

The Florida Senate  
**COMMITTEE MEETING EXPANDED AGENDA**

**APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND  
HUMAN SERVICES**

**Senator Bean, Chair  
Senator Rodriguez, Vice Chair**

**MEETING DATE:** Wednesday, November 3, 2021  
**TIME:** 2:30—4:00 p.m.  
**PLACE:** *Pat Thomas Committee Room, 412 Knott Building*

**MEMBERS:** Senator Bean, Chair; Senator Rodriguez, Vice Chair; Senators Book, Brodeur, Burgess, Diaz, Farmer, Harrell, Jones, Rodrigues, and Rouson

| TAB                             | BILL NO. and INTRODUCER  | BILL DESCRIPTION and<br>SENATE COMMITTEE ACTIONS | COMMITTEE ACTION |
|---------------------------------|--|--|------------------|
| 1                               | Update on the Directed Payment Program and the Indirect Graduate Medical Education Program by the Agency for Health Care Administration                        |  | Presented        |
| 2                               | Presentation on the American Rescue Plan's Enhanced Federal Share to Supplement Home and Community Based Services by the Agency for Health Care Administration |  | Presented        |
| 3                               | Report on Recent Increases in Mental Health and Substance Abuse Funding by the Department of Children and Families   |  | Presented        |
| Other Related Meeting Documents |  |  |                  |

# HOSPITAL DIRECTED PAYMENT PROGRAM



# HOSPITAL DIRECTED PAYMENT PROGRAM

- The hospital Directed Payment Program (DPP) was authorized in the state fiscal year (SFY) 2021-22 General Appropriations Act.
- The DPP will provide directed payment to hospitals in an amount up to the Medicaid shortfall, or the difference between the cost of providing care to Medicaid-eligible patients and the payments received for those services.
- The payment arrangement will direct payments, within each Medicaid region, equally to all hospitals in each class for hospital services provided by hospitals and paid by Medicaid health plans.
- The total anticipated program funds distribution for Year 1 is \$1,843,598,932.



# HOSPITAL DIRECTED PAYMENT PROGRAM

- The DPP will operate regionally. Each region's DPP may begin operation independent of other regions once certain conditions are met.
- Participating hospitals must meet the following three criteria:
  1. Fall into one of the following three mutually exclusive provider classes:
    - private hospital class
    - public hospitals; and
    - cancer hospitals
  2. Operate in one of Florida's 11 SMMC regions; and
  3. Provide inpatient and outpatient hospital services to Florida Medicaid managed care enrollees.

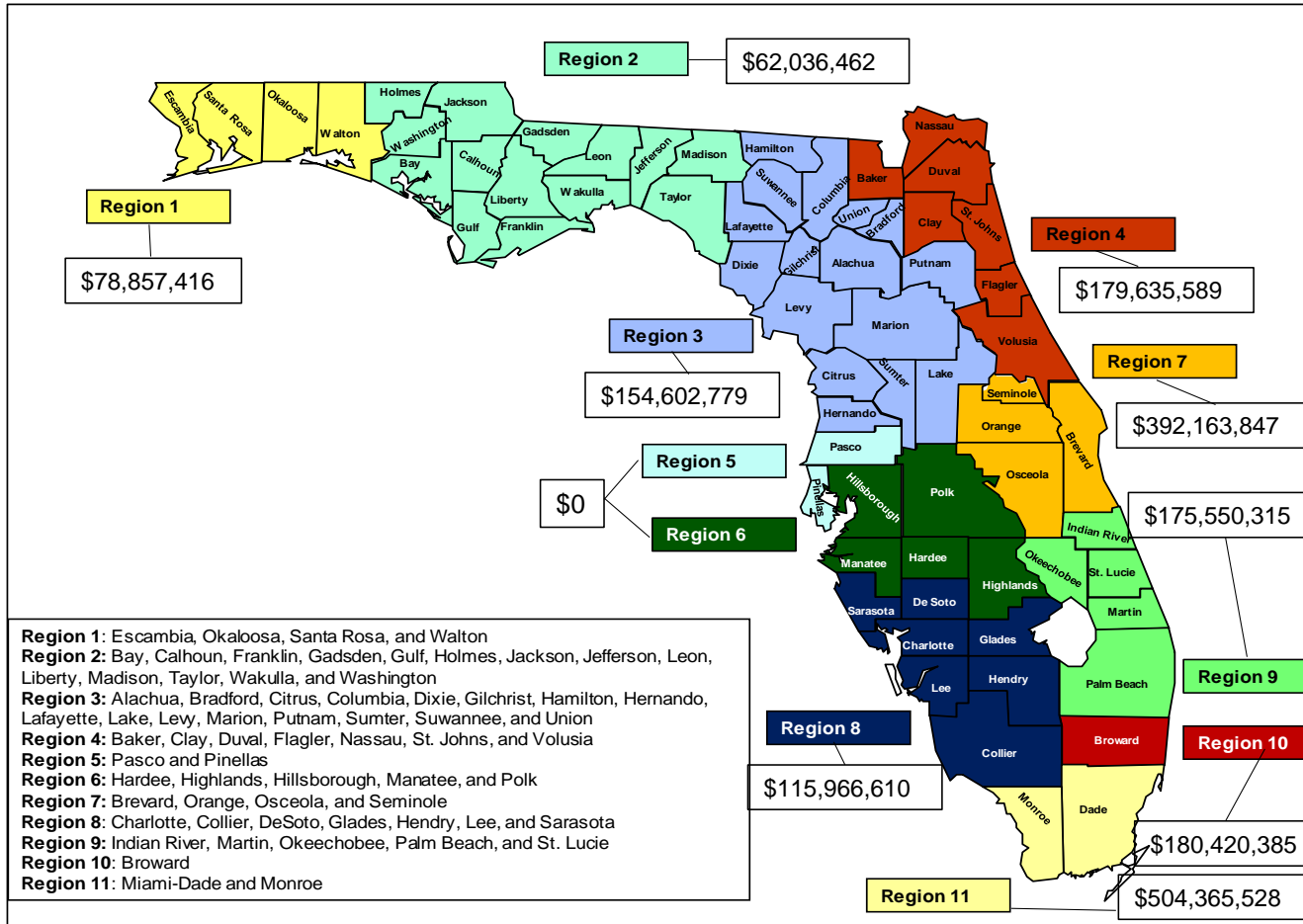


# HOSPITAL DIRECTED PAYMENT PROGRAM

- In addition, for a region to participate in the DPP, all hospitals in at least one of the classes (private, public, cancer hospitals), must agree to participate and be subject to a assessment to fund the state share of the DPP.
- For private hospitals in a given region to participate they must agree to the identification of a governmental partner and the creation of a Local Provider Participation Fund (LPPF) to collect the assessment.
- Currently, 9 out of 11 regions are ready to participate with at least one provider class.

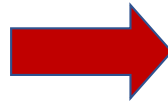


# DPP FUNDING DISTRIBUTION



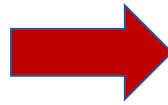
# DPP PROGRAM AUTHORITIES

**Federal Authority –  
42 CFR 438.6(c)**



STATUS: Approved April 2021 for Y1 (2020-2021); Y2 (2021-2022) submission pending

**Budget Authority**



STATUS: Proviso authorized program as part of 2021 GAA. Funds placed in reserve at the Sept 2021 LBC, Pending Budget Amendment to release funds.



