, or taxing districts, and federal matching funds. This provision shall be contingent upon federal approval of a state plan amendment.

From the funds in Specific Appropriation 206, the calculations of the Medicaid Hospital Funding Programs for the 2015-2016 fiscal year are incorporated by reference in Senate Proposed Committee Bill 2502. The calculations are the basis for the appropriations made in the General Appropriations Act. This section is contingent on Senate Bill 7044 or similar legislation becoming law.

208 SPECIAL CATEGORIES
OTHER FEE FOR SERVICE

Funds in Specific Appropriation 208 are for the inclusion of freestanding dialysis clinics in the Medicaid program. The Agency for Health Care Administration shall limit payment to \$125.00 per visit for each dialysis treatment. Freestanding dialysis facilities may obtain, administer and submit claims directly to the Medicaid program for End-Stage Renal Disease pharmaceuticals subject to coverage and limitations policy. All pharmaceutical claims for this purpose must include National Drug Codes (NDC) to permit the invoicing for federal and/or state supplemental rebates from manufacturers. Claims for drug products that do not include National Drug Code information are not payable by Florida Medicaid unless the drug product is exempt from federal rebate requirements.

From the funds in Specific Appropriation 208, the Agency for Health Care Administration shall work with dialysis providers, managed care organizations, and physicians to ensure that all Medicaid patients with End Stage Renal Disease (ESRD) are educated and assessed by their physician and dialysis provider to determine their suitability for peritoneal dialysis (PD) as a modality choice. Further, the agency shall consult with the dialysis community concerning suitable voluntary reporting to the state Medicaid program on members' PD suitability.

210 SPECIAL CATEGORIES
PERSONAL CARE SERVICES

From the funds in Specific Appropriation 210, \$479,940 from the General Revenue Fund and \$735,406 from the Medical Care Trust Fund are

provided for a rate increase for Prescribed Pediatric Extended Care centers.

211 SPECIAL CATEGORIES
PHYSICIAN AND HEALTH CARE PRACTITIONER
SERVICES

From the funds in Specific Appropriation 211, \$1,186,825 from the General Revenue Fund and \$1,818,556 from the Medical Care Trust Fund are provided for a Pediatrician rate increase.

From the funds in Specific Appropriation 211, the Agency for Health Care Administration is authorized to continue the physician lock-in program for recipients who participate in the pharmacy lock-in program.

213 SPECIAL CATEGORIES
PREPAID HEALTH PLANS

From the funds in Specific Appropriations 213 and 219, \$6,201,347 from the Grants and Donations Trust Fund and \$9,474,203 from the Medical Care Trust Fund are provided to buy back clinic services rate adjustments, effective on or after July 1, 2008, and are contingent on the nonfederal share being provided through grants and donations from state, county or other governmental funds. Authority is granted to buy back rate reductions up to, but not higher than, the amounts available under the authority appropriated in this Specific Appropriation. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.

216 SPECIAL CATEGORIES
PRIVATE DUTY NURSING SERVICES

From the funds in Specific Appropriation 216, \$498,272 from the General Revenue Fund and \$763,496 from the Medical Care Trust Fund are provided for a rate increase for Private Duty Nursing services provided by Licensed Practical Nurses.

219 SPECIAL CATEGORIES
CLINIC SERVICES

From the funds in Specific Appropriation 219, the Agency for Health Care Administration shall apply a recurring methodology to establish rates taking into consideration the reductions imposed on or after October 1, 2008, in the following manner: (1) the agency shall divide the total amount of each recurring reduction imposed by the number of visits originally used in the rate calculation for each rate setting period on or after October 1, 2008, which will yield a rate reduction per diem for each rate period; (2) the agency shall multiply the resulting rate reduction per diem for each rate setting period on or after October 1, 2008, by the projected number of visits used in establishing the current budget estimate which will yield the total current reduction amount to be applied to current rates; (3) in the event the total current reduction amount is greater than the historical reduction amount, the agency shall hold the rate reduction to the historical reduction amount.

220A QUALIFIED EXPENDITURE CATEGORY
PREPAID HEALTH PLANS

From the funds provided in Specific Appropriations 220A, \$227,944,554 from the General Revenue Fund and \$348,109,410 from the Medical Care Trust Fund are provided to the Agency for Health Care Administration for payments to Medicaid prepaid health plans. The Agency for Health Care Administration is authorized to submit budget amendments to request release of these funds pursuant to the provisions of chapter 216, Florida Statutes. The budget amendments shall include a detailed spending plan justifying the need for this funding based upon the results of the Agency's capitation rate setting process. The amendments shall also include actuarial reports and studies to support the need for rate adjustments as well as detailed calculations in support of the need to access additional funding.

MEDICAID LONG TERM CARE

223 SPECIAL CATEGORIES
INTERMEDIATE CARE FACILITIES/
INTELLECTUALLY DISABLED - SUNLAND CENTER

From the funds in Specific Appropriations 223, 225 and 226, the Agency for Health Care Administration, in consultation with the Agency for Persons with Disabilities, is authorized to transfer funds, in accordance with the provisions of chapter 216, Florida Statutes, to Specific Appropriation 251 for the Developmental Disabilities Home and Community Based Waiver. Priority for the use of these funds will be given to the planning and service areas with the greatest potential for transition success.

224 SPECIAL CATEGORIES
INTERMEDIATE CARE FACILITIES/
DEVELOPMENTALLY DISABLED COMMUNITY

From the funds in Specific Appropriation 224, \$15,147,690 from the Grants and Donations Trust Fund and \$23,210,603 from the Medical Care Trust Fund are provided to buy back intermediate care facilities for the developmentally disabled rate reductions, effective on or after October 1, 2008 and are contingent on the nonfederal share being provided through intermediate care facilities for the developmentally disabled quality assessments. Authority is granted to buy back rate reductions up to, but not higher than, the amounts available under the budgeted authority in this Specific Appropriation. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.

The recurring methodology to be utilized by the Agency for Health Care Administration to establish rates taking into consideration the reductions imposed on or after October 1, 2008, shall be to compare the average unit appropriation with actual average unit cost as follows: 1) the average unit appropriation shall be determined by dividing the total appropriation in Specific Appropriation 224 by the total bed days for the past fiscal year; 2) the total actual cost as generated based on the July 1 rate setting shall be divided by the total bed days for the past fiscal year to determine the actual unit cost; 3) the actual unit cost shall be reduced to a Reduced Actual Unit Cost by the same percentage used to calculate the Legislative Appropriation to account for client participation contributions; 4) no negative adjustment to the rates paid to providers shall occur so long as the Reduced Actual Unit Cost is equal to or less than the average unit appropriation; and 5) in the event the Reduced Actual Unit Cost is greater than the average unit appropriation a prorated reduction shall be imposed on all rates after all Quality Assessment Fee funds have been exhausted to cover the rate reductions.

