

COMMITTEE MEETING EXPANDED AGENDA

BUDGET SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES APPROPRIATIONS

Senator Negron, Chair
Senator Rich, Vice Chair

MEETING DATE: Thursday, February 10, 2011

TIME: 8:00 —10:00 a.m.

PLACE: *Toni Jennings Committee Room, 110 Senate Office Building*

MEMBERS: Senator Negron, Chair; Senator Rich, Vice Chair; Senators Gaetz, Garcia, Oelrich, Richter, and Sobel

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Budget Workshop		Discussed
2	Review and Discussion of the Governor's Recommended Health and Human Services Budget for Fiscal Year 2011-2012		Discussed
3	Discussion on Medicaid Reform		Discussed

Agency for Health Care Administration

Base Budget Review				FY 2011-12 Base Budget							
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comments
	Administration and Support Program										
1	Executive Direction	The Agency's Executive Direction provides information and analysis to the Governor on Florida's health care systems and programs, working to ensure better health care for all Floridians. It represents the Executive Branch before the Legislature, Cabinet, and other state and federal agencies, advisory boards, advocacy groups, the media and the general public. It provides a vital link between the Governor and other interested parties.	Sections 20.04; 20.05; 20.42; and 408.0615, Florida Statues	2.0	230,474		115,709		346,183		
2	Chief of Staff	The Chief of Staff's Office coordinates Medicaid and Health Care Regulation policy with the Executive Office of the Governor, other state agencies, the Legislature and the federal government. The office also contains the Division of Operations, Legislative Affairs, Communications, Information Technology and the Governor's Washington D.C. Office.	Section 20.42, Florida Statues	3.0	213,940		94,371		308,311		
3	General Counsel	The General Counsel's Office provides legal advice and representation for AHCA on all legal matters. The primary issues the office handles include: Licensure and regulation of health care facilities including nursing homes, hospitals, assisted living facilities, clinical laboratories and home health agencies; Regulation of managed care plans; Administration of the Medicaid plan and recovery of Medicaid overpayments due to abuse or third party liability; and, Civil litigation related to various Agency programs.	Sections 20.42; and Chapters 400; 408; 409; and 429, Florida Statues, and CFR 42	66.5	435,554		1,689,955	3,400,460	5,525,969	598,518	Medicaid state match 50.00%
4	Inspector General	The Office of the Inspector General provides a central point for coordination of and responsibility for activities that promote Agency accountability, integrity, and efficiency. Section 20.055, Florida Statutes, mandates the duties and responsibilities of each inspector general, with respect to the state agency/department in which the office is established.	Section 16.59; 20.055; and 409.913; Florida Statues	7.0	253,315		295,368	47,505	596,188	47,505	Medicaid state match 50.00%
5	Internal Audit	The Bureau of Internal Audit provides independent, objective assurance and consulting services designed to add value and improve Agency operations. To accomplish this, the bureau proactively identifies areas within the Agency's operations that have circumstances or issues with potential risk to the Agency. These risk factors could be control weaknesses that lead to ineffective or inefficient operations, non-compliance with laws, or potential loss of state assets.	Sections 20.055, and 409.913, Florida Statues	6.5	571,096				571,096		

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6	HIPAA (Health Insurance Portability and Accountability Act of 1996) Compliance	The HIPAA Compliance Office advises and assists the Agency in its compliance efforts and assists Medicaid beneficiaries in exercising their rights as provided by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This includes ensuring all AHCA employees safeguard the privacy of any Protected Health Information in our custody.	45 CFR §164.530	2.0			109,535	21,273	130,808	63,890	Medicaid state match 25%
7	Communications/Media Relations	The Communications/Media Relations Office serves as the Agency resource for promotion and publicity of Agency issues, programs and functions, for both internal and external customers. The office provides information and coordinates official response to the media. The office also tracks local, state and national health care news coverage and provides liaisons between ACHA and the media. Communications staff set up and coordinate interviews with Agency personnel on pertinent health care-related subjects. The office also works closely with the Legislative Affairs Office to promote the Agency's legislative agenda.	Section 20.42, Florida Statutes	10.0			708,796		708,796		
8	Legislative Affairs	The Legislative Affairs Office serves as the Agency resource for legislative interaction. It provides information to legislators and the public about health care legislation. The office also acts as liaison between AHCA staff, legislators, legislative committee staff and industry interests. The office provides Agency support in drafting legislation, coordinating bill analyses, coordinating briefings, assisting in the development of the Agency legislative package, providing assistance to legislators and staff as requested and promoting the Agency's agenda throughout the legislative process.	Section 20.42, Florida Statutes	5.0	53,748		306,242		359,990		
9	Division of Operations	The Division of Operations directs the development and implementation of sound and uniform policies, procedures and guidelines for budget and financial management, support services, and human resources. The Division directs the development of the Agency's legislative budget request and related budget activities; represents the agency before state, local and federal agencies, the Legislature and the general public. It directs the development of the Continuity of Operations plans. The Division provides assistance to the Revenue Estimating Conference in its forecasting activities.	Section 20.04; and 20.42, Florida Statutes	2.0	331,060		166,244		497,304		

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10	Finance & Accounting	The Bureau of Finance & Accounting coordinates agency financial management and oversees day-to-day fiscal operations, which include disbursements, revenue management, county billing, Medicaid accounts receivable, Medicaid and other grant administration, and maintaining accounting policy and systems.	Sections 20.04; and 20.42 F.S. and Chapters 112, 215, and 216, Florida Statutes	51.0	592,625		477,438	2,871,587	3,941,650	384,298	Medicaid state match 50.00%
11	Human Resources	The Bureau of Human Resources is responsible for Labor Relations, Training, Classification and Recruitment, and Attendance, Benefits and Compensation.	Sections 20.04; 20.42 F.S., and Chapters 110 and 112, Florida Statutes	9.0			658,873		658,873		
12	Information Technology	The Division of Information Technology is a utility service provider to AHCA and its customers for automated business systems with connectivity to voice and data networks through a variety of computing platforms. It is an instrumental force in creating an information-enabled workforce. The Division is comprised of the following bureaus: Customer Service and Support, Enterprise Infrastructure, Security and Applications Development and Support.	Sections 20.04; 20.42; 282.318; and 216.235, Florida Statutes	69.0	916,504		6,174,800	1,653,853	8,745,157	1,142,235	Medicaid state match 50.00%
13	Support Services	The Bureau of Support Services provides general services support to Agency staff in the areas of procurement, contract administration and purchasing, and facility management.	Sections 20.42; and 20.04; and Chapters 215, 216, 287, Florida Statutes	15.0			986,927		986,927		
14	Budget Office	The Bureau of Budget Services manages and directs all budget related activities for the Agency including the development of the Agency's Legislative Budget Request and other budget related activities. It plans and coordinates the Agency's departmental budget from preparation through the gubernatorial and legislative process to its annual appropriation. The Budget Office represents the Agency before state, local, and federal agencies, the Legislature and the general public, serving as the Agency's liaison with the Governor's Office of Policy and Budget, and the Executive Office of the Governor.	Chapters 20.42; and 20.42, and Chapter 216, Florida Statutes	5.0	43,932		356,154	43,932	444,018	43,932	Medicaid state match 50.00%