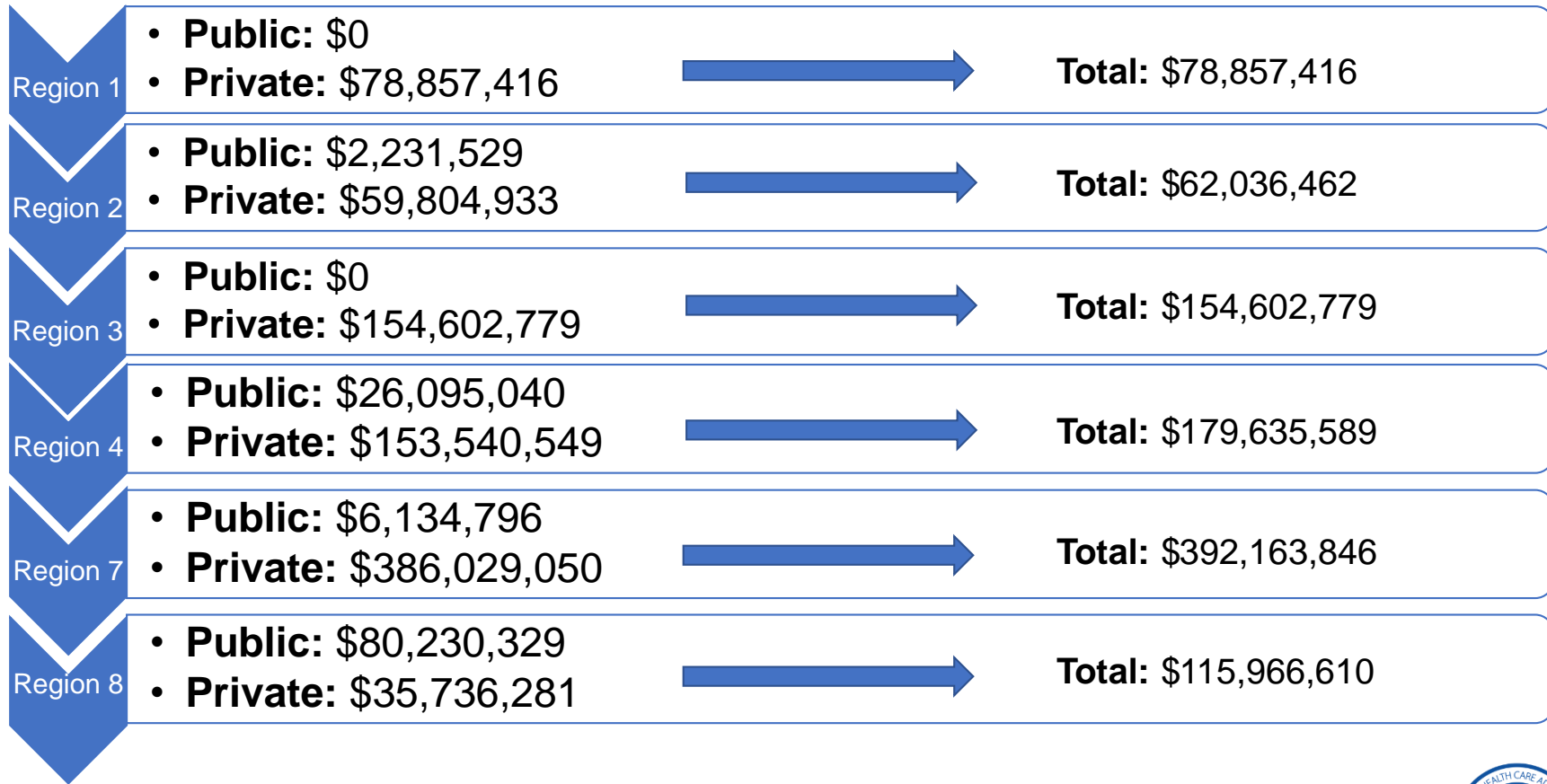
# HOSPITAL DIRECTED PAYMENT PROGRAM

- The State had to identify how the payment arrangement will advance at least one of the goals and objectives in its comprehensive quality strategy.
- The payment arrangement aligns with the Agency's quality goals to reduce:
  - Cesarean Sections (C-sections),
  - Potentially Preventable Hospital Readmissions, and
  - Follow-up after Hospitalization for Mental Illness.

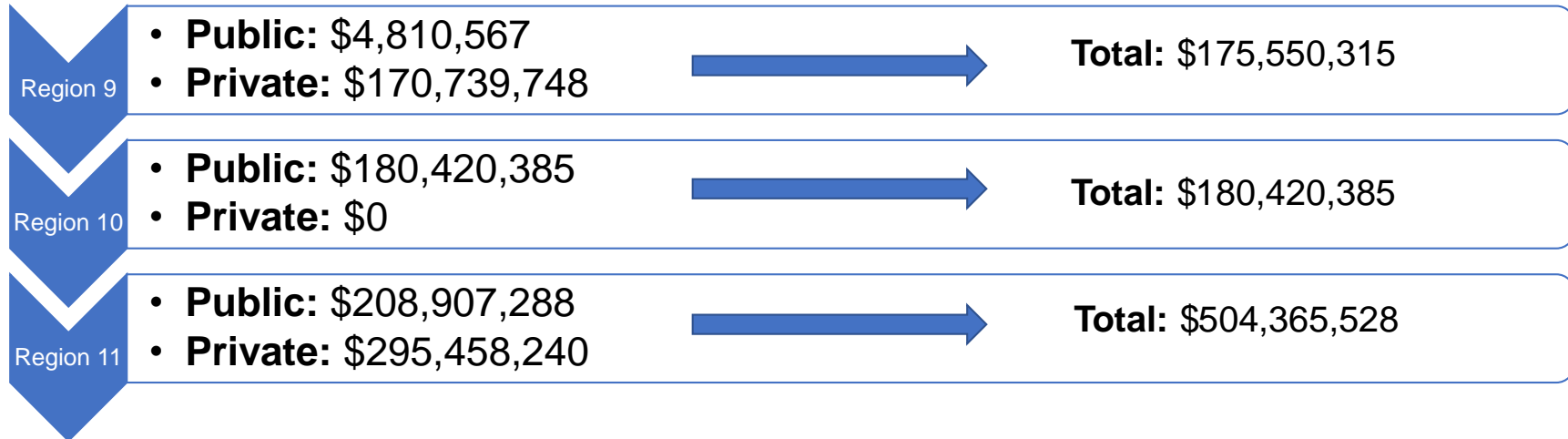




# FUNDING DISTRIBUTION FOR PROGRAM



# FUNDING DISTRIBUTION FOR PROGRAM



# TIMING OF DPP FUNDING DISTRIBUTION

| Action   | Status   | Date              |
|--|----------|-------------------|
| Legislative Budget Commission Approval of Funding Distribution, Year 1 | Received | September 3, 2021 |
| Letters of Agreement, Year 1 & 2                                       | Received | October 1, 2021   |
| Release of Funds via Budget Amendment                                  | Pending  | November 2021     |
| Invoicing, Year 1  | Pending  | November 30, 2021 |
| IGTs Received, Year 1  | Pending  | December 15, 2021 |
| Payments Made, Year 1  | Pending  | December 30, 2021 |



# INDIRECT MEDICAL EDUCATION



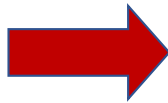
# INDIRECT MEDICAL EDUCATION

- The Indirect Medical Education (IME) program was authorized in the state fiscal year (SFY) 2021-22 General Appropriations Act.
- The Indirect Medical Education (IME) program would support hospitals with residents in Graduate Medical Education (GME) who are in training to become physicians. The intent of the IME program is to provide additional funding to hospitals to support these residents.
- Indirect medical education costs cover costs associated with residency programs that may result in higher patient care costs in teaching hospitals relative to non-teaching hospitals. For example, resident-provided care may be more expensive due to additional testing that residents may order as part of their training.
- Providers will be reimbursed based on the hospital's IME costs for services provided and may be paid on a quarterly basis.
- The total anticipated program funds distribution is \$500,856,517.



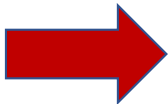
# INDIRECT MEDICAL EDUCATION PROGRAM AUTHORITIES

**Federal Authority –  
Medicaid State Plan**



STATUS: Approved on June 2021  
(ongoing authority for program)

**Budget Authority**



STATUS: Proviso authorized  
program as part of 2021 GAA.  
Funds placed in reserve at the Sept  
2021 LBC, Pending Budget  
Amendment to release funds.



# IME FUNDING

## Year 1: 2020-21 State Fiscal Year

| PROVIDERS                                | MONEY         |
|--|---------------|
| Statutory Teaching Hospitals             | \$2,465,087   |
| Public Teaching Hospitals                | \$16,152,455  |
| Children's & RPICC Teaching Hospitals    | \$4,132,243   |
| Academic Medical Centers Group 2 (AMC 2) | \$16,637,039  |
| Academic Medical Centers Group 1 (AMC 1) | \$130,080,120 |

## Year 2: 2021-22 State Fiscal Year

| PROVIDERS                                | MONEY         |
|--|---------------|
| Statutory Teaching Hospitals             | \$5,452,425   |
| Public Teaching Hospitals                | \$30,424,778  |
| Children's & RPICC Teaching Hospitals    | \$8,170,730   |
| Academic Medical Centers Group 2 (AMC 2) | \$34,069,972  |
| Academic Medical Centers Group 1 (AMC 1) | \$253,271,669 |



# TIMING OF IME FUNDING DISTRIBUTION

| Action   | Status   | Date                 |
|--|----------|----------------------|
| Legislative Budget Commission Approval of Funding Distribution, Year 1 | Received | September 3, 2021    |
| Letters of Agreement, Year 1 & 2                                       | Received | October 1, 2021      |
| Release of Funds via Budget Amendment                                  | Pending  | November 2021        |
| Invoicing, Year 1 & 2  | Pending  | November 30, 2021    |
| IGTs Received, Year 1 & 2  | Pending  | December 15, 2021    |
| Payments Made, Year 1 & 2  | Pending  | 20-21 & 50% RY 21-22 |