The Agency for Health Care Administration shall not pay any legal judgments, settlements, lawsuit damages or awards imposed by a court as the result of any legal proceeding relating to prior fiscal years without specific authority in the General Appropriations Act.

225 SPECIAL CATEGORIES
NURSING HOME CARE

From the funds in Specific Appropriation 225, the Agency for Health Care Administration, in consultation with the Department of Health, is authorized to transfer funds in accordance with the provisions of chapter 216, Florida Statutes, to Specific Appropriation 222 specifically for slots under the Model Waiver, Specific Appropriation 251 Developmental Services Waiver, Specific Appropriation 507 Brain and Spinal Cord Home and Community Based Services Waiver, and Specific Appropriation 227 Statewide Medicaid Managed Care Long-term Care Waiver to transition the greatest number of appropriate eligible beneficiaries from skilled nursing facilities to community-based alternatives in order to maximize the reduction in Medicaid nursing home occupancy. Priority for the use of these funds will be given to the planning and service areas with the greatest potential for transition success.

From the funds in Specific Appropriations 225 and 242, \$426,249,642 from the Grants and Donations Trust Fund and \$651,219,105 from the Medical Care Trust Fund are provided to buy back nursing facility rate

reductions, effective on or after January 1, 2008, and are contingent on the nonfederal share being provided through nursing home quality assessments. Authority is granted to buy back rate reductions up to, but not higher than the amounts available under the budgeted authority in this Specific Appropriation. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.

226 SPECIAL CATEGORIES
PREPAID HEALTH PLAN/LONG TERM CARE

From the funds in Specific Appropriation 226, \$5,086,125 from the General Revenue Fund and \$7,490,841 from the Medical Care Trust Fund are provided to serve elders on the Medicaid Long Term Care waitlist who have been classified as a priority score of five or higher.

230A QUALIFIED EXPENDITURE CATEGORY
PREPAID HEALTH PLANS - LONG TERM CARE

From the funds provided in Specific Appropriation 230A, \$78,578,277 from the General Revenue Fund and \$120,002,156 from the Medical Care Trust Fund are provided to the Agency for Health Care Administration for payments to Medicaid prepaid health plans. The Agency for Health Care Administration is authorized to submit budget amendments to request release of these funds pursuant to the provisions of chapter 216, Florida Statutes. The budget amendments shall include a detailed spending plan justifying the need for this funding based upon the results of the agency's capitation rate setting process. The amendments shall also include actuarial reports and studies to support the need for rate adjustments as well as detailed calculations in support of the need to access additional funding.

AGENCY FOR PERSONS WITH DISABILITIES

From the funds in Specific Appropriations 243 through 277V, the Agency for Persons with Disabilities shall develop a plan for realigning revenue sources with expenditures by budget entity, program component, appropriation category, fund type, and funding source identifier. The agency shall submit a report to the chair of the Senate Appropriations Committee, the chair of the House Appropriations Committee, and the Governor's Office of Policy and Budget no later than August 31, 2015.

Funds provided in Specific Appropriations 243 through 277V from the Land Acquisition Trust Fund in the Agency for Persons with Disabilities are contingent upon Senate Bills 576, 578, 580, 582, 584 and 586, or similar legislation to implement Article X, section 28 of the Florida Constitution, becoming law.

PROGRAM: SERVICES TO PERSONS WITH DISABILITIES

HOME AND COMMUNITY SERVICES

246A LUMP SUM
INDIVIDUAL AND FAMILY SUPPORT SERVICES

Funds in Specific Appropriation 246A are provided for the Individual and Family Support Services program. The Agency for Persons with Disabilities is authorized to submit budget amendments for the release of the lump sum appropriation pursuant to the provisions of chapter 216, Florida Statutes. Requests for release of funds shall include a detailed spend plan.

247 SPECIAL CATEGORIES
GRANT AND AID INDIVIDUAL AND FAMILY
SUPPORTS

Funds in Specific Appropriation 247 expended for developmental training programs shall require a 12.5 percent match from local sources. In-kind match is acceptable provided there are no reductions in the number of persons served or level of services provided.

From the funds in Specific Appropriation 247, \$250,000 in nonrecurring funds from the Social Services Block Grant Trust Fund is provided for supported employment services for individuals on the waiting list for the Developmental Disabilities Medicaid Waiver program in Specific Appropriation 251. The supported employment services shall

be provided in a manner consistent with the same rules and regulations governing these services in the Developmental Disabilities Medicaid Waiver program, and may additionally be used toward obtaining and maintaining paid or unpaid internships.

250 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 250, \$1,200,000 from the General Revenue Fund is provided to Our Pride Academy to establish a child care training program for individuals with developmental disabilities.

From the funds in Specific Appropriation 250, \$150,000 in nonrecurring funds from the Social Services Block Grant Trust Fund is provided to MACTown Fitness and Wellness Center for services to individuals with developmental disabilities.

From the funds in Specific Appropriation 250, \$150,000 in nonrecurring funds from the Social Services Block Grant Trust Fund is provided to the Mailman Center for Child Development to expand services for individuals with developmental disabilities or special health care needs.

251 SPECIAL CATEGORIES
HOME AND COMMUNITY BASED SERVICES WAIVER

From the funds in Specific Appropriation 251, \$3,145,434 from the General Revenue Fund and \$4,803,602 from the Operations and Maintenance Trust Fund are provided to expand the Individual Budget (iBudget) Waiver by removing the greatest number of individuals permissible in Categories 3 and 4 of the waitlist under the additional funding.

From the funds in Specific Appropriation 251, \$12,941,225 from the General Revenue Fund and \$19,763,413 from the Operations and Maintenance Trust Fund are provided to expand the Individual Budget (iBudget) Waiver by removing the greatest number of individuals permissible in Category 5 of the waitlist under the additional funding.

Funds in Specific Appropriation 251 shall not be used for administrative costs. Funds for developmental training programs shall require a 12.5 percent match from local sources. In-kind match is acceptable provided there are no reductions in the number of persons served or level of services provided.