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15	Florida Center for Health Information & Policy Analysis	<p>The Florida Center for Health Information and Policy Analysis (Florida Center) performs several important functions to improve the effectiveness and efficiency of health care services in the state and to support consumers in health care decision making. The Florida Center is responsible for collecting, compiling, coordinating, analyzing, and disseminating health related data and statistics for the purpose of developing public policy and promoting the transparency of consumer health care information. These data provide accurate and timely health care information to consumers, policy analysts, administrators, and researchers in order to evaluate cost, quality, and access to care.</p> <p>The Florida Center also promotes the exchange of secure, privacy-protected health care information, the adoption of electronic health records among providers, and the use of personal health records by all consumers.</p> <p>The Florida Center is also responsible for collecting adverse incident reports from hospitals, ambulatory surgery centers, health maintenance organizations, nursing homes, and assisted living facilities. The Florida Center works closely with facilities and regulatory agencies to assure that corrective actions have been implemented.</p>	Sections 408.05; and 408.061, Florida Statutes	44.0			4,878,555	14,939,081	19,817,636		
Total Administration and Support				297.0	3,642,248	0	17,018,967	22,977,691	43,638,906	2,280,378	
Health Care Services Program											
Children's Special Health Care											
16	G/A-Florida Healthy Kids Corporation	Purchases health benefits for children ages 5-18 who qualify for Florida Healthy Kids.	ss. 409.813; 409.8132; 624.91; 391, F.S.		15,415,556	60,171,104		166,248,008	241,834,668	75,586,660	Kid Care state match 31.26%
17	Contracted Services	Administrative activities associated with the Medikids and Children's Medical Services components of the KidCare Program. Funding is appropriated as a pass through including costs associated with eligibility determinations, staffing and other administrative costs.	ss. 409.813; 409.8132; 624.91; 391, F.S.		1,376,783	704,548	350,317	3,971,421	6,403,069	2,431,648	Kid Care state match 31.26%
18	G/A-Contracted Services - Florida Healthy Kids Administration	Administrative activities associated with the Florida Healthy Kids Corporation to fund third party administrator activities, claims payments and staff of the corporation. Includes processing applications, determining Title XXI eligibility, enrollment, collection of premiums and contracting with providers for services.	ss. 409.813; 409.8132; 624.91; 391, F.S.		2,642,401	3,946,147		14,488,201	21,076,749	6,588,548	Kid Care state match 31.26%
19	G/A-Florida Healthy Kids Dental	Purchases dental benefits for children ages 5-18 who qualify for Florida Healthy Kids component.	ss. 409.813; 409.8132; 624.91; 391, F.S.		9,250,207			20,341,164	29,591,371	9,250,207	Kid Care state match 31.26%
20	Medikids	Purchases health benefits for children ages 1-4 who qualify for the Medikids component.	ss. 409.813; 409.8132; 624.91; 391, F.S.		5,716,456	7,155,438	8,567,099	28,177,270	49,616,263	21,438,993	Kid Care state match 31.26%

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21	Children's Medical Services Network	Purchases health benefits for children with special care needs through the Department of Health's Children's Medical Services Network (CMS) program for children who qualify for the CMS component. Children with special health care needs are those children under age 21 whose serious or chronic physical or developmental conditions require extensive preventive and maintenance care beyond that required by typically healthy children.	ss. 409.813; 409.8132; 624.91; 391, F.S.		30,567,904	15,619,174	2,549,519	100,392,034	149,128,631	48,736,597	Kid Care state match 31.26%
Total Children's Special Health Care				0.0	64,969,307	87,596,411	11,466,935	333,618,098	497,650,751	164,032,653	
Executive Direction and Support Services											
22	Inspector General	Provides a central point of contact for the coordination of activities that promote accountability, integrity and efficiency throughout the Agency. Conducts internal audits and management reviews, coordinates the Agency's response to external audits and reviews, conducts follow-up and performing management consulting services.	Section 20.055, 409.913, Florida Statutes	5.0			204,809	204,809	409,618	204,809	Medicaid state match 50%
23	Medicaid Program Integrity	Identify potential fraud, abuse and waste; investigate Medicaid providers for abusive billings under the Medicaid program; identify overpayments; and make recommendations to the Medicaid Program staff to prevent fraud, abuse and waste in the Florida Medicaid Program. Recommend change to reduce exposure; audit Florida's Medicaid program; issue administrative sanctions; and refer cases of suspected fraud for criminal investigation.	Section 409.913, Florida Statutes; 42 Code of Federal Regulations	82.0			5,413,052	5,464,067	10,877,119	5,413,052	Medicaid state match 50%. Special Medical Review state match 25%
24	Medicaid Program Integrity - Miami	Identify potential fraud, abuse and waste; investigate Medicaid providers for abusive billings under the Medicaid program; identify overpayments; and make recommendations to the Medicaid Program staff to prevent fraud, abuse and waste in the Florida Medicaid Program. Recommend change to reduce exposure; audit Florida's Medicaid program; issue administrative sanctions; and refer cases of suspected fraud for criminal investigation.	Section 409.913, Florida Statutes; 42 Code of Federal Regulations	13.0			436,451	515,087	951,538	436,451	Medicaid state match 50%. Special Medical Review state match 25%
25	Division of Medicaid	Directs the Florida Medicaid Program. Tasks include program development, benefit and eligibility coverage design, program/contract monitoring, program analysis, budgeting, fiscal agent contract management, third party recoveries, field operations, provider and consumer relations, providing training, cost containment planning, maintenance of the Medicaid state plan, and other administrative functions.	Section 20.42, Florida Statutes	21.0	1,065,382		1,196,941	1,754,048	4,016,371	2,135,007	Medicaid state match 50%