# TOTAL NEW SUPPLEMENTAL PAYMENTS

| <b>Programs</b>                        | <b>Category</b>                 | <b>Total Funds for SFY 21-22</b> |
|--|---------------------------------|----------------------------------|
| Hospital Directed Payment Program      | Uniform Increase Payments (MCO) | \$1,843,598,932                  |
| Indirect Medical Education             | Supplemental Payment            | \$500,856,517                    |
| <b>Total New Supplemental Payments</b> |                                 | <b>\$2,344,455,450</b>           |



**QUESTIONS?**



The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

DPP/IME

Bill Number or Topic

11-3-21

Meeting Date

S HHS Approps

Committee

Amendment Barcode (if applicable)

Name Tom Wallace

Phone (850) 412-3611

Address 2727 Mahan Dr

Street

Email lindsey.zander@ahca.myflorida.com

Tallahassee

City

FL

State

32308

Zip

Speaking:  For  Against  Information OR Waive Speaking:  In Support  Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

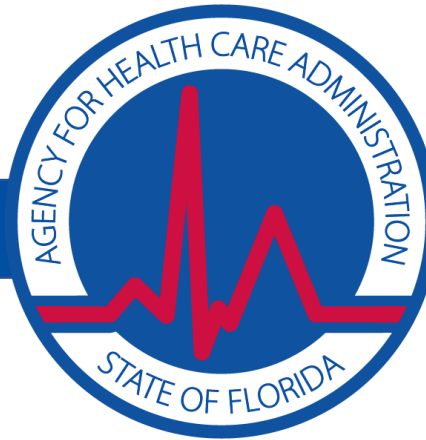
Agency for Health Care Administration

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)



# MEDICAID UPDATE

Senate Appropriations Subcommittee on Health and Human Services

November 3, 2021

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# AGENCY OVERVIEW

## MISSION

- Better Health Care for all Floridians

## CORE FUNCTIONS

- State's Chief Health Policy and Planning Entity
- Administering the Florida Medicaid Program
- Licensure and Regulation of nearly 50,000 health care facilities
- We leverage technology to support these core functions and all agency operations.



# AGENCY OBJECTIVES

## ONE AHCA

- We are one agency, one team.

## COST EFFECTIVE

- We leverage Florida's buying power in delivering high quality care at the lowest cost to taxpayers.

## TRANSPARENT

- We support initiatives that promote transparency and empower consumers in making well informed healthcare decisions.

## HIGH QUALITY

- We emphasize quality in all that we do to improve health outcomes, always putting the individual first.



# ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGE FOR HOME AND COMMUNITY BASED SERVICES



# ENHANCED FMAP FOR HCBS

- Section 9817 of the American Rescue Plan (ARP) provides enhanced federal funding for Medicaid Home and Community-Based Service (HCBS) and certain behavioral health services through a one-year 10% increase to the share of state Medicaid spending that is paid for by the federal government.
- The Federal Medical Assistance Percentage (FMAP) increase begins retroactively on April 1, 2021, and ends March 31, 2022.
- Funds must be used to increase access to HCBS for Medicaid beneficiaries and must be expended by March 31, 2024.
- The federal Centers for Medicare and Medicaid Services (CMS) issued program guidance in May 2021 and initially provided states sixty days to submit a proposed program plan for consideration.





# ENHANCED FMAP FOR HCBS

- As required by CMS, state plans must work to enhance, expand, or strengthen HCBS services.
- CMS received proposed plans from all 50 states and the District of Columbia.
- As of October 29, CMS has partially approved 41 state plans.
- As of October 29, CMS has conditionally approved 7 state plans, including Florida.
- Florida received conditional approval to begin implementing the activities in the proposed spending plan and narrative on September 28, 2021.
- Florida has proposed spending funds by the end of SFY 2022-2023.



# ENHANCED FMAP FOR MEDICAID HOME AND COMMUNITY-BASED SERVICES

The Agency proposed the following activities for utilizing these funds:

- **Activities to Support State HCBS Capacity Building**

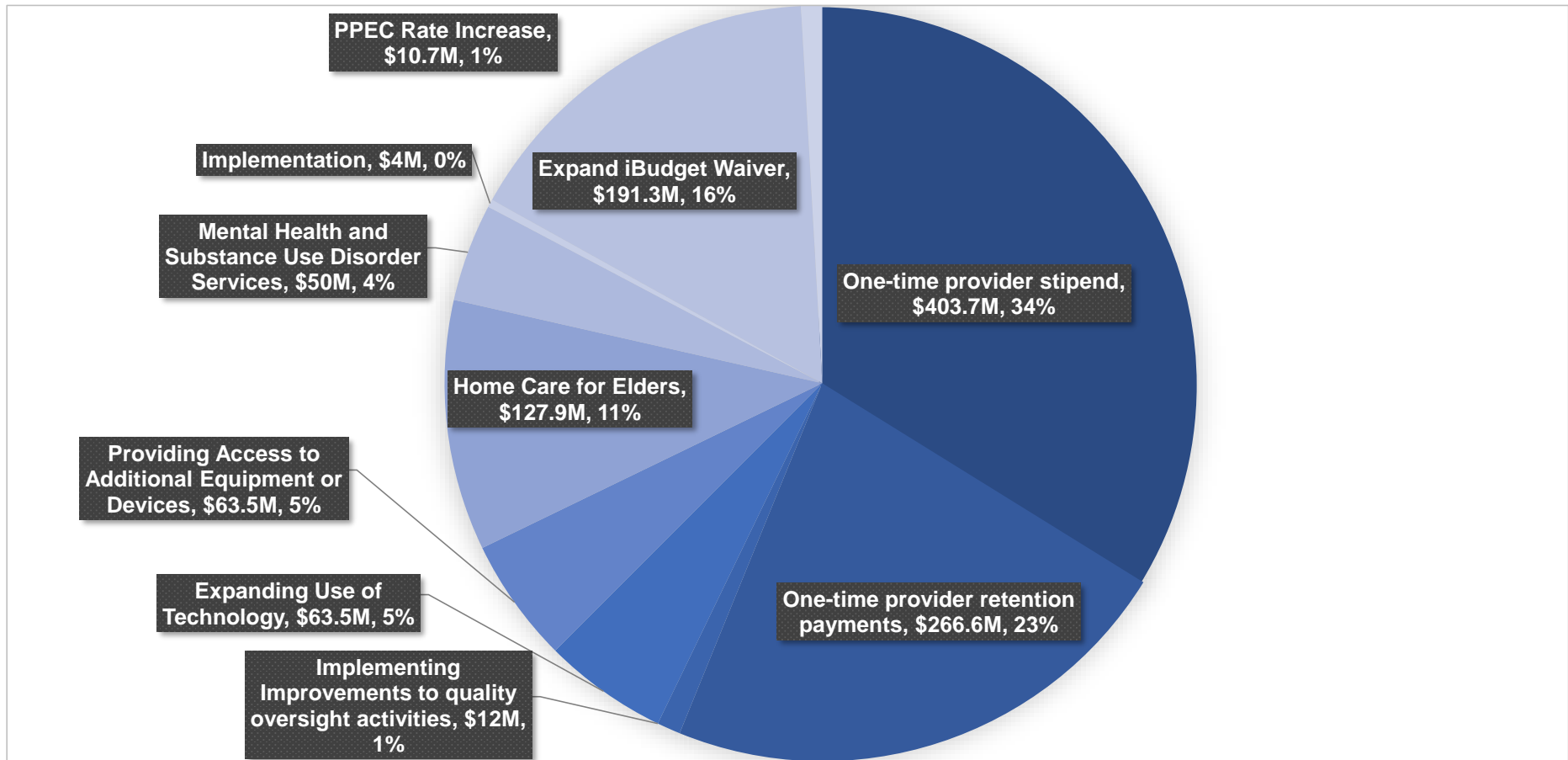
- One time provider stipend
- One-time provider retention payments
- Equipment- technology purchased
- Purchase of delayed egress systems
- Home Care for the Elderly: One-time subsidy payment for seniors aged 60 and older who participate in a public assistance program administered by DOEA and reside in a private family-type setting
- Expanding use of technology: Purchase smartphones, computers, and/or internet activation fees for individuals receiving HCBS
- Providing access to *additional* equipment or devices such as eyeglasses, transfer boards, or environmental modifications
- Expand the iBudget waiver by removing the greatest number of individuals permissible from the waiting list
- Increase the Prescribed Pediatric Extended Care (PPEC) reimbursement rate

- **Activities to Support State COVID-Related HCBS Needs**

- Provide funding for mental health and substance use disorder services to regain skills lost during the COVID-19 PHE