From the funds in Specific Appropriation 251, the Agency for Persons with Disabilities shall provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives monthly surplus-deficit reports projecting the total Medicaid Waiver program expenditures for the fiscal year along with any corrective action plans necessary to align program expenditures with annual appropriations in accordance with sections 393.0661(7) and (8), Florida Statutes.

From the funds in Specific Appropriation 251, \$1,186,825 from the General Revenue Fund and \$1,812,480 from the Operations and Maintenance Trust Fund are provided as a rate increase for Waiver Support Coordinator providers.

From the funds in Specific Appropriation 251, \$601,263 from the General Revenue Fund and \$918,229 from the Operations and Maintenance Trust Fund are provided to increase the day rate for Personal Supports providers to increase compensation for direct care staff.

253A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
PALM BEACH HABILITATION CENTER FACILITY
MAINTENANCE, REPAIR, OR NEW CONSTRUCTION

From the funds provided in Specific Appropriation 253A, the nonrecurring sum of \$166,511 from the General Revenue Fund is provided to the Palm Beach Habilitation Center for roofing repairs or replacement.

From the funds provided in Specific Appropriation 253A, the nonrecurring sum of \$482,600 from the General Revenue Fund is provided to the Palm Beach Habilitation Center for the repair or replacement of fire safety and potable water systems.

PROGRAM MANAGEMENT AND COMPLIANCE

265 QUALIFIED EXPENDITURE CATEGORY
CLIENT DATA MANAGEMENT SYSTEM AND
ELECTRONIC VISIT VERIFICATION

From the funds in Specific Appropriation 265, \$1,359,742 in nonrecurring funds from the Operations and Maintenance Trust Fund is provided to the Agency for Persons with Disabilities to implement the Client Data Management System for the purpose of providing electronic verification of service delivery to recipients by providers, electronic billings for Developmental Disabilities Medicaid Waiver services, and electronic processing of claims. The agency is authorized to submit budget amendments requesting release of funds in accordance with chapter 216, Florida Statutes. Requests for release of funds shall include detailed operational work plans, spending plans, and the Centers for Medicare and Medicaid Services approved Advanced Planning Documents. The Agency for Health Care Administration may seek any state plan amendment or federal waiver necessary to implement the system.

The Agency for Persons with Disabilities shall submit quarterly project status reports on the Client Data Management System to the chair of the Senate Appropriations Committee, the chair of the House Appropriations Committee, and the Governor's Office of Policy and Budget that shall include a description of the progress made to date for each project milestone, planned and actual deliverable completion dates, planned and actual costs incurred, and current issues and risks being managed.

DEVELOPMENTAL DISABILITIES CENTERS - CIVIL PROGRAM

From the funds in Specific Appropriations 277A through 277J, the Agency for Persons with Disabilities shall provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives monthly surplus-deficit reports projecting the total civil program expenditures of the Developmental Disability Centers for the fiscal year along with any corrective action plans necessary to align program expenditures with annual appropriations.

277K FIXED CAPITAL OUTLAY
AGENCY FOR PERSONS WITH DISABILITIES FIXED
CAPITAL OUTLAY NEEDS FOR CENTRALLY MANAGED
FACILITIES

From the funds in Specific Appropriation 277K, \$840,000 in nonrecurring funds from the Land Acquisition Trust Fund is provided for William "Billy Joe" Rish Recreational Park.

From the funds in Specific Appropriation 277K, \$46,800 in nonrecurring funds from the General Revenue Fund and \$377,000 in nonrecurring funds from the Social Services Block Grant Trust Fund are provided for Americans with Disabilities Act (ADA) accessibility modifications and other critical repairs to state facilities.

DEVELOPMENTAL DISABILITIES CENTERS - FORENSIC
PROGRAM

From the funds in Specific Appropriations 277K through 277V, the Agency for Persons with Disabilities shall provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives monthly surplus-deficit reports projecting the total forensic program expenditures of the Developmental Disability Centers for the fiscal year along with any corrective action plans necessary to align program expenditures with annual appropriations.

277W FIXED CAPITAL OUTLAY
AGENCY FOR PERSONS WITH DISABILITIES FIXED
CAPITAL OUTLAY NEEDS FOR CENTRALLY MANAGED
FACILITIES

From the funds in Specific Appropriation 277W, \$2,600,000 in nonrecurring funds from the General Revenue Fund is provided for Americans with Disabilities Act (ADA) accessibility modifications and other critical repairs to state facilities.

CHILDREN AND FAMILIES, DEPARTMENT OF
ADMINISTRATION

PROGRAM: SUPPORT SERVICES

INFORMATION TECHNOLOGY

300 SPECIAL CATEGORIES
COMPUTER RELATED EXPENSES

From the funds in Specific Appropriation 300, the nonrecurring sums of \$94,897 from the General Revenue Fund and \$854,073 from the Federal Grants Trust Fund are provided for computer system enhancements associated with the Florida Health Insurance Exchange Program. These funds are contingent on approval by the federal Centers for Medicare and Medicaid Services of a Low-Income Pool model consistent with the provisions of the document entitled "Medicaid Hospital Funding Programs," incorporated by reference in Senate Proposed Bill 2502 or similar legislation.

SERVICES

PROGRAM: FAMILY SAFETY PROGRAM

FAMILY SAFETY AND PRESERVATION SERVICES

The funds in Specific Appropriations 303 through 323 include the recurring sum of \$14,050,260 from the Federal Grants Trust Fund, which is provided for child welfare training needs. The funds shall be allocated as follows: \$6,510,184 for Community Based Care Lead Agencies, \$5,992,038 to the Department of Children and Families, and \$1,548,038 for Sheriffs Protective Investigators, as defined in section 39.3065, Florida Statutes.

308 LUMP SUM
SHARED RISK FUND FOR COMMUNITY BASED
PROVIDERS OF CHILD WELFARE SERVICES

The funds provided in Specific Appropriation 308 are available to Community Based Care lead agencies pursuant to the provisions of s. 409.990, Florida Statutes.

312 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 312, the nonrecurring sum of \$150,000 from the General Revenue Fund is provided to Camillus House to serve sexually exploited adolescent girls.

From the funds in Specific Appropriation 312, the nonrecurring sum of \$100,000 from the General Revenue Fund is provided to Kristi House Drop-In Center to serve sexually exploited adolescent girls.

From the funds in Specific Appropriation 312, the nonrecurring sum of \$100,000 from the General Revenue Fund is provided to Agape Network to serve sexually exploited adolescent girls.