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26	Medicaid Area Offices (11)	Eleven Medicaid Field Offices provide local operational management of the Medicaid provider network; conduct provider training; handle provider and beneficiary relations; oversee community resource development; process exceptional claims; authorize certain beneficiary services; and monitor programs and conduct program audits.	Chapter 20 and Chapter 409, Florida Statutes	366.5	6,976,941		2,575,112	13,920,329	23,472,382	9,552,053	Medicaid state match 50%
27	Medicaid Quality Management	Manages legislatively mandated projects and evaluations for the Division of Medicaid. Focused on improving program quality, and optimizing resources to support research based policy. Coordinates quality and process improvement initiatives for the Division and Agency.	Section 20.42, Florida Statutes	26.0	4,230,625		4,395,826	11,264,452	19,890,903	8,626,451	Medicaid state match 50%
28	Medicaid Health Systems Development	Ensure that Medicaid managed care services are delivered to Medicaid beneficiaries in the most cost-effective manner within state and federal requirements. Review innovations in health delivery for applicability to Florida Medicaid; develop and design programs to more efficiently meet the needs of beneficiaries; prepare plans and federal waiver requests in regard to managed care; incorporate new federal and state legislation into current operations; prepare policies, procedures, provider manuals and special projects relative to managed care; authorize services; monitor for compliance to standards; and research and evaluate programs to improve performance. Responsible for designing, advertising, procuring and monitoring managed care contracts and coordinating policy development with other departmental entities and health care organizations.	Section 20.42, Florida Statutes	31.0	978,017		425,746	1,770,834	3,174,597	1,403,763	Medicaid state match 50%. Special Medical Review state match 25%
29	Program Analysis	Responsible for tracking expenditures, budget forecast and adhoc requests from providers, agencies, internal reports, federal reports and audits, etc. Responsible for maintaining the state plan, providing provider assistance and calculating rates for cost based providers such as hospitals, Nursing homes, FQHCs, Hospice and County Health Departments. Responsible for conducting Audits of cost reports used to calculate cost based rates for providers and manage contracts for outside audit vendors. Responsible for collecting and reviewing behavioral health encounter data, calculating capitation rates and benchmarks for managed care programs. Responsible for managing third party liability contract and policies. Maintain and generate expenditure reports and analysis pertaining to Medicaid and related programs.	Chapter 20 and Chapter 409, Florida Statutes	58.0	3,340,109		817,650	4,933,118	9,090,877	4,157,759	Medicaid state match 50%

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30	Medicaid Services	Responsible for the development, coordination and implementation of Medicaid program policies and procedures and administration of the program's medical authorization functions. Plans, develops and implements Medicaid program policies, procedures and special projects. Responsible for the development and maintenance of administrative rules and manuals related to services covered by Medicaid. It coordinates policy development with other departmental entities and health care organizations. Prepares and manages federal Medicaid waivers, prepares budget justifications for program issues, and analyzes the impact of new and amended state and federal laws and rules. Also responsible for utilization management and prior authorization of certain Medicaid services. Finally, responsible for designing, advertising, procuring and monitoring services for specific medical care and unique medical utilization reviews via contracts.	Section 20.42, Florida Statutes	68.0	6,644,246		1,258,413	22,257,859	30,160,518	7,902,659	Medicaid state match 50%. Special Medical Review state match 25%
31	Medicaid Third-Party Liability	The purpose of the Medicaid Third Party Liability (TPL) program is to identify all possible resources available to Medicaid beneficiaries in order to ensure Medicaid is the payer of last resort. The Agency currently contracts with an outside vendor, ACS State Healthcare, LLC to administer this activity. Five employees monitor the contractor's activities. This program minimizes Medicaid expenditures by taking steps to ensure that Medicaid is reimbursed or does not pay for health care that is the legal responsibility of other parties including Medicare, private insurers or individuals deemed liable for an accident or incident.	Chapter 20, Florida Statutes	5.0	0		5,088,784	5,088,784	10,177,568	5,088,784	Medicaid state match 50%
32	Contract Management	The Medicaid fiscal agent (FA) is primarily responsible for reimbursing providers for Medicaid services provided to beneficiaries according to state and federal rules and regulations. The FA is also responsible for enrolling and re-enrolling Medicaid providers, claims processing and payment, facilitating HMO and MediPass assignments for beneficiaries, and system maintenance and MMIS enhancements.	Chapter 409, Florida Statutes	54.0	26,730,223		2,117,846	62,433,036	91,281,105	28,848,069	Medicaid state match 25% for Claims processing; 10% state match for System enhancements; and 50% state match for Administration
33	Pharmacy Services	Implements Medicaid policies for and oversees reimbursement of costs for dispensed prescription drugs and specified non-prescription drugs and supplies by a licensed, participating pharmacy.	Section 20.42, Florida Statutes	19.0	3,846,040		310,576	10,129,159	14,285,775	4,156,616	Medicaid state match 50%. Special Medical Review state match 25%
	Total Executive Direction and Support Services			748.5	53,811,583	0	24,241,207	139,735,582	217,788,372	77,925,474	

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	Medicaid Services to Individuals	Please Note: States are required to provide any medically necessary care required by child eligible's.									
34	Adult Vision/Hearing Services	Medicaid reimbursable visual services include eyeglasses, eyeglass repairs as required, prosthetic eyes, and medically necessary contact lenses. Providers may use the Central Optical Laboratory, which is managed by Prison Rehabilitative Industries and Diversified Enterprises (PRIDE), for services to Medicaid beneficiaries. Medicaid reimbursable hearing services include: cochlear implant services; diagnostic testing; hearing aids; hearing aid evaluations; hearing aid fitting and dispensing; hearing aid repairs and accessories. Optional Service	s. 409.906(12) and (23), F.S.		5,542,415			9,136,767	14,679,182	5,542,415	Medicaid state match 44.06%
35	Case Management	Reimbursement for case management services to Medicaid clients of Children's Medical Services (CMS), and adults served by Alcohol, Drug Abuse and Mental Health (ADM) programs. Case management is the process of assessing client need for services, developing a plan of care, making arrangements for delivery of needed services and monitoring service effectiveness. This expenditure category also includes funding for the Disease Management (DM) contracts which include: HIV/AIDS, Sickle Cell, Renal Disease, CHF, COPD, Diabetes, Hypertension, Asthma. Children; Mandatory Service if medically necessary Adult; Optional Service DM Contracts; Optional Service	s. 409.906(5), F.S.		41,201,520		450,000	59,088,556	100,740,076	41,651,520	Medicaid state match 44.06%
36	Therapeutic Services for Children	Provides a wide array of community outpatient mental health services, targeted case management and community-based residential treatment services in therapeutic foster homes to assist children and families in resolving mental health issues that interfere with the child's functioning at home, in school or in the community. These services also serve to prevent the need for more intensive, more restrictive residential mental health placements. Therapy treatments must be prescribed by the beneficiary's primary care physician and be provided by a licensed therapist or assistant supervised by a licensed therapist. The provider conducts an evaluation of the beneficiary, writes a plan of care for the beneficiary, performs the needed therapy, and provides reevaluations and revisions of the plan of care as needed or every six months. Optional under federal guidelines, mandatory for children.	s. 409.905(2), F.S.		27,745,704			44,400,236	72,145,940	27,745,704	Medicaid state match 44.06%