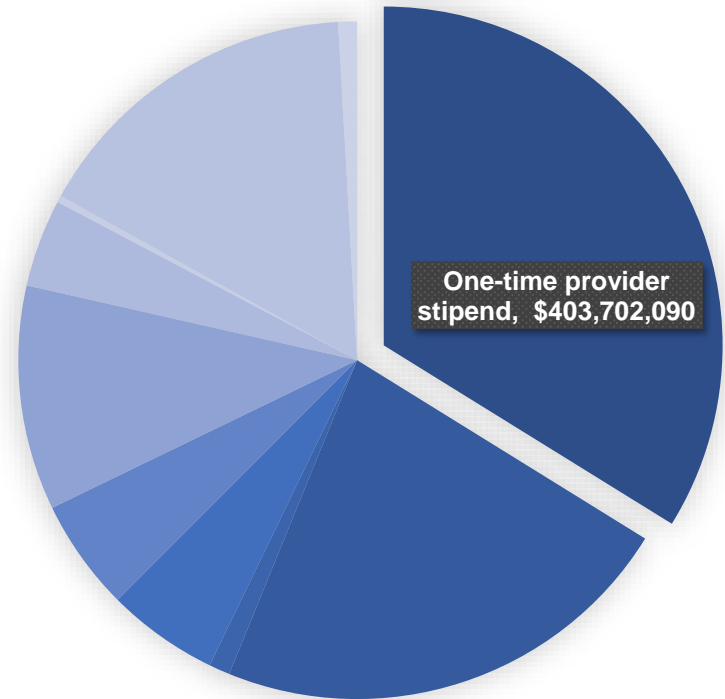


# HCBS SPENDING PLAN - \$1,193,496,362



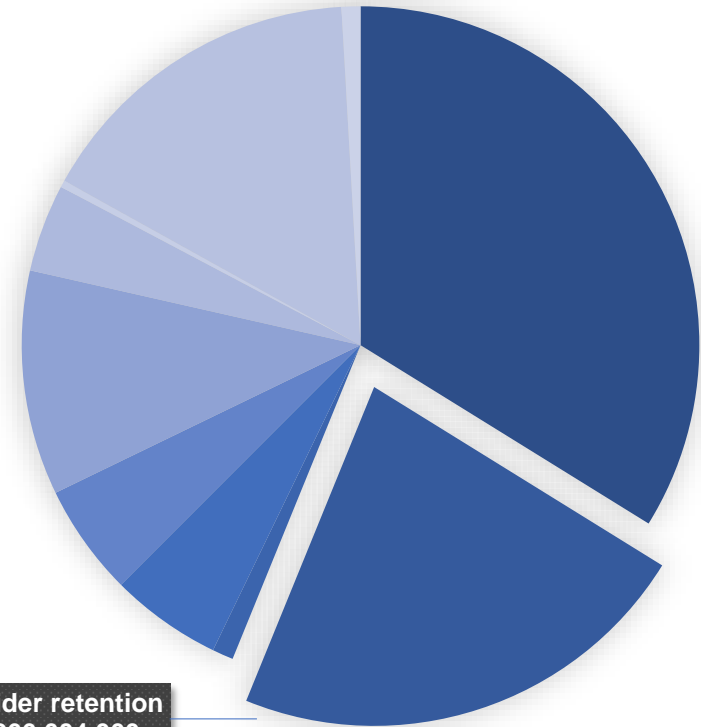
# HCBS SPENDING PLAN

|                    |  |
|--------------------|--|
| <b>Name</b>        | <b>One-time provider stipend</b>   |
| <b>Amount</b>      | \$403,702,090  |
| <b>Description</b> | Offer one-time stipend to HCBS waiver providers to support program activities.   |
| <b>Timeline</b>    | Anticipate applications will be posted and due in December 2021, and that funds will be distributed through February 2022. |



# HCBS SPENDING PLAN

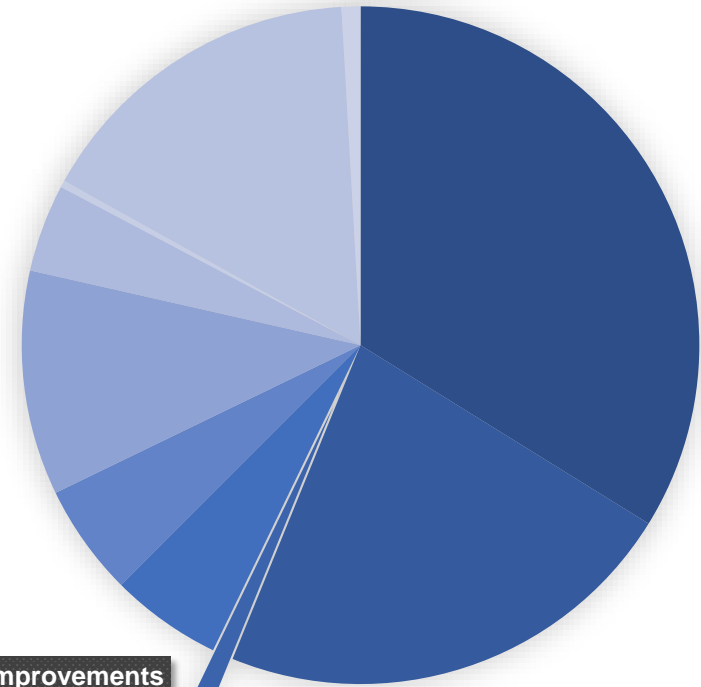
|                   |  |
|-------------------|--|
| <b>Name</b>       | <b>One-time provider retention payments</b>  |
| <b>Amount</b>     | \$266,604,000  |
| <b>Recipients</b> | Offer one-time direct payments to all HCBS providers for capacity building and workforce development.                      |
| <b>Timeline</b>   | Anticipate applications will be posted and due in December 2021, and that funds will be distributed through February 2022. |



One-time provider retention payments, \$266,604,000

# HCBS SPENDING PLAN

|             |  |
|-------------|--|
| Name        | Implementing Improvements to Quality Oversight activities  |
| Amount      | \$12,000,000   |
| Description | Purchase delayed egress systems for group homes and adult day training centers   |
| Timeline    | Anticipate applications will be posted and due in December 2021, and that funds will be distributed through February 2022. |

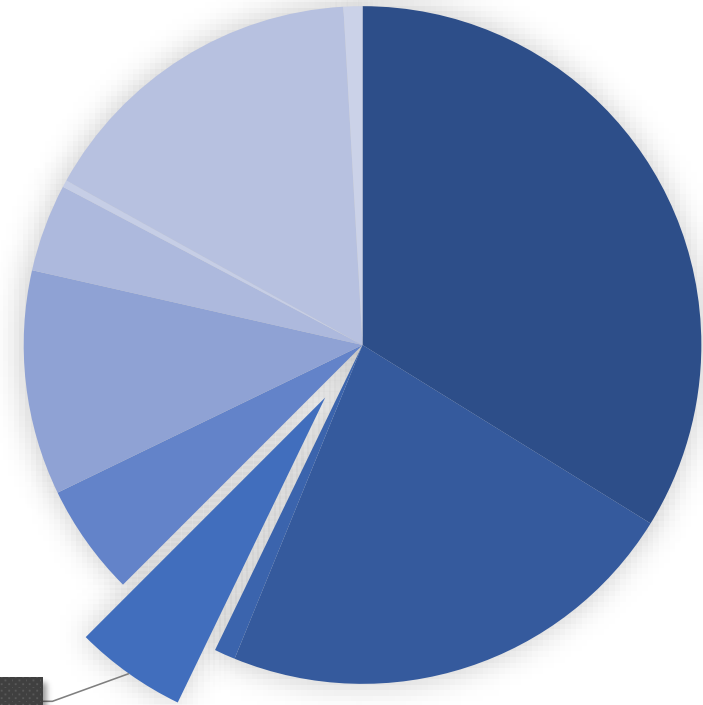


Implementing Improvements to quality oversight activities, \$12,000,000



# HCBS SPENDING PLAN

|                   |  |
|-------------------|--|
| <b>Name</b>       | <b>Expanding Use of Technology</b>   |
| <b>Amount</b>     | \$63,584,500   |
| <b>Recipients</b> | Purchase smartphones, computers, and/or internet activation fees for people receiving HCBS to address functional needs, promote independence, and/or support community integration |
| <b>Timeline</b>   | Timeline for contracting with third party to identify need for, purchase and distribute technology under development.  |