From the funds in Specific Appropriation 312, the nonrecurring sum of \$50,000 from the General Revenue Fund is provided to The Porch Light to serve sexually exploited adolescent girls.

From the funds in Specific Appropriation 312, the nonrecurring sum of \$250,000 from the General Revenue Fund is provided to the Children's Network of Southwest Florida for the Mentoring Children and Parents program.

313 SPECIAL CATEGORIES
GRANTS AND AIDS - GRANTS TO SHERIFFS FOR
PROTECTIVE INVESTIGATIONS

Funds in Specific Appropriation 313 are for the Department of Children and Families to award grants to the Sheriffs of Manatee, Pasco, Pinellas, Broward, Hillsborough, and Seminole counties to conduct child protective investigations as mandated in section 39.3065, Florida Statutes. Funds shall be proportionally allocated to counties based on the department's projected initial and additional investigations for each county, with multiple risk cases being weighted at 2.0 relative to other cases at 1.0.

314 SPECIAL CATEGORIES
GRANTS AND AIDS - DOMESTIC VIOLENCE
PROGRAM

From the funds in Specific Appropriation 314, \$9,164,596 from the General Revenue Fund, \$7,465,397 from the Domestic Violence Trust Fund, \$10,827,348 from the Federal Grants Trust Fund and \$7,750,000 from the Welfare Transition Trust Fund shall be provided to the Florida Coalition Against Domestic Violence for implementation of programs and the management and delivery of services of the state's domestic violence program including implementation of statutory directives contained in chapter 39, Florida Statutes, implementation of special projects, expansion of the child welfare and domestic violence co-location projects, training and technical assistance to certified domestic violence centers and allied professionals, and administration of contracts designated under this appropriation.

From the funds in Specific Appropriation 314, the nonrecurring sum of \$250,000 from the Domestic Violence Trust Fund is provided to the Florida Coalition Against Domestic Violence to conduct comprehensive and on-going training related to cases in the child welfare system where there is a co-occurrence of child abuse and domestic violence.

From the funds in Specific Appropriation 314, \$266,663 from the Federal Grants Trust Fund for the Violence Against Women Act STOP Formula Grant shall be transferred to the Department of Health to contract with the Florida Council Against Sexual Violence for the provision of training and technical assistance to certified rape crisis programs and allied professionals.

323 SPECIAL CATEGORIES
GRANTS AND AIDS - COMMUNITY BASED CARE
FUNDS FOR PROVIDERS OF CHILD WELFARE
SERVICES

From the funds in Specific Appropriation 323, the sum of \$9,400,000 from the General Revenue Fund and \$6,753,541 from the Federal Grants Trust Fund shall be provided to increase core service funding for the Community Based Care lead agencies. These funds shall be allocated according to the equity allocation methodology described in section 409.991, Florida Statutes.

PROGRAM: MENTAL HEALTH PROGRAM

MENTAL HEALTH SERVICES

336 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 336, the nonrecurring sum of \$150,000 from the General Revenue Fund is provided to Jackson Behavioral Health Hospital for the reimbursement of behavioral health services.

337 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED PROFESSIONAL
SERVICES

From the funds in Specific Appropriation 337, \$1,146,019 from the General Revenue Fund is provided to contract with a mental health facility for the maximum of additional secure forensic flex beds possible to ensure capacity for forensic individuals being admitted within 15 days of a court order as required by chapter 916, Florida Statutes.

PROGRAM: ECONOMIC SELF SUFFICIENCY PROGRAM

ECONOMIC SELF SUFFICIENCY SERVICES

358 SALARIES AND BENEFITS

From the funds in Specific Appropriations 358, 360, and 372, \$817,395 from the General Revenue Fund and \$2,452,192 from the Federal Grants Trust Fund is provided for sixty full-time equivalent positions for Medicaid eligibility determination under the Florida Health Insurance Exchange Program. These funds are contingent on approval by the federal Centers for Medicare and Medicaid Services of a Low-Income Pool model consistent with the provisions of the document entitled "Medicaid Hospital Funding Programs," incorporated by reference in Senate Proposed

Bill 2502 or similar legislation.

361A SPECIAL CATEGORIES
GRANTS AND AIDS - CHALLENGE GRANTS

Funds in Specific Appropriation 361A which have been transferred from the Department of Economic Opportunity, Specific Appropriation 2241, shall be used to provide services to homeless persons according to the provisions of section 420.622, Florida Statutes.

377A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
HARDEE HELP'S ECONOMIC ASSISTANCE CENTER

From the funds in Specific Appropriation 377A, the nonrecurring sum of \$70,000 from the General Revenue Fund is provided to the Hardee Help Center for facility repairs and remodeling.

PROGRAM: COMMUNITY SERVICES

COMMUNITY SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES

377F SPECIAL CATEGORIES
CHILDREN'S ACTION TEAMS FOR MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES

From the funds provided in Specific Appropriation 377F, the recurring sum of \$12,000,000 and the nonrecurring sum of \$750,000 from the General Revenue Fund shall be used by the Department of Children and Families to contract directly with each of the following providers for a total of \$750,000 each for the operation of Community Action Treatment (CAT) teams that provide community-based services to children ages 11 to 21 with a mental health diagnosis or co-occurring substance abuse diagnosis with accompanying characteristics such as: being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care; having two or more hospitalizations or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or, poor academic performance and/or suspensions. Children younger than 11 may be candidates if they meet two or more of the aforementioned characteristics.

The department shall fund the following contracts from recurring funds:

SalusCare (Lee Mental Health) - Lee
Manatee Glens - Sarasota, Desoto
Circles of Care - Brevard
Life Management Center - Bay
David Lawrence Center - Collier
Child Guidance Center - Duval
Institute for Child and Family Health - Miami-Dade
Mental Health Care - Hillsborough
Personal Enrichment Mental Health Services - Pinellas
Peace River Center - Polk, Highlands, Hardee
COPE Center - Walton
Lifestream Behavioral Center - Sumter and Lake
Family Preservation Services of Florida - Treasure Coast
Lakeside Behavioral Healthcare - Orange
Citrus Health Network - Miami-Dade
Manatee Glens - Manatee

The department shall fund the following contract from nonrecurring funds:

Lakeview Center - Escambia

377G SPECIAL CATEGORIES
GRANTS AND AIDS - COMMUNITY MENTAL HEALTH
SERVICES

From the funds in Specific Appropriation 377G, \$978,274 from the General Revenue Fund is provided to contract with a facility for the maximum number of additional secure beds for children who are mentally ill, intellectually disabled, or autistic and involuntarily committed to receive treatment to restore trial competency under secure placement pursuant to section 985.19(3), Florida Statutes.