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37	Community Mental Health Services	Reimbursement for treatment planning and review, evaluation and testing, medical evaluation, counseling, therapy and treatment services, and day treatment. Services must be medically necessary, and recommended by a licensed practitioner of the healing arts. Optional Service for Adults	s. 409.906(8), F.S.		20,011,648		2,000,000	38,138,375	60,150,023	22,011,648	Medicaid state match 44.06%
38	Adult Dental Services	Reimbursement for acute emergency dental procedures to alleviate pain or infection, dentures and denture-related procedures provided to beneficiaries age 21 and older. Adult dental services include: <ul style="list-style-type: none"> • Complete removable partial dentures; • Comprehensive oral evaluation; • Denture-related procedures; • Full dentures; • Incision and drainage of an abscess; • Necessary extractions and surgical procedures to fit the mouth for dentures; • Necessary radiographs to make a diagnosis; • Problem-focused oral evaluation; and • Removable partial dentures. Optional Service	s. 409.906(1), F.S.		8,175,404			13,300,751	21,476,155	8,175,404	Medicaid state match 44.06%
39	Developmental Evaluation & Intervention/Part C	Early intervention services are medical and remedial services designed to enhance certain skills and development in children with a developmental delay or condition that can cause a delay in normal development. Medicaid reimbursable early intervention services include screenings, evaluations, and early intervention sessions to provide medically necessary services for identified delays in one or more of the areas of cognition; physical or motor, sensory, communication, social, emotional or adaptive development. Mandatory Service	s. 391.301-308, F.S.				2,209,468	3,536,720	5,746,188	2,209,468	Medicaid state match 44.06%. State match is transferred from DOH.
40	Early & Periodic Screening of Children	Reimbursement for Child Health Check-ups. Child Health Check-Up consists of a comprehensive, preventive health screening that is performed on a periodic basis on children 20 years of age or younger. history; an assessment of past medical history, developmental history and behavioral health status; unclothed physical exam; nutritional assessment; developmental assessment; updating of routine immunizations; laboratory tests (including blood lead screening); vision, hearing, and dental screening (including dental referral); and health education/anticipatory guidance, diagnosis and treatment; and referral and follow-up for further diagnosis and treatment when indicated as a result of the screening process. Mandatory Service	s. 409.905(2), F.S.		67,208,906			107,735,276	174,944,182	67,208,906	Medicaid state match 44.06%

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41	G/A-Rural Hospital Financial Assistance	Rural hospital disproportionate share program. Must be a rural hospital, serve a disproportionate share of Medicaid and charity care services, conform to all agency quality of care requirements, agree to accept all patient regardless of ability to pay, agree to provide backup and referral services to the county public health units and other low-income providers within the hospitals service area. Optional Service	s. 409.9116, F.S.		1,220,185		5,723,687	7,086,894	14,030,766	6,943,872	Medicaid state match 44.06%. State match from GR and IGTs.
42	Family Planning	Reimbursement for services that include health history, physical examination, information and referral, education and counseling, diagnostic and laboratory procedures, contraceptive methods, drugs, devices, supplies, voluntary sterilization, natural family planning and follow-up care. Mandatory Service	s. 409.905(3), F.S.		2,008,073			18,107,817	20,115,890	2,008,073	Medicaid state match 44.06%
43	G/A - Shands Teaching Hospital	Funds are to be used in the Medicaid or Low Income Pool Programs(LIP). The LIP transfer is contingent upon another local government or healthcare taxing district providing an equivalent amount of 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.			9,673,569			0	9,673,569	9,673,569	
44	Healthy Start Services	Reimbursement for services provided for under the Healthy Start Waiver program. Assists recipients in coordinating and gaining access to services that will: reduce the number of infants born with medical problems; and maintain the health of infants after birth. Program is operated by DOH. Optional Service	s. 409.906(11), F.S.					23,641,947	23,641,947	0	Medicaid state match of 45% is budgeted in DOH and certified
45	Home Health Services	Reimbursement for services provided in a recipient's home or other authorized setting to promote, maintain or restore health or to minimize the effects of illness and disability. Medicaid reimbursable services include: <ul style="list-style-type: none"> • Home visit services provided by a registered nurse or a licensed practical nurse; • Home visits provided by a qualified home health aide; • Private duty nursing; • Personal care services; • Therapy (occupational and physical therapy and speech-language pathology) services; • Medical supplies, appliances and durable medical equipment. Mandatory Service 	s. 409.905(4), F.S.		60,412,662			96,759,018	157,171,680	60,412,662	Medicaid state match 44.06%

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46	Hospice Services	Hospice services are forms of palliative health care and supportive services for terminally ill patients and their families. The services are administered by a licensed hospice and coordinated by the hospice nurse assigned to the patient. Hospice employs an interdisciplinary team to meet the special needs arising out of the physical, emotional, spiritual, and social stresses associated with the final stages of illness, during end of life, and bereavement. Medicaid reimbursement includes: <ul style="list-style-type: none"> • Hospice care provided by the designated hospice; • Direct care services related to the terminal illness provided by a physician; and • Nursing facility room and board. Optional Service	s. 409.906(14), F.S.		75,436,645		55,378,003	209,317,040	340,131,688	130,814,648	Medicaid state match 45%. The state share is GR and Nursing Home Quality Assessments
47	Hospital Inpatient Services	Medicaid reimbursement for inpatient hospital services includes: room and board, medical supplies, diagnostic and therapeutic services, use of hospital facilities, drugs and biological, nursing care, and all supplies and equipment necessary to provide the appropriate care and treatment of patients. To participate in Medicaid, the hospital must be maintained primarily for the care and treatment of patients with disorders other than mental diseases. Medicaid reimbursement for inpatient hospital care for adults age 21 and older is limited to 45 days per Florida state fiscal year (July 1 through June 30). There is no limit on the number of days that Medicaid can reimburse for beneficiaries 20 years of age or younger. Mandatory Service	s. 409.905(5), F.S.		274,977,066		945,438,099	1,917,523,317	3,137,938,482	1,220,415,165	Medicaid state match 44.06%. The state share is GR, IGTs, PMATF and transfer from DOH.
48	Regular Disproportionate Share	Federally regulated program allowing Medicaid payments to certain hospitals based upon criteria determined by the state. This program is designed to provide financial resources to hospitals serving a disproportionate share of the Medicaid and indigent population. This program is capped annually by a federal allotment. Optional Service.	s. 409.911, F.S.		750,000		109,097,192	136,723,385	246,570,577	109,847,192	Medicaid state match 44.06%. The state share is IGTs.
49	Low Income Pool	The Low Income Pool Program is considered one of four fundamental elements of the Medicaid reform waiver and is defined as a program established to ensure continued government support for the provision of health care services to Medicaid, underinsured and uninsured populations. The program consists of a \$1 billion capped annual allotment for each year of the five years authorized by the Medicaid Reform waiver. Under this program, local and state funds are used to generate federal matching dollars, and are then distributed through the LIP distribution methodology. Optional Program.	s. s409.911, 409.91211, F.S.		8,781,005		376,068,993	615,399,996	1,000,249,994	384,849,998	Medicaid state match 44.06%. The state share is GR, IGTs and transfer from DOH.