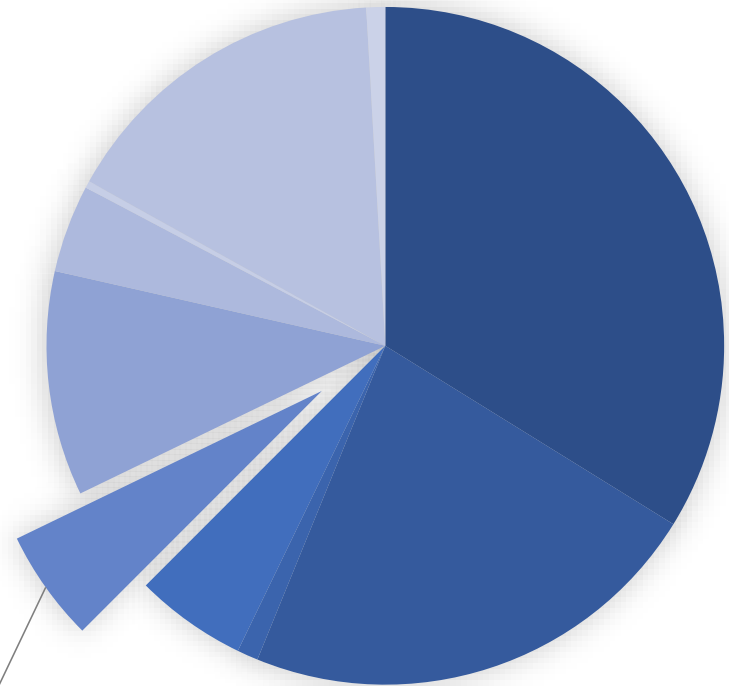


**Expanding Use of Technology, \$63,584,500**



# HCBS SPENDING PLAN

|            |   |
|------------|---|
| Name       | Providing Access to Additional Equipment or Devices   |
| Amount     | \$63,584,500  |
| Recipients | Purchase eyeglasses, wheelchair transfer boards, and adaptive cooking equipment (as not otherwise available) to address functional needs, promote independence, and/or support community integration. |
| Timeline   | Anticipate applications will be posted and due in December 2021, and that funds will be distributed through February 2022.  |



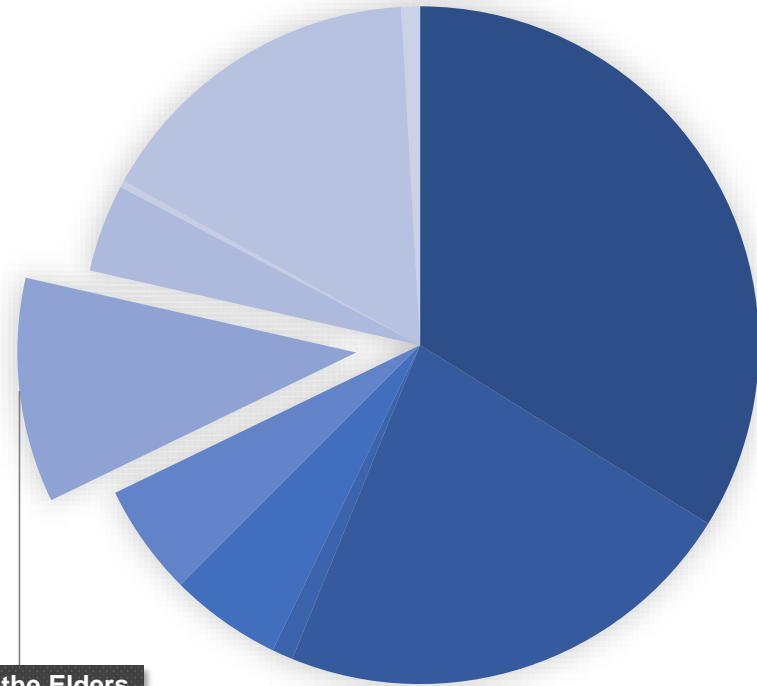
**Providing Access to Additional Equipment or Devices, \$63,584,500**





# HCBS SPENDING PLAN

|                   |  |
|-------------------|--|
| <b>Name</b>       | <b>Home Care for Elders</b>  |
| <b>Amount</b>     | \$127,932,000  |
| <b>Recipients</b> | Supports care for Floridians aged 60 and older in family-type living arrangements within private homes, as an alternative to institutional or nursing home care. |
| <b>Timeline</b>   | Anticipate contracts/agreements and budget authority with sister agency established, recipient assessments complete, and funds begin to go out March 2022.       |

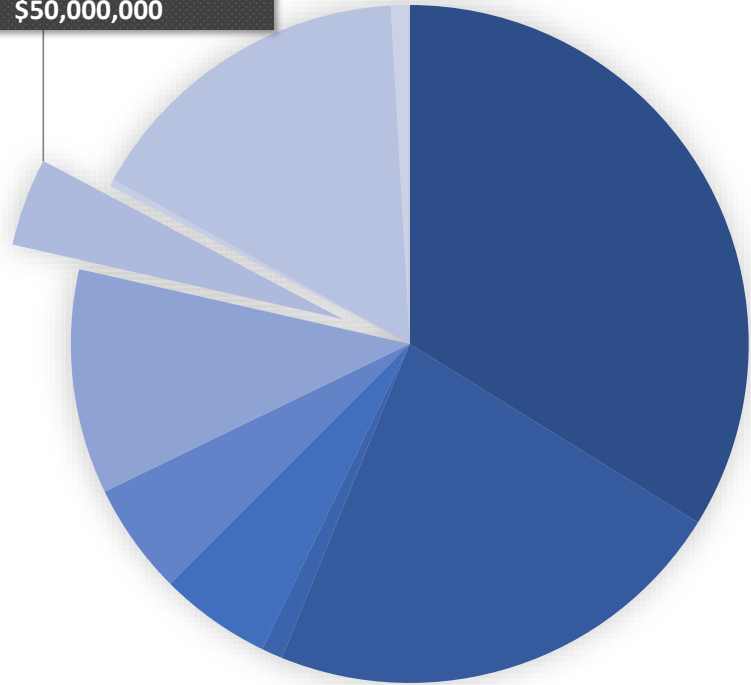


Home Care for the Elders,  
\$127,932,000



# HCBS SPENDING PLAN

Mental Health and Substance Use Disorder Services, \$50,000,000



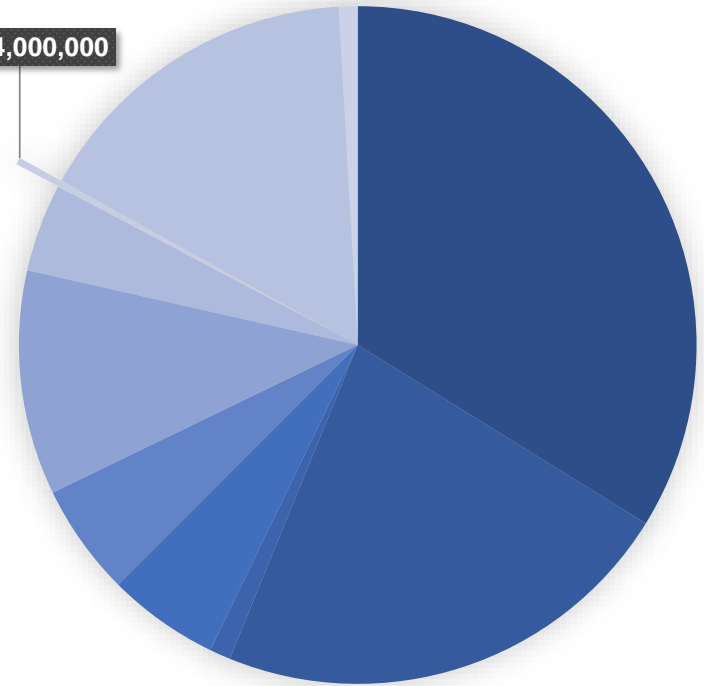
|                    |  |
|--------------------|--|
| <b>Name</b>        | <b>Mental Health and Substance Use Disorder Services</b>   |
| <b>Amount</b>      | \$50,000,000   |
| <b>Description</b> | Assist eligible individuals in receiving mental health services, substance use treatment and recovery services, and necessary rehabilitative services to |
| <b>Timeline</b>    | Anticipate applications will be posted and due in December 2021, and that funds will be distributed through February 2022.                               |



# HCBS SPENDING PLAN

|             |  |
|-------------|--|
| <b>Name</b> | <b>Implementation</b>  |
| Amount      | \$4,000,000  |
| Description | Use contracted services funding to assist with implementation activities and required reporting. |
| Timeline    | Funding to support Agency activities relating the ARPA HCBS project through SFY 2022-2023.       |