From the funds in Specific Appropriation 377G, the nonrecurring sum of \$1,000,000 from the General Revenue Fund is provided to the Department

of Children and Families to contract directly with The Non-Violence Project USA, Inc.(NVPUSA Healthcare) for the purpose of expanding behavioral health services in schools in the following counties: Duval, Hillsborough, Orange, Pinellas, and Polk.

377I SPECIAL CATEGORIES
GRANTS AND AIDS - COMMUNITY SUBSTANCE
ABUSE SERVICES

From the funds in Specific Appropriation 377I, the nonrecurring sum of \$200,000 from the General Revenue Fund is provided for the Florida Certification Board to develop and implement a certification program to measure the professional competence of the Recovery Residence Administrators who are charged with meeting health, safety, and quality service needs of individuals entering recovery residences as a means to continue to recover from alcohol and drug addiction.

From the funds in Specific Appropriation 377I, the nonrecurring sum of \$275,000 from the General Revenue Fund is provided for the Florida Association of Recovery Residences to further develop infrastructure that effectively supports initial and on-going recovery residence certification to national standards.

377J SPECIAL CATEGORIES
GRANTS AND AIDS - CENTRAL RECEIVING
FACILITIES

From the funds in Specific Appropriation 377J, the recurring sum of \$3,500,000 and the nonrecurring sum of \$2,000,000 from the General Revenue Fund are provided for a statewide initiative to fund centralized receiving facilities designed for individuals needing evaluation or stabilization under section 394.463 or section 397.675, Florida Statutes, or crisis services as defined in subsections 394.67(17)-(18), Florida Statutes. The Department of Children and Families shall create a matching grant program to provide funding for costs of a centralized receiving facility. Each award must be matched at a one-to-one ratio of state and local funds. The funding may be used to support start-up or on-going operational costs. Centralized receiving facilities provide a single point of entry for multiple behavioral health providers, conduct initial assessments and triage, and provide case management and related services, including jail diversion programs for individuals with mental health or substance abuse disorders. The department shall work with local agencies to encourage and support the development of centralized receiving facilities. A local agency may apply for grant funds after the department has approved its operational and financial plan that specifies methods of coordination among providers and identifies proposed uses of the grant funds.

377S SPECIAL CATEGORIES
CONTRACTED SERVICES - SUBSTANCE ABUSE AND
MENTAL HEALTH ADMINISTRATION

Funds in Specific Appropriation 377S are provided for the administration costs of the seven regional Managing Entities that deliver behavioral health care through local network providers.

ELDER AFFAIRS, DEPARTMENT OF

PROGRAM: SERVICES TO ELDERS PROGRAM

HOME AND COMMUNITY SERVICES

391 SPECIAL CATEGORIES
GRANTS AND AIDS - ALZHEIMER'S DISEASE
INITIATIVE

From the funds in Specific Appropriation 391, \$500,000 from the General Revenue Fund is provided for Alzheimer's respite care services to serve individuals on the waitlist statewide.

392 SPECIAL CATEGORIES
GRANTS AND AIDS - COMMUNITY CARE FOR THE
ELDERLY

From the funds in Specific Appropriation 392, \$500,000 from the General Revenue Fund is provided to serve new elders on the waitlist.

CONSUMER ADVOCATE SERVICES

414 SPECIAL CATEGORIES
PUBLIC GUARDIANSHIP CONTRACTED SERVICES

From the funds in Specific Appropriation 414, \$150,000 in nonrecurring funds from the General Revenue Fund is provided to Lutheran Services Florida to provide guardianship services to the indigent on a statewide basis.

HEALTH, DEPARTMENT OF

PROGRAM: COMMUNITY PUBLIC HEALTH

COMMUNITY HEALTH PROMOTION

The Florida Hospital/Sanford-Burnham Translational Research Institute is designated as a State of Florida resource for research in diabetes diagnosis, prevention and treatment. The Florida Sanford-Burnham Translational Research Institute may coordinate with the Department of Health on activities and grant opportunities in relation to research in diabetes diagnosis, prevention and treatment.

435 SALARIES AND BENEFITS

From the funds in Specific Appropriation 435, \$316,856 and four positions are provided to implement the Comprehensive Statewide Tobacco Education and Prevention Program in accordance with Section 27, Article X of the State Constitution.

439 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - EPILEPSY SERVICES

From the funds in Specific Appropriation 439, \$100,000 in nonrecurring funds from the General Revenue Fund is provided to the Epilepsy Services Program.

441 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - PRIMARY CARE PROGRAM

From the funds in Specific Appropriation 441, the following projects are funded with nonrecurring funds from the General Revenue Fund:

Florida State University - College of Medicine - Immokalee..	463,500
St. John Bosco Clinic.....	200,000
Suncoast Community Health Centers.....	500,000

From the funds in Specific Appropriation 441, \$4,500,000 from the General Revenue Fund is provided to the Florida Association of Free and Charitable Clinics.

442A AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - RURAL PRIMARY CARE
RESIDENCY SLOTS

From the funds in Specific Appropriation 442A, \$3,000,000 from the General Revenue Fund is provided for the Sacred Heart Hospital Rural Primary Care Residency Program.

443 AID TO LOCAL GOVERNMENTS
SCHOOL HEALTH SERVICES

From the funds in Specific Appropriations 443 and 457, \$5,000,000 from the Federal Grants Trust Fund is provided for school health services using Title XXI administrative funding.

445 SPECIAL CATEGORIES
GRANTS AND AIDS - OUNCE OF PREVENTION

From the funds in Specific Appropriation 445, the Ounce of Prevention shall identify, fund and evaluate innovative prevention programs for at-risk children and families. The sum of \$250,000 shall be used for statewide public education campaigns on television and radio to educate the public on critical prevention issues facing Florida's at-risk children and families. The Ounce of Prevention shall contract with a non-profit corporation that provides matching funds in a three to one ratio.

446 SPECIAL CATEGORIES
GRANTS AND AIDS - CRISIS COUNSELING

From the funds in Specific Appropriation 446, \$1,000,000 in nonrecurring funds from the General Revenue Fund is provided to the Florida Pregnancy Support Services Program.

From the funds in Specific Appropriation 446, a minimum of 85 percent of the appropriated funds shall be spent on direct client services, program awareness, and communications.