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Base Budget Review				FY 2011-12 Base Budget							
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comments
50	Freestanding Dialysis Centers	Reimbursement to a dialysis facility that is approved as a dialysis facility in accordance with Title XVIII of the Social Security Act, for dialysis services that are provided to a Medicaid recipient under the direction of a physician licensed to practice medicine or osteopathic medicine in this state, including dialysis services provided in the recipient's home by a hospital-based or freestanding dialysis facility. Optional Service	s. 409.906(9), F.S.		7,776,323			12,442,925	20,219,248	7,776,323	Medicaid state match 44.06%
51	Hospital Insurance Benefit	Reimbursement of inpatient hospital deductible and coinsurance for Medicare Part A, Deductible and coinsurance up to Medicaid state plan limits for Medicare Part B. Medicare deductible for blood under Part A & B. Mandatory Service	s. 409.904(8), F.S.; s. 409.908 (13)(a)-(c)		60,039,885			96,070,059	156,109,944	60,039,885	Medicaid state match 44.06%
52	Hospital Outpatient Services	Medicaid reimbursement for hospital outpatient services includes medical supplies, nursing care, therapeutic services and drugs. Primary care services provided in an outpatient hospital setting, hospital-owned clinic or satellite facility are not considered outpatient hospital services and are not reimbursable under the outpatient hospital program. Mandatory Service	s. 409.905(6), F.S.		125,478,869		241,513,865	588,996,297	955,989,031	366,992,734	Medicaid state match 44.06%. The state share is GR, IGTs, PMATF, and transfer from DOH.
53	Respiratory Therapy Services	Reimbursement for evaluation and treatment of pulmonary dysfunction for children only. Reimbursable services include: ventilator support, therapeutic use of medical gases, respiratory rehabilitation, management of life support systems, bronchopulmonary drainage, breathing exercises, and chest physiotherapy. Mandatory Service	s. 409.905(2), F.S.		7,442,206			11,910,376	19,352,582	7,442,206	Medicaid state match 44.06%
54	Nurse Practitioner Services	Reimbursement for services provided by licensed, Medicaid-participating registered nurse first assistants (RNFA). The services must be rendered in collaboration with a physician and in accordance with chapter 464, Florida Statutes. Mandatory Service	s. 409.905(1), F.S.		2,874,054			4,606,417	7,480,471	2,874,054	Medicaid state match 44.06%
55	Birthing Center Services	Reimbursement to licensed facilities that provide obstetrical, gynecological and family planning services. Medicaid reimbursable services include: <ul style="list-style-type: none"> • Family planning services; • Gynecological services; • Initial comprehensive and prenatal examinations; • Labor management for beneficiaries who transfer to a hospital; • Newborn assessment; • Post delivery examinations; • Post delivery recovery; • Related pregnancy services; and • Vaginal delivery. Optional Service. Mandatory if medically necessary for pregnant women.	s. 409.906(4), F.S.		569,999			912,061	1,482,060	569,999	Medicaid state match 44.06%

Agency for Health Care Administration

Base Budget Review				FY 2011-12 Base Budget							
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comments
56	Other Lab & X-Ray Services	Medicaid reimburses for services rendered by licensed, Clinical Laboratory Improvements Act (CLIA) certified, Medicaid-participating independent laboratories. Portable x-ray services are interpretive and technical mobile x-ray services that are provided at the beneficiary's residence. A doctor of allopathic or osteopathy medicine or other licensed health care practitioner authorized within the scope of practice to order x-rays must authorize the services. Mandatory Service	ss. 409.905(7), 409-905(10), F.S.		32,050,347			51,751,888	83,802,235	32,050,347	Medicaid state match 44.06%
57	Patient Transportation	Non-Emergency Medical Transportation (NEMT) services are defined as medically necessary transportation for a beneficiary and a personal care attendant or escort, if required, who have no other means of transportation available to any Medicaid compensable service to receive treatment, medical evaluation, or therapy. NEMT services do not include ambulance transportation. NEMT services are provided through contracts with the Florida Commission for the Transportation Disadvantaged, and through certain Medicaid Health Maintenance Organizations (HMO) and Medicaid Reform Provider Service Networks (PSN). Medicaid Emergency Transportation Services provide medically necessary emergency ground or air ambulance transportation to Medicaid eligible beneficiaries. Necessary Emergency transportation services are reimbursed as Medicaid fee for service for all beneficiaries including those enrolled in HMOs and PSNs. Mandatory Service	s. 409.905(12), F.S.		49,837,467			79,778,129	129,615,616	49,837,467	Medicaid state match 44.06%
58	Physician Assistant Services	Reimbursement for services provided by licensed, Medicaid-participating physician assistants. The services must be provided in collaboration with a practitioner licensed pursuant to Chapter 458 or 459, Florida Statutes. Optional Service	s. 409.906(18), F.S.		1,173,829			1,883,820	3,057,649	1,173,829	Medicaid state match 44.06%
59	Personal Care Services	Health care support services that are medically necessary. Services to children only. Mandatory Service	s. 409.905(4), F.S.		15,436,467			24,707,540	40,144,007	15,436,467	Medicaid state match 44.06%
60	Physical Rehabilitation Therapy	Reimbursement for evaluation and treatment for children only. Reimbursable services include, treatment related to range of motion, muscle strength, functional abilities and the use of adaptive or therapeutic equipment.	s. 409.905(2), F.S.		3,452,681			5,525,540	8,978,221	3,452,681	Medicaid state match 44.06%