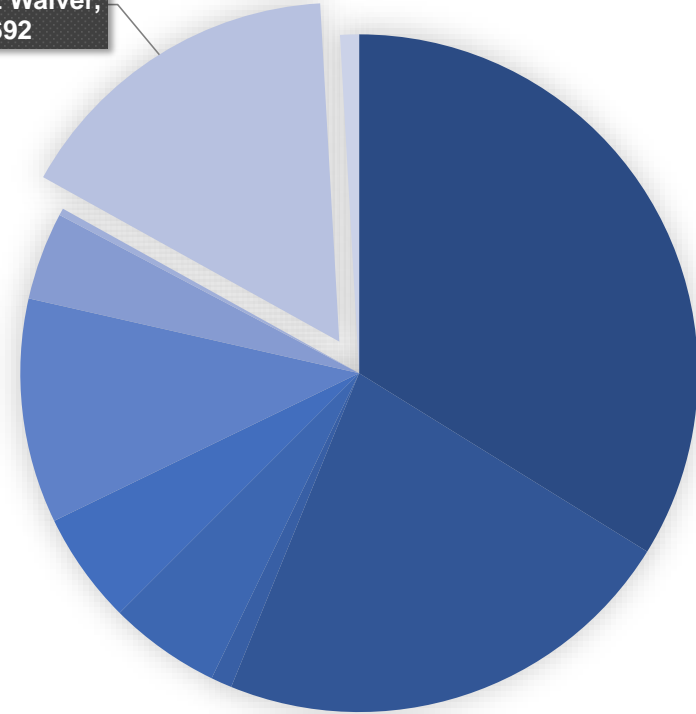
Implementation, \$4,000,000



# HCBS SPENDING PLAN

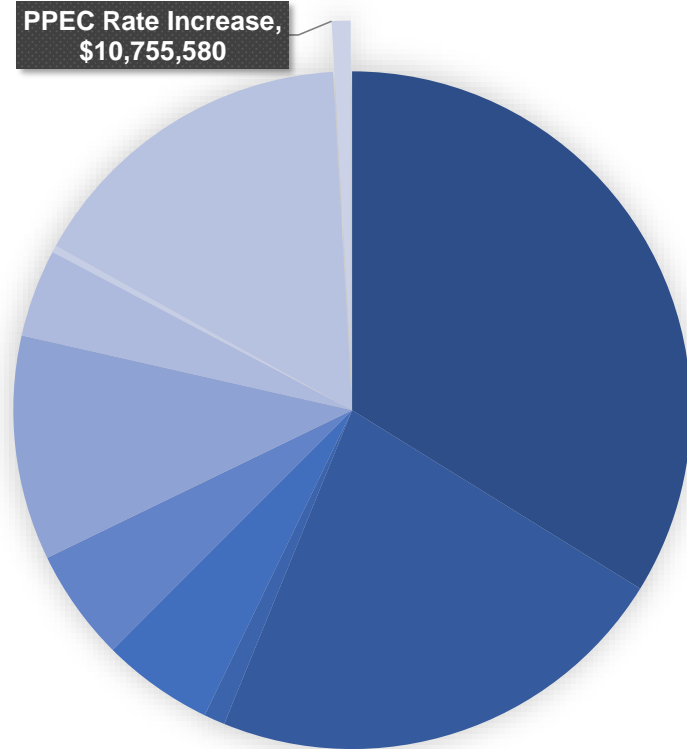
|                   |  |
|-------------------|--|
| <b>Name</b>       | <b>Expand iBudget Waiver</b>   |
| <b>Amount</b>     | \$191,333,692  |
| <b>Recipients</b> | Expand the Home and Community Based Services Waiver by removing the greatest number of individuals permissible under the additional funding from the waiting list. |
| <b>Timeline</b>   | Concurrent with SFY 2021-2022 expenditures.  |

Expand iBudget Waiver,  
\$191,333,692



# HCBS SPENDING PLAN

|                   |  |
|-------------------|--|
| <b>Name</b>       | <b>Prescribed Pediatric Extended Care (PPEC) Rate Increase</b>   |
| <b>Amount</b>     | \$10,755,580   |
| <b>Recipients</b> | Increasing provider rates to assist eligible children with medically complex conditions to receive continual medical care. |
| <b>Timeline</b>   | New reimbursement rate was effective July 1, 2021  |





## NEXT STEPS

As the Agency prepares for the implementation of these activities next steps include:

- Legislative Budget Commission Approval
- Interagency Workgroup Planning for Implementation
- Stakeholder Engagement and Input
- Application Process & Documentation



**QUESTIONS?**



The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

11-3-21 Meeting Date

HCBS Presentation Bill Number or Topic

S HHS Approps Committee

Amendment Barcode (if applicable)

Name Cody Farrill Phone (850) 412-3622

Address 2727 Mahan Drive Street Email lindsey.zander@akca.myflorida.com

Tallahassee FL 32308 City State Zip

Speaking: [ ] For [ ] Against [x] Information OR Waive Speaking: [ ] In Support [ ] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[ ] I am appearing without compensation or sponsorship.

[x] I am a registered lobbyist, representing: Agency for Health Care Administration

[ ] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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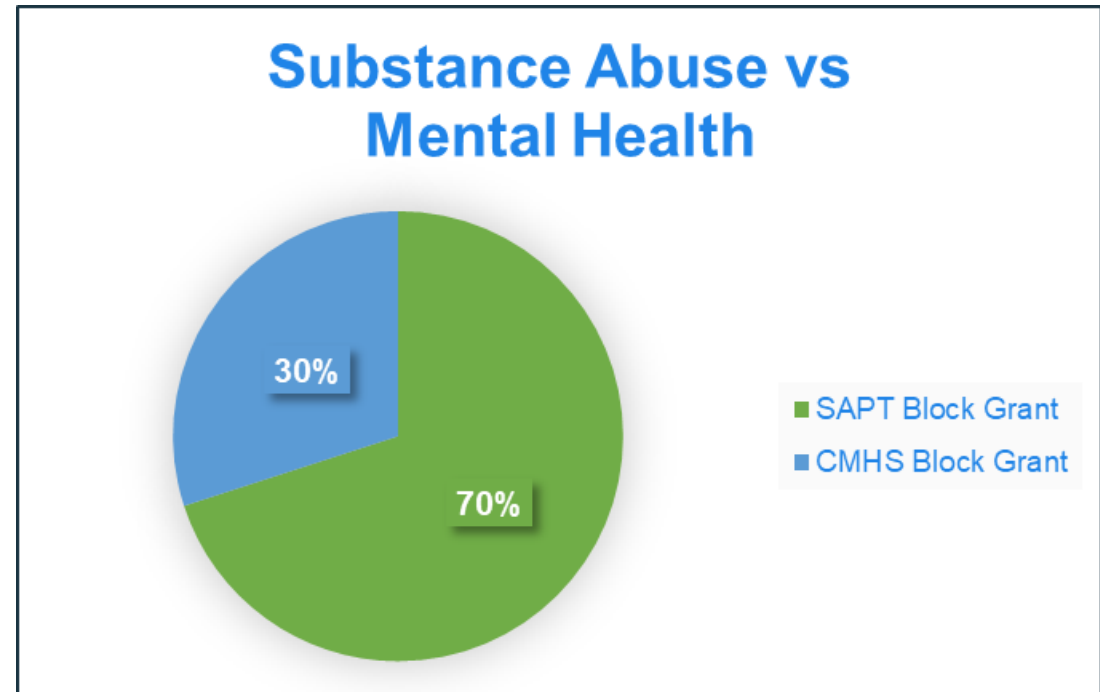


# Florida Department of Children and Families

Report on Recent Increases in Mental Health and Substance Abuse Funding  
November 3, 2021 – Presented by Erica Floyd Thomas, Assistant Secretary for SAMH, and  
Chad Barrett, Director of Budget, Finance, and Accounting

# Base Block Grant Funding

- Noncompetitive
- Mandated by the U.S. Congress
- The Substance Abuse and Mental Health Services Administration (SAMHSA) is responsible for two Block Grants:
  - Substance Abuse Prevention and Treatment
  - Community Mental Health Services



# Block Grant Award and Expenditure Cycles

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- The block grants are awarded annually based on the federal fiscal year.
- Once a two-year award cycle is complete and unspent funds are returned to SAMHSA, those funds are not eligible for carry forward.
- It is important to note, while block grant budget authority may be reverted to the Department from the Managing Entities at the end of a state fiscal year, the funding may be reappropriated into the next fiscal year if they are in the first year of the two-year cycle.
- Reverting budget authority at the end of the state fiscal year is not the same as reverting the funds back to SAMHSA at the end of the two-year expenditure cycle.
- As the following slides show, over the last five years, the block grants have been fully expended each cycle.