The Department of Health shall award a contract to the current Florida Pregnancy Support Services Program contract management provider for this Specific Appropriation. The contract shall provide for payments to such provider of \$400 per month per sub-contracted direct service provider for contract oversight, to include technical and educational support. The department is authorized to spend no more than \$50,000 for agency program oversight activities.

448 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 448, \$2,500,000 from the General Revenue Fund is provided to the Florida Council Against Sexual Violence. At least 95 percent of the funds provided shall be distributed to certified rape crisis centers to provide services statewide for victims of sexual assault.

From the funds in Specific Appropriation 448, \$266,663 from the Federal Grants Trust Fund, Violence Against Women Act STOP Formula Grant, is provided to the Florida Council Against Sexual Violence for the provision of training and technical assistance to certified rape crisis programs and allied professionals.

From the funds in Specific Appropriation 448, \$750,000 from the General Revenue Fund is provided to the Florida Heiken Children's Vision Program to provide free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no other source for vision care.

From the funds in Specific Appropriation 448, \$1,000,000 from the General Revenue Fund is provided to VisionQuest to provide free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no access to vision care. These services will be provided statewide and VisionQuest shall be reimbursed at current Medicaid rates for exams, refractions, and dispensing; and at a flat rate of \$48 for eyeglasses.

From the funds in Specific Appropriation 448, \$350,000 from the General Revenue Fund, of which \$50,000 is nonrecurring, is provided to the Mary Brogan Breast and Cervical Cancer Early Detection Program.

From the funds in Specific Appropriation 448, \$200,000 in nonrecurring funds from the General Revenue Fund is provided to Sant La Haitian Neighborhood Center to provide outreach, education and referrals to preventive health services for residents of South Florida.

From the funds in Specific Appropriation 448, \$75,000 in nonrecurring funds from the General Revenue Fund is provided to Nova Southeastern University to support health care professionals.

451 SPECIAL CATEGORIES
WILLIAM G. "BILL" BANKHEAD, JR., AND DAVID
COLEY CANCER RESEARCH PROGRAM

From the funds in Specific Appropriation 451, \$500,000 from the Biomedical Research Trust Fund is provided to maintain the statewide Brain Tumor Registry Program at the McKnight Brain Institute.

453 SPECIAL CATEGORIES
FLORIDA CONSORTIUM OF NATIONAL CANCER
INSTITUTE CENTERS PROGRAM

Funds in Specific Appropriation 453 are provided for the Florida National Cancer Institute (NCI) Centers Program established in section 381.915, Florida Statutes.

Cancer centers are eligible for Tier 1, Tier 2 and Tier 3 designation to

participate in the Florida National Cancer Institute (NCI) Centers Program as follows. H. Lee Moffitt Cancer Center and Research Institute is eligible for Tier 1 designation as a NCI-designated comprehensive cancer center. The University of Miami Sylvester Comprehensive Cancer Center and the University of Florida Health Shands Cancer Hospital are eligible for Tier 3 designation in the Florida NCI Centers Program.

454 SPECIAL CATEGORIES
 BIOMEDICAL RESEARCH

From the funds in Specific Appropriation 454, \$3,000,000 from the Biomedical Research Trust Fund is provided to the Sanford-Burnham Medical Research Institute.

454A SPECIAL CATEGORIES
 ENDOWED CANCER RESEARCH

Funds in Specific Appropriation 454A are provided to the following institutions for the establishment of an endowed cancer research chair pursuant to section 381.922(4), Florida Statutes:

Shands Cancer Hospital at the University of Florida.....	1,000,000
Sylvester Cancer Center at the University of Miami.....	1,000,000

454B SPECIAL CATEGORIES
 ALZHEIMER RESEARCH

Funds in Specific Appropriation 454B are provided for the Ed and Ethel Moore Alzheimer's Disease Research Program established in section 381.82, Florida Statutes.

460 SPECIAL CATEGORIES
 COMPREHENSIVE STATEWIDE TOBACCO PREVENTION
 AND EDUCATION PROGRAM

Funds in Specific Appropriation 460 shall be used to implement the Comprehensive Statewide Tobacco Education and Prevention Program in accordance with Section 27, Article X of the State Constitution as adjusted annually for inflation, using the Consumer Price Index as published by the United States Department of Labor. The appropriation shall be allocated as follows:

State & Community Interventions.....	11,191,483
State & Community Interventions - AHEC.....	5,601,630
Health Communications Interventions.....	22,538,752
Cessation Interventions.....	13,352,653
Cessation Interventions - AHEC.....	7,594,659
Surveillance & Evaluation.....	6,034,130
Administration & Management.....	1,370,633

From the funds in Specific Appropriation 460, the Department of Health may use nicotine replacements and other treatments approved by the federal Food and Drug Administration as part of smoking cessation interventions.

All contracts awarded through this Specific Appropriation shall include performance measures and measurable outcomes. The Department of Health shall establish specific performance and accountability criteria for all intervention and evaluation contracts. The criteria shall be based on best medical practices, past smoking cessation experience, the federal Centers for Disease Control and Prevention Best Practices for Comprehensive Tobacco Control Programs, and the ability to impact the broadest population.

461A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
 NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
 GRANTS AND AIDS - HEALTH FACILITIES

From the funds in Specific Appropriation 461A, \$575,000 in nonrecurring funds from the General Revenue Fund is provided for the following projects:

Health Care Network of Southwest Florida - Naples Primary Care Clinic.....	500,000
Sacred Heart Health System - Neonatal Intensive Care Unit (NICU) Expansion.....	75,000

DISEASE CONTROL AND HEALTH PROTECTION

465 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - AIDS PATIENT CARE

From the funds in Specific Appropriation 465, \$166,024 from the General Revenue Fund is provided to the North Broward Hospital District to increase the provision of services to individuals with HIV/AIDS and purchase a mobile testing unit to assess patients in the field and assign them to community care.

466 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - RYAN WHITE CONSORTIA

Funds in Specific Appropriation 466 from the Federal Grants Trust Fund are contingent upon sufficient state matching funds being identified to qualify for the federal Ryan White grant award. The Department of Health and the Department of Corrections shall collaborate in determining the amount of general revenue funds expended by the Department of Corrections for AIDS-related activities and services that qualify as state matching funds for the Ryan White grant.