Agency for Health Care Administration

Base Budget Review				FY 2011-12 Base Budget							
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comments
61	Physician Services	Medicaid reimburses physician services rendered by licensed, Medicaid-participating doctors of allopathic or osteopathic medicine. Services may be rendered in the physician's office, the patient's home, a hospital, a nursing facility or other approved place of service as necessary to treat a particular injury, illness, or disease. Mandatory Service Chiropractic and Podiatric services are optional for adults, but mandatory for children	s. 409.905(9), F.S.		217,155,723	50,238,330	80,271,824	679,158,173	1,026,824,050	347,665,877	Medicaid state match 44.06%
62	Prepaid Health Plans	Capitated reimbursement to managed care organizations, including Health Maintenance Organizations (HMO), Prepaid Dental Health Plans (PDHP and Provider Service Networks (PSN), for health care services provided to Medicaid recipients. Optional Service	s. 409.912, F.S.		572,501,321		465,600,000	1,675,031,993	2,713,133,314	1,038,101,321	Medicaid state match 44.06%
63	Prescribed Medicine/Drugs	Medicaid reimburses for most legend drugs used in outpatient settings, including injectable drugs, and for specific nonlegend drugs. Most drugs included on the Medicaid Preferred Drug List (PDL) are available without prior authorization (PA). Drugs not on the PDL require PA including step therapy using PDL products and some drugs with clinical protocol requirements require PA to insure the clinical protocol is met. Optional Service. Medicaid does not reimburse for drugs not included in a manufacturer's rebate agreement. Drugs must be prescribed for medically accepted indications. Optional Service	s. 409.906(20), F.S. s. 409.912, F.S.		139,710,718		328,449,083	663,993,149	1,132,152,950	468,159,801	Medicaid state match 44.06%. The state share is GR and drug rebates.
64	Medicare Part D Payment	Also known as the "Clawback." Payment that Medicaid makes to the federal government on behalf of each dually eligible Medicaid recipient to help finance Medicare Part D. Mandatory Service	s. 409.9066, F.S.		419,975,221			0	419,975,221	419,975,221	
65	Private Duty Nursing Services	Reimbursement for medically necessary nursing services provided to children who have complex medical needs and who require more individual or continuous care than is available from a nursing visit. Mandatory Service	s. 409.905(4), F.S.		69,272,933			112,761,852	182,034,785	69,272,933	Medicaid state match 44.06%
66	Rural Health Services	Reimbursement for outpatient primary health care services provided by a clinic located in a designated rural, medically-underserved area. Each clinic must have on its staff at least one family nurse or nurse midwife practitioner or physician assistant and a supervising physician. Mandatory Service	s. 409.905(11), F.S.		34,757,059			55,698,332	90,455,391	34,757,059	Medicaid state match 44.06%

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Base Budget Review				FY 2011-12 Base Budget							
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comments
67	Speech Therapy Services	Reimbursement for speech-language pathology services to children provided by licensed, Medicaid-participating speech-language pathologists and by supervised, speech language pathologist assistants. The services are available in the home or other appropriate setting. Services may be rendered to a group of children. Mandatory Service	s. 409.905(2), F.S.		17,687,085			28,304,489	45,991,574	17,687,085	Medicaid state match 44.06%
68	MediPass Services	A \$2 per member per month payment for primary care case management to a primary care physician who is responsible for providing primary care and case management. Optional Service	s. 409.906 (5) and (15), F.S.		8,309,376			13,349,079	21,658,455	8,309,376	Medicaid state match 44.06%
69	Supplemental Medical Insurance	Payment of Medicare part A and B monthly premiums for Medicaid/Medicare dually eligible beneficiaries. Mandatory Service	s. 409.904(8), F.S.		466,540,260			705,015,689	1,171,555,949	466,540,260	Medicaid state match 44.06%
70	Occupational Therapy Services	Reimbursement for occupational therapy services for children that address the functional needs of an individual related to the performance of self-help skills; adaptive behavior; and sensory, motor, and postural development. Mandatory Service	s. 409.905(2), F.S.		11,085,473			17,740,041	28,825,514	11,085,473	Medicaid state match 44.06%
71	Clinic Services	Medicaid reimburses clinic services rendered by county health departments which provide primary and preventive health care to diagnose, treat and refer patients who need more extensive care. Clinic services are rendered by licensed health professional staff at the clinics, including physicians, dentists, registered nurses, advanced registered nurse practitioners and physician assistants. Optional Service	s.409.908 (19), F.S.		31,022,247		16,396,032	76,467,974	123,886,253	47,418,279	Medicaid state match 44.06%
72	Medicaid School Refinance	School districts may enroll as providers of a variety of Medicaid services. When the school district employs or contracts with staff who provide health care, the school district can enter into a provider agreement with Medicaid and receive the federal share of Medicaid payments for providing Medicaid covered services to Medicaid eligible children. Mandatory Service.	s. 409.9071, F.S.					97,569,420	97,569,420	0	The state share of 44.06% is budgeted in DOE and certified
Total Medicaid Services to Individuals				0.0	2,897,294,365	50,238,330	2,628,596,246	8,303,571,338	13,879,700,279	5,576,128,941	
Medicaid Long Term Care											
73	Assistive Care Services	Reimbursement for assistive care services provided to eligible recipients living in congregate living facilities and requiring integrated services on a 24-hour per day basis. Includes residents of licensed Assisted Living Facilities (ALFs), adult family care homes (AFCHs) and residential treatment facilities (RTFs). Optional Service	s. 409.906(25), F.S.				10,068,775	16,111,086	26,179,861	10,068,775	Medicaid state match 44.06%. The state share is transferred from DCF

Agency for Health Care Administration

Base Budget Review				FY 2011-12 Base Budget							
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comments
74	Home & Community Based Services	Provides payment for a wide range of home and community-based services provided to elderly and other disabled Medicaid beneficiaries who would otherwise require institutional care. Includes the following waivers: Adult Cystic Fibrosis, Adult Day Health Care, Aged and Disabled Adult, Aging Out, Alzheimer's, Channeling, Developmental Disabilities, Familial Dysautonomia, Project AIDS Care and Traumatic Brain/Spinal Cord Injury and Model Waiver. The Consumer Directed Care program services are funded from the recipient's underlying waiver: Aged and Disabled Adult, Developmental Disabilities and the Traumatic Brain/Spinal Cord Injury. Optional Service	s. 409.906(13), F.S.		8,822,447		375,960,870	615,693,326	1,000,476,643	384,783,317	Medicaid state match 44.06%. State share is GR and funds transferred from DCF, DOEA and DOH.
75	ALF Waiver	Provides extra support and supervision through the provision of home and community based services to frail elders residing in an ALF licensed for extended congregate care or limited nursing services in order to delay or prevent institutionalization. Services include: case management; assisted living, and if needed, incontinence supplies. Optional Service	s. 409.906 (13), F.S.				13,937,486	22,301,426	36,238,912	13,937,486	Medicaid state match 44.06%. State share is transferred from DOEA
76	Intermediate Care Facility/MR - Sunland Center	Medicaid reimburses for services rendered by state owned and operated intermediate care facilities for the developmentally disabled (ICF/DD). ICF/DD services include: room and board; food and food supplements; nursing services; rehabilitative care; therapy; basic wardrobe; training and help with daily living skills; medical supplies, durable medical equipment, eyeglasses, hearing aids; dental care; and transportation. Optional Service	ss. 393.063, 409.904, 409.904 (1) (3), F.S.				37,852,128	60,567,343	98,419,471	37,852,128	Medicaid state match 44.06%. State share is transferred from APD
77	Intermediate Care Facility/DD - Community	Provides payment for continuous active treatment to beneficiaries with developmental disabilities who meet Medicaid Institutional Care Program eligibility requirements and level of care criteria. 24-hour-a-day medical, rehabilitative and health related services are provided in certified facilities. Services provided in this setting are those that cannot be rendered more safely or economically in another setting. Optional Service	s.409.906(15), F.S.		89,972,148		11,563,682	162,467,889	264,003,719	101,535,830	Medicaid state match 44.06%