# Substance Abuse Prevention and Treatment & Community Mental Health Services Block Grant Awards

| Substance Abuse Prevention & Treatment Block Grant (SAPT)* |                |                   |
|--|----------------|-------------------|
| Award Year   | Award Amount   | Expenditures      |
| 2017   | \$ 111,380,602 | \$ 111,380,602    |
| 2018   | \$ 111,656,028 | \$ 111,391,028    |
| 2019   | \$ 111,396,395 | \$ 111,396,395    |
| 2020   | \$ 111,385,315 | \$ 111,385,315    |
| 2021   | \$ 111,389,890 | Not Yet Available |

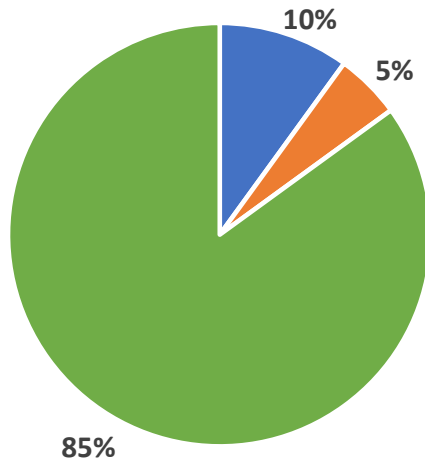
| Community Mental Health Services Block Grant (CMHS)* |               |                   |
|--|---------------|-------------------|
| Award Year   | Award Amount  | Expenditures      |
| 2017   | \$ 36,710,162 | \$ 36,710,162     |
| 2018   | \$ 47,883,780 | \$ 47,760,158     |
| 2019   | \$ 44,999,189 | \$ 44,999,189     |
| 2020   | \$ 45,278,203 | \$ 45,278,203     |
| 2021   | \$ 47,760,557 | Not Yet Available |

\*Requires State Maintenance of Effort (MOE)



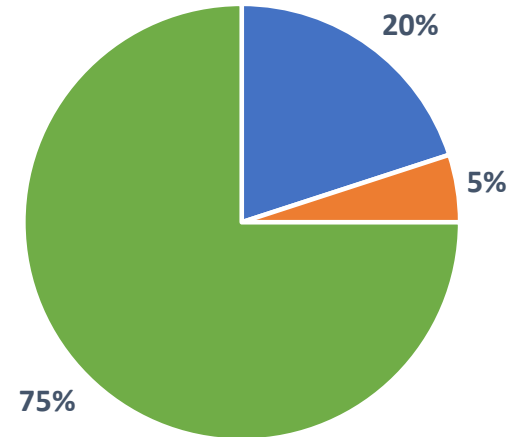
# Required Set-Asides

## CMHS Block Grant Required Set-Asides



- Coordinated Specialty Care for First Episode Psychosis
- Core Crisis Services
- Treatment Services for Serious Emotional Disturbance / Serious Mental Illness

## SAPT Block Grant Required Set-Asides



- Primary Substance Abuse Prevention
- HIV - Early Intervention Services
- Treatment Services

\*Both block grants are intended to serve individuals who are uninsured or under-insured.

# Restrictions

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- No more than 5% of the award amount can be spent on administration
- No inpatient hospital services (including state psychiatric hospitals)
- No cash payments to intended recipients of health services
- No land, building or medical equipment
- No hypodermic needles/syringes
- No substance abuse treatment services in penal or correctional institutions (assessments in jails or court settings are permissible)
- Primary Prevention dollars cannot be used to fund the enforcement of alcohol, tobacco or drug laws.
- Federal funds may not be used for lobbying

# Supplemental Non-Recurring Grant Funding

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- In calendar year 2021, the Florida Department of Children and Families was awarded \$344.2 million in federal supplemental funds by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
- These non-recurring supplemental awards were funded through the Substance Abuse Prevention and Treatment, and the Community Mental Health Services Block Grants.



# COVID-19 Relief Act

**\$159,285,189**

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The COVID-19 Relief Act was passed by Congress in December 2020.

- \$54.8 million was allocated as a supplemental to the Community Mental Health Services (CMHS) Block Grant.
- \$104.3 million was allocated as a supplemental to the Substance Abuse Prevention and Treatment (SAPT) Block Grant.
- Expenditure period for use of the funds: 03/15/2021 – 03/14/2023
- Initial state budget authority to begin spending funds was 07/01/2021
- These funds were released to the Managing Entities in their schedule of funds on 08/06/2021.





# Planning

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Upon receipt of the initial supplemental awards through the COVID-19 Relief Act, the Department was required to draft a plan for use of the funds and submit to SAMHSA for approval.

This plan had to:

- Follow the standard block grant requirements including eligible populations, set-asides and funding restrictions (unless otherwise stated in guidance documents specific to the supplementals)
- Address existing needs and gaps exacerbated by the COVID-19 pandemic
- Take into account the time-limited, non-recurring nature of the funds



# Planning

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Consideration was given to other funding that would be expiring during the expenditure period of the supplemental where continuation would be beneficial, specifically, the CARES Act, which was implemented in the Managing Entities Schedule of Funds on 01/29/2021.

Due to the CARES Act funding expiring on 12/31/2021, the Department determined COVID-19 Relief Funds would be used to continue the following activities from the CARES Act:

- Neonatal Abstinence Syndrome (NAS)/ Substance-Exposed Newborn (SEN) Care Coordination
- Adult Care Coordination
- Children's Care Coordination
- Forensic Community Diversion
- Short-Term Residential Treatment



# American Rescue Plan (ARP)

**\$184,968,159**

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The American Rescue Plan was passed by Congress in March of 2021.

- \$94.8 million was allocated in a supplemental to the Community Mental Health Services (CMHS) Block Grant.
- \$90.1 million was allocated in a supplemental to the Substance Abuse Prevention and Treatment (SAPT) Block Grant.
- Expenditure period for use of the funds: 09/01/2021 – 09/30/2025



# Planning

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Upon receipt of the American Rescue Plan supplemental in May 2021, the Department was again required to submit a plan to SAMHSA for approval.

This plan followed the same guidelines as the COVID-19 Relief supplemental (unless otherwise specified in the guidance specific to these funds.)

The Department built upon the foundation of the first supplemental plan, picking up the activities from the first plan as the COVID-19 Relief funds expire and adding an additional year to the following services/activities from the State Opioid Response Grant as it expires:

- Behavioral Health Consultants (BHCs)
- Recovery-Oriented Quality Improvement Specialists (ROQIS)
- Recovery Community Organizations (RCOs)
- Narcan Distribution



# Planned Activities

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The following statewide activities were identified to be funded by the supplemental block grant funds:

- Statewide Suicide Prevention Activities
- 988 Suicide Hotline
- Workforce Development Training
- Peer Certification Scholarships
- Information Technology
- First Responder Crisis Support Line

# State Targeted Response (STR) and State Opioid Response (SOR) Grants

- STR – Year 1 (May 2017 – April 2018) – \$27,150,403
- STR – Year 2 (May 2018 – April 2019) – \$27,150,403
- SOR I – Year 1 (September 2018 – September 2019) – \$76,186,527
- SOR I – Year 2 (September 2019 – September 2020) – \$50,056,851
- SOR II – Year 1 (September 2020 – September 2021) – \$100,170,437
- SOR II – Year 2 (September 2021 – September 2022) – \$100,170,437
  
- Examples of Opioid Grant Activities
  - Medication Assisted Treatment (MAT) Services (including Hospital Bridge Programs and Vivitrol Assisted Treatment)
  - American Society of Addiction Medicine’s Continuum Software Licenses
  - MAT, Opioid, and Stimulant Use Disorder Training (Behavioral Health, Courts, Corrections, Jails, Physicians)
  - Harm Reduction Training
  - Primary Prevention Services
  - Recovery Community Organizations / Peer Support
  - Behavioral Health Consultation (BHC)
  - Recovery Oriented Quality Improvement Specialists (ROQIS)
  - Naloxone Distribution
  - Oxford House – Recovery Residences
  - Mobile Buprenorphine Pilot
  - Addiction Training Curricula Development for Medical Schools

# Use Across Fiscal Years

| Grant   | SFY 20-21   |                  | SFY 21-22        |                  | SFY 22-23        |                  | SFY 23-24   |          | SFY 24-25   |          |
|---|-------------|------------------|------------------|------------------|------------------|------------------|-------------|----------|-------------|----------|
| SAPT<br>Recurring Base                            | \$27.8<br>M | \$83.5 M         | \$27.8<br>M      | \$83.5 M         | \$27.8<br>M      | \$83.5 M         | \$27.8<br>M | \$83.5 M | \$27.8<br>M | \$83.5 M |
| CMHS<br>Recurring Base                            | \$11.9<br>M | \$35.8 M         | \$11.9<br>M      | \$35.8 M         | \$11.9<br>M      | \$35.8 M         | \$11.9<br>M | \$35.8 M | \$11.9<br>M | \$35.8 M |
| Opioid<br>09/30/21 –<br>09/29/22                  | \$12.5<br>M | \$75.2 M         | \$25.0<br>M      | \$75.2 M         | \$25.0<br>M      |                  |             |          |             |          |
| CARES<br>12/11/20 -<br>12/31/21                   |             | \$18.6 M         | \$1.9 M          |                  |                  |                  |             |          |             |          |
| COVID Relief<br>07/01/21 -<br>03/14/23            |             |                  | \$108.7 M        | \$50.6 M         |                  |                  |             |          |             |          |
| American Rescue<br>Plan<br>09/01/21 -<br>06/30/25 |             |                  | \$12 M           | \$58.1 M         | \$57.4 M         | \$57.4 M         |             |          |             |          |
| <b>TOTAL</b>                                      |             | <b>\$265.3 M</b> | <b>\$381.8 M</b> | <b>\$292.7 M</b> | <b>\$216.4 M</b> | <b>\$216.4 M</b> |             |          |             |          |

\*SAPT and CMHS recurring base appropriations are for illustrative purposes only. Future State Fiscal Year appropriations are based on the Federal Fiscal Year 2021 grant award amount.