469A LUMP SUM
OFFICE OF COMPASSIONATE USE STAFFING AND OPERATIONS

Funds in Specific Appropriation 469A are provided for the operations and staffing of the Office of Compassionate Use pursuant to sections 381.986(5) and 385.212, Florida Statutes. The Department of Health is authorized to submit budget amendments for the release of the lump sum appropriation pursuant to the provisions of chapter 216, Florida Statutes. Rate may be established for these positions at an amount not to exceed 187,149.

470 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 470, \$450,000 from the General Revenue Fund is provided to the Birth Defects Registry.

471 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 471, \$1,000,000 in nonrecurring funds from the General Revenue Fund is provided for Florida academic and research institutions designated as Centers for AIDS Research (CFAR) by the National Institutes of Health to enhance high quality HIV/AIDS research projects conducted in response to the health needs of Florida's citizens.

COUNTY HEALTH DEPARTMENTS LOCAL HEALTH NEEDS

492 FIXED CAPITAL OUTLAY
CONSTRUCTION, RENOVATION, AND EQUIPMENT - COUNTY HEALTH DEPARTMENTS

From the funds in Specific Appropriation 492, the following project is funded from nonrecurring funds in the County Health Department Trust Fund:

Brevard County Health Department - Replacement Facility
Completion..... 2,000,000

STATEWIDE PUBLIC HEALTH SUPPORT SERVICES

504 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 504, \$75,000 in nonrecurring funds from the General Revenue Fund is provided to the Bitner/Plante Amyotrophic Lateral Sclerosis Initiative of Florida.

From the funds in Specific Appropriation 504, \$300,000 from the General Revenue Fund is provided to A Safe Haven for Newborns.

505 SPECIAL CATEGORIES
DRUGS, VACCINES AND OTHER BIOLOGICALS

Funds in Specific Appropriation 505 from the Federal Grants Trust

Fund are contingent upon sufficient state matching funds being identified to qualify for the federal Ryan White grant award. The Department of Health and the Department of Corrections shall collaborate in determining the amount of state general revenue funds expended by the Department of Corrections for AIDS-related activities and services that qualify as state matching funds for the Ryan White grant.

507 SPECIAL CATEGORIES
BRAIN AND SPINAL CORD HOME AND COMMUNITY
BASED SERVICES WAIVER

From the funds in Specific Appropriation 507, \$394,820 from the General Revenue Fund and \$602,955 from the Brain and Spinal Cord Injury Program Trust Fund are provided to expand the current Traumatic Brain Injury/Spinal Cord Injury Medicaid Waiver to serve an additional 25 individuals. The funding shall be used to reduce the current waitlist for those individuals that are at the greatest risk for institutionalization or developing secondary complications requiring hospitalization.

518 FIXED CAPITAL OUTLAY
AMERICANS WITH DISABILITIES ACT -
STATEWIDE

From the funds in Specific Appropriation 518, \$2,214,350 in nonrecurring funds from the General Revenue Fund is provided for Americans with Disabilities Act (ADA) accessibility modifications to state facilities.

519 FIXED CAPITAL OUTLAY
HEALTH FACILITIES REPAIR AND MAINTENANCE -
STATEWIDE

From the funds in Specific Appropriation 519, \$3,633,207 in nonrecurring funds from the General Revenue Fund and \$624,800 in nonrecurring funds from the Radiation Protection Trust Fund are provided for the following maintenance and repair and/or code correction projects at state laboratory facilities:

Jacksonville Laboratory.....	3,633,207
Orlando Health Physics Lab.....	624,800

PROGRAM: CHILDREN'S MEDICAL SERVICES

CHILDREN'S SPECIAL HEALTH CARE

524 SPECIAL CATEGORIES
GRANTS AND AIDS - CHILDREN'S MEDICAL
SERVICES NETWORK

Funds in Specific Appropriation 524 shall not be used to support continuing education courses or training for health professionals or staff employed by the Children's Medical Services (CMS) Network or under contract with the Department of Health. This limitation shall include but not be limited to: classroom instruction, train the trainer, or web-based continuing education courses that may be considered professional development, or that results in continuing education credits that may be applied towards the initial or subsequent renewal of a health professional's license. This does not preclude the CMS Network from providing information on treatment methodologies or best practices to appropriate CMS Network health professionals, staff, or contractors.

From the funds in Specific Appropriation 524, the Department of Health shall transfer an amount not to exceed \$450,000 from the General Revenue Fund to the Agency for Health Care Administration for Medicaid reimbursable services that support children enrolled in contracted medical foster care programs.

From the funds in Specific Appropriation 524, \$100,000 in nonrecurring funds from the General Revenue Fund is provided to Supervention Therapy Academy, Inc., to provide comprehensive health care services to uninsured and underinsured children and families who are at-risk for or have special health care needs.

530 SPECIAL CATEGORIES
GRANTS AND AIDS - DEVELOPMENTAL EVALUATION
AND INTERVENTION SERVICES/PART C

From the funds in Specific Appropriation 530, \$3,839,499 from the

CHAIR'S DRAFT FY 2015-2016 PROVISO PROPOSAL
APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES

General Revenue Fund is provided as the state match for Medicaid reimbursable early intervention services in Specific Appropriation 192.

From the funds in Specific Appropriation 530, \$3,287,009 from the General Revenue Fund is provided to increase direct services for the Early Steps program. These funds may be used as state match for Medicaid reimbursable early intervention services in Specific Appropriation 192.

From the funds in Specific Appropriation 530, at least 85 percent of funds distributed to Local Early Steps providers must be spent on direct client services.

PROGRAM: HEALTH CARE PRACTITIONER AND ACCESS

MEDICAL QUALITY ASSURANCE

545A QUALIFIED EXPENDITURE CATEGORY
MEDICAL QUALITY ASSURANCE LICENSURE SYSTEM

From the funds in Specific Appropriation 545A, \$2,166,740 in nonrecurring funds from the Medical Quality Assurance Trust Fund is provided to upgrade the existing functionality of the Medical Quality Assurance Licensing and Enforcement Information Database System. The Department of Health is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes. Requests for release of funds shall include detailed operational work plans and spending plans. The department shall submit quarterly project status reports to the Executive Office of the Governor's Office of Policy and Budget and the chairs of the Senate Committee on Appropriations and the House Appropriations Committee that shall include a description of the progress made to date for each project milestone, planned and actual deliverable completion dates, planned and actual costs incurred, and current issues and risks being managed.