Agency for Health Care Administration

Base Budget Review				FY 2011-12 Base Budget							
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comments
78	Nursing Home Care	Medicaid reimburses 24-hour-a-day nursing and rehabilitation services provided in a nursing facility that is licensed and certified by AHCA to participate in the Medicaid program. The nursing facility must have their beds certified by the Agency in order to participate in the Medicaid program. When prior approved by Medicaid, nursing facility services providers may be eligible for a supplemental payment to care for medically-complex AIDS patients or medically-fragile children under the age of twenty-one (21). Medicaid nursing facility providers include services provided in a rural acute care hospital licensed by AHCA as a swing bed facility; and skilled nursing services provided in a hospital based setting that is licensed by ACHA as a hospital-based, skilled-nursing unit. Medicaid nursing facility providers are reimbursed a unique per diem rate, a facility specific daily rate that Medicaid calculates based on cost reports submitted by nursing facility providers. Skilled Nursing Mandatory. Intermediate Optional. Mandatory Service for children.	ss.409.904 (1) and (3), F.S.		445,015,423		626,416,617	1,714,367,699	2,785,799,739	1,071,432,040	Medicaid state match 44.06%. State match is GR and Nursing Home Quality Assessments
79	State Mental Health Hospital Program	Medicaid pays for medically necessary inpatient mental health services for recipients age 65 and older who meet the Medicaid Institutional Care Program eligibility requirements, including state mental health hospital level-of-care criteria. Residents of state mental health hospitals receive physician, nursing, dietary, pharmaceutical, personal care, rehabilitative, and restorative services. Optional Service	s. 409.904 F.S. (1) and (3), F.S.; s. 409.906(22), F.S.				3,770,985	6,033,967	9,804,952	3,770,985	Medicaid state match 44.06%. State share is transferred from DCF
80	Mental Health Hospital Disproportionate Share	Federally regulated program allowing Medicaid payments to state mental health hospitals based upon criteria determined by the state. The program is designed to provide financial resources to hospitals serving as institutes of mental disease. This program is capped annually by a federal allotment. Optional Service	s. 409.9115, F.S. for DSH payment; s. 409.91151, F.S.					67,696,826	67,696,826	0	Medicaid state match of 44.06% is budgeted in DCF and certified
81	TB Hospital Disproportionate Share	Federally regulated program allowing Medicaid payments to specialized hospitals based upon criteria determined by the state. The program is designed to provide financial resources to hospitals serving specialty purposes, in this case tuberculosis. This program is capped annually by a federal allotment. Optional Service	s. 392.62, F.S.					2,444,444	2,444,444	0	Medicaid state match of 44.06% is budgeted in DOH and certified

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Base Budget Review				FY 2011-12 Base Budget							
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comments
82	Nursing Home Diversion Waiver	Provide frail elders with an alternative to nursing facility placement offering coordinated acute and long-term care services to frail elders in the community setting. Includes the Program for All-Inclusive Care for the Elderly (PACE). Optional Service	ss. 430.701-430.709, 409.912, F.S.				133,796,599	214,088,473	347,885,072	133,796,599	Medicaid state match 44.06%
Total Medicaid Long Term Care				0.0	543,810,018	0	1,213,367,142	2,881,772,479	4,638,949,639	1,757,177,160	
Total Medicaid Services Program											
Health Care Regulation											
83	Division of Health Quality Assurance	Provides direction, policy, coordination and administrative support to the operations of the Division of Health Quality Assurance.	395.0193; 408.0361	5.0			1,056,287	8,418	1,064,705	9,165	Survey and Certification Program
84	Plans & Construction	Exists to assure the health and safety of health care patients through the review of physical plants of hospitals, nursing homes, ambulatory surgical centers, hospices, ICF/DDs and birthing centers.	395.0161; 395.0163; 400.232; 400.967; 383.308-309	39.0			4,049,212		4,049,212		
85	Health Facility Regulations	Provides protection throughout Florida to health care customers and stakeholders by regulating activities including policy and minimum standards development, federal Medicare-Medicaid certification, facility compliance history analysis, and response to consumers about numbers of facility complaints.	408.031-408.045; 408.061; 408.07; 395 (Parts I, III, IV and V); 394 (Part IV); 400 (Parts III, IV, VII, IX and X); 383 (Parts I and II); 765; 408 (Part II); 651.118; 381.06014; 390; 381.0605. Also see note below.	74.0			5,740,745		5,740,745		
86	Field Operations	Ensure that Floridians have access to quality health care through consistent application and enforcement of operational requirements. Survey activities and complaints from consumers also provide the source for facility complaint investigations.	All of the statutes listed for Health Facility Regulation and Long Term Care Services related to survey and inspection. See note below.	11.0			901,812		901,812		MDS, OASIS, CLIA, Survey and Certification Programs
87	Field Operations -Area Offices	Ensure that Floridians have access to quality health care through consistent application and enforcement of operational requirements. Survey activities and complaints from consumers also provide the source for facility complaint investigations.	All of the statutes listed for Health Facility Regulation and Long Term Care Services related to survey and inspection. See note below.	376.0	135,778		10,684,970	15,911,633	26,732,381	2,416,345	MDS, OASIS, CLIA, and fire/life safety activities which are carried out by unit staff for federally certified programs
88	Field Operations - Survey & Certification Support Branch	To assure the protection of the rights , welfare, health and safety of consumers receiving care in licensed and certified health care facilities through the development and enforcement of minimum standards; and to improve patient outcomes by using Minimum Data Set (MDS) and Outcome Assessment Information Set (OASIS) assessment data, providing training for both state survey staff and health care providers and provides quality assurance activities.	Federally required, see note below.	19.5			471,289	523,521	994,810	273,389	MDS, OASIS, CLIA, and fire/life safety activities which are carried out by unit staff for federally certified programs