\*American Rescue Plan – SFY 23-24 and SFY 24-25 appropriations are for illustrative purposes only. These amounts are estimates based on half of the remaining federal grant balance being used in each state fiscal year.





# Questions?



11/03/2021

Meeting Date

Appropriations Subcommittee on Health & Human Services

Committee

Name Erica Floyd-Thomas

Phone 850-488-9410

Address 2415 N. Monroe Street

Email

Street

Tallahassee

FL

32303

City

State

Zip

Speaking:  For  Against  Information OR Waive Speaking:  In Support  Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate APPEARANCE RECORD

Report on Recent Increases in Mental Health & Substance Abuse Funding

Bill Number or Topic

Amendment Barcode (if applicable)

Deliver both copies of this form to Senate professional staff conducting the meeting

The Florida Senate

# APPEARANCE RECORD

Report on Recent Increases in Mental Health and Substance Abuse Funding

11-3-2021

Meeting Date

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name **Chad Barrett**

Phone **850-717-4736**

Address **2415 N Monroe Street**

Email **Chad.Barrett@myflfamilies.com**

Street

**Tallahassee**

**FL**

**32303**

City

State

Zip

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

**Department of Children and Families**

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

*While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)*

This form is part of the public record for this meeting.

S-001 (08/10/2021)

# CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Appropriations Subcommittee on Health and Human Services Judge:

Started: 11/3/2021 2:31:04 PM

Ends: 11/3/2021 3:46:53 PM

Length: 01:15:50

2:31:48 PM Sen. Bean (Chair)  
2:34:10 PM TAB 3 - Report on Recent Increases in Mental Health and Substance Abuse Funding by DCF  
2:34:38 PM Chad Barrett, Director of Budget, Finance, and Accounting, DCF  
2:45:14 PM Sen. Bean  
2:45:29 PM C. Barrett  
2:45:31 PM Sen. Bean  
2:46:29 PM C. Barrett  
2:46:55 PM Sen. Bean  
2:47:25 PM Erica Floyd-Thomas, Assistant Secretary for Substance Abuse and Mental Health, DCF  
2:47:38 PM Sen. Bean  
2:47:54 PM Sen. Jones  
2:48:12 PM Sen. Bean  
2:48:25 PM E. Floyd-Thomas  
2:48:41 PM Sen. Jones  
2:48:49 PM E. Floyd-Thomas  
2:49:05 PM Sen. Jones  
2:49:40 PM E. Floyd-Thomas  
2:50:09 PM Sen. Jones  
2:50:15 PM Sen. Harrell  
2:51:31 PM E. Floyd-Thomas  
2:51:54 PM Sen. Harrell  
2:52:08 PM E. Floyd-Thomas  
2:53:12 PM Sen. Harrell  
2:53:42 PM E. Floyd-Thomas  
2:54:37 PM Sen. Harrell  
2:55:30 PM E. Floyd-Thomas  
2:56:11 PM Sen. Harrell  
2:56:34 PM E. Floyd-Thomas  
2:56:56 PM Sen. Harrell  
2:57:01 PM E. Floyd-Thomas  
2:57:08 PM Sen. Harrell  
2:57:32 PM Sen. Bean  
2:57:53 PM Sen. Farmer  
2:58:40 PM Sen. Bean  
2:59:02 PM Sen. Rouson  
2:59:24 PM E. Floyd-Thomas  
2:59:29 PM Sen. Rouson  
3:00:17 PM E. Floyd-Thomas  
3:00:55 PM Sen. Rouson  
3:01:14 PM E. Floyd-Thomas  
3:01:27 PM Sen. Rouson  
3:01:47 PM E. Floyd-Thomas  
3:02:16 PM Sen. Rouson  
3:02:54 PM E. Floyd-Thomas  
3:04:16 PM Sen. Bean  
3:04:35 PM E. Floyd-Thomas  
3:04:42 PM Sen. Bean  
3:04:55 PM TAB 2 - Presentation on the American Rescue Plan's Enhanced Federal Share to Supplement Home and Community Based Services by AHCA  
3:05:53 PM Cody Farrill, Chief of Staff, AHCA  
3:06:31 PM Sen. Bean  
3:06:51 PM C. Farrill

|                   |   |
|-------------------|---|
| <b>3:09:46 PM</b> | Sen. Bean   |
| <b>3:09:55 PM</b> | C. Farrill  |
| <b>3:10:04 PM</b> | Sen. Bean   |
| <b>3:10:09 PM</b> | C. Farrill  |
| <b>3:10:12 PM</b> | Sen. Bean   |
| <b>3:10:22 PM</b> | C. Farrill  |
| <b>3:11:08 PM</b> | Sen. Bean   |
| <b>3:11:12 PM</b> | C. Farrill  |
| <b>3:11:21 PM</b> | Sen. Bean   |
| <b>3:11:25 PM</b> | C. Farrill  |
| <b>3:11:54 PM</b> | Sen. Bean   |
| <b>3:11:56 PM</b> | Sen. Brodeur  |
| <b>3:12:08 PM</b> | C. Farrill  |
| <b>3:18:43 PM</b> | Sen. Bean   |
| <b>3:19:23 PM</b> | Sen. Jones  |
| <b>3:19:32 PM</b> | C. Farrill  |
| <b>3:19:37 PM</b> | Sen. Bean   |
| <b>3:19:41 PM</b> | C. Farrill  |
| <b>3:20:03 PM</b> | Sen. Jones  |
| <b>3:20:16 PM</b> | C. Farrill  |
| <b>3:21:01 PM</b> | Sen. Jones  |
| <b>3:21:20 PM</b> | C. Farrill  |
| <b>3:21:43 PM</b> | Sen. Jones  |
| <b>3:21:53 PM</b> | C. Farrill  |
| <b>3:22:16 PM</b> | Sen. Jones  |
| <b>3:22:20 PM</b> | Sen. Bean   |
| <b>3:22:23 PM</b> | Sen. Book   |
| <b>3:22:32 PM</b> | C. Farrill  |
| <b>3:22:56 PM</b> | Sen. Harrell  |
| <b>3:23:40 PM</b> | C. Farrill  |
| <b>3:24:20 PM</b> | Sen. Harrell  |
| <b>3:24:25 PM</b> | C. Farrill  |
| <b>3:24:30 PM</b> | Sen. Harrell  |
| <b>3:24:46 PM</b> | C. Farrill  |
| <b>3:25:07 PM</b> | Sen. Harrell  |
| <b>3:25:44 PM</b> | C. Farrill  |
| <b>3:26:35 PM</b> | Sen. Harrell  |
| <b>3:26:47 PM</b> | C. Farrill  |
| <b>3:27:12 PM</b> | Sen. Harrell  |
| <b>3:27:47 PM</b> | C. Farrill  |
| <b>3:28:39 PM</b> | Sen. Harrell  |
| <b>3:28:42 PM</b> | Sen. Bean   |
| <b>3:28:45 PM</b> | Sen. Farmer   |
| <b>3:30:27 PM</b> | C. Farrill  |
| <b>3:31:14 PM</b> | Sen. Farmer   |
| <b>3:32:11 PM</b> | Sen. Bean   |
| <b>3:32:14 PM</b> | Sen. Rodriguez  |
| <b>3:32:24 PM</b> | C. Farrill  |
| <b>3:32:42 PM</b> | Sen. Bean   |
| <b>3:32:53 PM</b> | TAB 1 - Update on the Directed Payment Program and the Indirect Graduate Medical Education Program<br>by AHCA |
| <b>3:33:07 PM</b> | Sen. Bean   |
| <b>3:33:11 PM</b> | Tom Wallace, Deputy Secretary for Medicaid  |
| <b>3:33:22 PM</b> | Sen. Bean   |
| <b>3:33:26 PM</b> | T. Wallace  |
| <b>3:33:32 PM</b> | Sen. Bean   |
| <b>3:36:59 PM</b> | T. Wallace  |
| <b>3:37:04 PM</b> | Sen. Bean   |
| <b>3:37:47 PM</b> | Sen. Harrell  |
| <b>3:38:33 PM</b> | Sen. Bean   |
| <b>3:38:41 PM</b> | T. Wallace  |
| <b>3:39:19 PM</b> | Sen. Harrell  |

|                   |              |
|-------------------|--------------|
| <b>3:39:44 PM</b> | T. Wallace   |
| <b>3:40:29 PM</b> | Sen. Harrell |
| <b>3:40:57 PM</b> | T. Wallace   |
| <b>3:41:55 PM</b> | Sen. Harrell |
| <b>3:42:34 PM</b> | T. Wallace   |
| <b>3:43:17 PM</b> | Sen. Brodeur |
| <b>3:44:05 PM</b> | T. Wallace   |
| <b>3:44:54 PM</b> | Sen. Brodeur |
| <b>3:45:08 PM</b> | Sen. Bean    |
| <b>3:45:39 PM</b> | T. Wallace   |
| <b>3:46:21 PM</b> | Sen. Bean    |