VETERANS' AFFAIRS, DEPARTMENT OF

PROGRAM: SERVICES TO VETERANS' PROGRAM

VETERANS' HOMES

564 FIXED CAPITAL OUTLAY
STATE NURSING HOME FOR VETERANS - DMS MGD

Funds in Specific Appropriation 564 are provided for the continued construction of a seventh State Veterans' Nursing Home in St. Lucie County.

565 FIXED CAPITAL OUTLAY
ADDITIONS AND IMPROVEMENTS TO THE
VETERANS' HOMES

From the funds in Specific Appropriation 565, \$1,925,000 in nonrecurring funds from the Operations and Maintenance Trust Fund and \$3,575,000 in nonrecurring funds from the Federal Grants Trust Fund are provided to support maintenance and repairs to the Douglas T. Jacobson State Veterans' Nursing Home in Port Charlotte.

From the funds in Specific Appropriation 565, \$1,925,000 in nonrecurring funds from the Operations and Maintenance Trust Fund and \$3,575,000 in nonrecurring funds from the Federal Grants Trust Fund are provided to support maintenance and repairs to the Alexander Nininger State Veterans' Nursing Home in Pembroke Pines.

566 FIXED CAPITAL OUTLAY
MAINTENANCE AND REPAIR OF STATE-OWNED
RESIDENTIAL FACILITIES FOR VETERANS

Funds in Specific Appropriation 566 are provided to support the following maintenance and repair projects:

Lake City State Veterans' Home.....	200,000
Daytona Beach State Veterans' Home.....	532,500
Land o' Lakes State Veterans' Home.....	46,000
Pembroke Pines State Veterans' Home.....	240,000
Panama City State Veterans' Home.....	190,300
Port Charlotte State Veterans' Home.....	130,000
St. Augustine State Veterans' Home.....	100,000

VETERANS' BENEFITS AND ASSISTANCE

579 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 579, \$150,000 in nonrecurring funds from the General Revenue Fund is provided to Disabled Veterans Insurance Careers Inc. for career training and job placement.

Chairman's Proposed 2015 Implementing Bill Provisions for Health and Human Services

Medicaid Hospital Funding Programs

- Incorporates the Medicaid Hospital Funding Programs document into the GAA.

Dept. of Health Trust Fund Authority

s. 20.435(4), Fla. Stat.

- Provides trust fund authority to cover current-year budget deficits in the DOH.

Agency for Persons with Disabilities Wait List

- Provides requirements for the prioritization of APD clients being moved off the wait list and into waiver services.

Personal Needs Allowance

s. 296.37, Fla. Stat.

- Provides that the personal needs allowance for veterans in nursing homes will be maintained at \$105 per month.

Statewide Medicaid Managed Care and Children's Medical Services

- Authorizes the Agency for Health Care Administration to submit a budget amendment to realign funding for the integration of Children's Medical Services into Statewide Medicaid Managed Care.

Realignment of Medicaid Hospital Rates

- Directs the Agency for Health Care Administration to retroactively adjust hospital payment rates to align with available intergovernmental transfers, if such payments did not align with specified IGT dollars in the 2014-2015 fiscal year.

Training Dollars for Community-Based Care Lead Agencies

- Directs the Dept. of Children and Families to allocate training funds to CBCs using a needs assessment instead of through the equity funding formula.

Chairman's Proposed Medicaid Conforming Bill 2015

Rural Hospitals

s. 395.602(2)(e), Fla. Stat.

- Revises the definition of 'rural hospital' to conform to the appropriation for rural hospitals.
- Postpones the expiration of rural hospital status for certain types of rural hospitals until after the next Census.

Statewide Medicaid Residency Program

s. 409.909, Fla. Stat.

- Creates a GME start-up bonus program to incent hospitals to focus on physician specialty areas which are in short supply when new residency slots are created.

Rates for Medicaid Providers

s. 409.908(23), Fla. Stat.

- Revises the requirement for AHCA to set rates for certain providers at levels that ensure no increase in statewide expenditures resulting from changes in unit costs, by no longer including community intermediate care facilities for the developmentally disabled.

Disproportionate Share Hospitals

s. 409.911(2), Fla. Stat.

- Directs AHCA to use the average of the 2007, 2008, and 2009 audited DSH data to determine each hospital's Medicaid days and charity care for the 2015-16 fiscal year.

Long-term Managed Care Plan Payment Reconciliation

s. 409.983(6), Fla. Stat.

- Current law requires AHCA to reconcile its payments to long-term managed care plans to reimburse the plans for actual payments to nursing homes. The bill clarifies that this reconciliation pertains only to nursing home rates.

Low-Income Pool for Statewide Medicaid Managed Care

s. 409.97, Fla. Stat.

- Repeals statutes related to the Low-Income Pool and requirements for AHCA to distribute augmented hospital reimbursement based on various tiers that are scheduled to take effect July 1, 2015.

Intergovernmental Transfers and Hospital Reimbursement

s. 409.908(1), Fla. Stat.

- Consolidates and clarifies existing law pertaining to AHCA's authority to accept intergovernmental transfers (IGTs) of funds from local governmental entities for use in the Medicaid program in general and for hospital reimbursement specifically.
- Directs AHCA to seek federal Medicaid waiver authority to utilize IGTs for the advancement of the Medicaid program and to enhance provider reimbursement in fee-for-service and Statewide Medicaid Managed Care in ways that will incent donors to contribute IGTs and that will prevent donors from being penalized by virtue of having donated IGTs when Medicaid cost limits are calculated.

Florida Health Insurance Affordability Exchange Program

- Creates the FHIX program consistent with the provisions of CS/SB 7044.

Department of Children and Families 2015 Conforming Bill

The bill makes the following changes to s. 409.991, Florida Statutes regarding the allocation of funds for CBCs:

Base Core Service Funding for CBCs

- Beginning in Fiscal Year 2015-2016 there will be no adjustment to the base core service funding for each CBC.

New Core Service Funding for CBCs

- New funding for core services will be subject to the equity allocation model and allocated as follows:
 - 20% of new funding will be allocated among all CBCs.
 - 80% of new funding will be allocated to only CBCs that are funded below their equitable share.

Changes to Equity Allocation Model

- The **current** equity allocation model includes the following components and weighting:
 - Children in poverty 30%
 - Child abuse hotline workload 30%
 - Children in care 30%
 - Contribution in the reduction of out-of-home care 10%
- The **proposed** equity allocation model includes the following components and weighting:
 - Child population 5%
 - Child abuse hotline workload 15%
 - Children in care 80% (out-of-home care 60%; in-home-care 40%)