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Base Budget Review				FY 2011-12 Base Budget							
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comments
89	Field Operations - Complaint Administration	Provides protection throughout Florida to serve the users of health care facilities and services and to ensure consumer safety through provider compliance with minimum standards.	408.10; 456.068	0.0			256,894	357,667	614,561	45,470	MDS, OASIS, CLIA, and fire/life safety activities which are carried out by unit staff for federally certified programs
90	Long Term Care Services	Administers the state licensure, federal certification and /or state registration programs for different types of health care providers.	408 (Part II); 400 (Parts II, V, VI and VIII); 429. Also see note below.	55.5			3,107,834	1,812,237	4,920,071	104,008	MDS, OASIS, CLIA, and fire/life safety activities which are carried out by unit staff for federally certified programs
91	Managed Health Care	Monitors the quality of care of commercial and Medicaid HMOs, prepaid health clinics, exclusive provider organizations and workers compensation managed care arrangements. Reviews adequacy and changes in provider networks; monitors accreditation, risk management, issues/renews Health Care Provider Certificates and determines compliance with Medicaid HMO contract requirements.	408.7056; 408.7057; 408.909; 641 (Part III); 440.132-134; portions of chapter 409	37.0			3,212,911	1,061,953	4,274,864	921,401	Medicaid state match 50%. Special Medical Review state match 25%
Total Health Care Regulation				617.0	135,778	0	29,481,954	19,675,429	49,293,161	3,769,778	
Total Agency for Health Care Administration				1,662.5	3,563,663,299	137,834,741	3,924,172,451	11,701,350,617	19,327,021,108	7,581,314,384	

Agency for Persons with Disabilities

Base Budget Review			FY 2011-12 Base Budget								
Line	Program	Description	Eligibility Requirements	Statutory Requirements	FTE	GR	State TF	Fed TF	TOTAL	Match/MOE	Match/MOE Comments
1	Home and Community Services			s. 393.062, F.S.							
2	Home and Community-Based Services	The Developmental Disabilities Home and Community-Based Services Waiver is a Medicaid program that provides supports and services in the least restrictive settings to persons with developmental disabilities to allow them to live and function within their communities and to prevent or delay placement in a nursing home or other residential facility. Includes the Developmental Disabilities Home and Community-Based Services Waiver (DD-HCBS) and the Family and Supported Living Waiver. In addition, a subset of the DD-HCBS waiver is the CDC+ waiver. This waiver allows consumers (or their representatives) to direct their own care and develop a purchasing plan to manage their allocated monthly budgets to meet long-term care needs. The Developmental Disabilities Home and Community-Based Services waivers are organized into tiers. Clients are assigned to one of the four tiers, based on assessed levels of need, circumstances and living situation. There are financial limits for three of the four tiers (Tier One – \$150,000 with some exceptions, Tier Two – Cap of \$53,625, Tier Three – Cap of \$34,125, and Tier Four – Cap of \$14,422).	Eligibility to receive Medicaid waiver services is determined by criteria specified by s. 393.063, F.S. and Medicaid financial and disability requirements. Specifically, the statute defines persons with developmental disabilities as individuals who have or are at risk of having mental retardation, autism, cerebral palsy, spina bifida, or Prader-Willi syndrome. To be eligible for services, a client must be three years of age or older and have a confirmed diagnosis of a developmental disability prior to age 18 years.	s. 409.906, F.S. and Ch. 59G, F.A.C. Tiers - s. 393.0661, F.S.	322.50	13,136,628		10,476,879	23,613,507	9,000,362	Medicaid state match 50% for admin and 75% for prior service authorization.
3	Developmental Disabilities Home and Community-Based Services Waiver (DD-HCBS)	Funding for waiver services. There are four tier waivers. Tiers 1-3 offer 28 services, and Tier 4 offers 13. Tiers 2-4 each have a dollar cap ranging from \$14,422 to \$53,625 annually which limits individual spending. Examples of services available in all tiers are adult day training, supported living coaching, and in-home support services. Examples of some services available only in Tiers 1-3 are residential habilitation and therapies. All services must be medically necessary and receive prior service authorization.				307,336,218		491,875,890	799,212,108	307,336,218	Medicaid state match at FMAP rate.
4	Room and Board Payments	Provides the cost of providing food and shelter to agency clients.					4,000,000		4,000,000		
5	Individual and Family Supports (IFS)	This program provides supports and services for people with a qualifying developmental disability who do not qualify for the agency's Medicaid Waivers or who are on the waiting list for waiver services. Also, these funds can be used to assist individuals with emergency situations and provide temporary funding to those in crisis. Services typically include supported employment, in-home subsidies, respite, transportation, therapies, supplies, and equipment.	Individuals who are not eligible for services under one of the Medicaid Home and Community-Based Services waivers or individuals on the wait list for services.	ss. 393.066, 393.068, and 393.0695, F.S.				13,856,771	17,836,771		

Agency for Persons with Disabilities

Base Budget Review		FY 2011-12 Base Budget									
Line	Program	Description	Eligibility Requirements	Statutory Requirements	FTE	GR	State TF	Fed TF	TOTAL	Match/MOE	Match/MOE Comments
6	Total Home and Community Services				322.50	328,452,846	0	516,209,540	844,662,386	316,336,580	
7	Program Management and Compliance	Provides leadership and support to ensure the safety, well being, employment and self-sufficiency of individuals with developmental disabilities. Central office staff is responsible for the oversight of all developmental disabilities services and provides technical assistance to Area Offices and centers.		s. 20.197 and Chapters 393, 400, and 916, F.S.							
8	APD Central Office (Risk Management, DMS Transfer for HR Assessment, Transfer to Division of Administrative Hearings, Contracts, Statewide Insurance Payments, Centralized Control)	In addition to department leadership and oversight, the director oversees two deputy directors - the deputy director of budget and planning and the deputy director of operations. In addition, the general counsel, inspector general, chief of staff, and communications report to the director. The 17.00 FTEs are positions in Agency Reserve.			17.00	2,402,921		971,161	3,374,082		Medicaid state match 50%
9	Director	Provides supervision, direction, and coordination of executive staff; advises offices concerning matters of coordination, internal communication and efficient use of time; designs, develops, and implements tracking systems with emphasis on management of correspondence, decision memoranda, corrective action plans and operational assignments.		s. 20.197, Florida Statutes	2.00	286,555		52,898	339,453		Medicaid state match 50%
10	Bureau of Administrative Services	Responsible for providing administrative, general services, purchasing, background screening, information technology (IT), human resources and the Allocation, Budget and Contract Control System (ABC) technical support to the agency.			22.00	3,789,151		1,362,629	5,151,780		Medicaid state match 50%
11	General Counsel	Provides legal representation for the Agency for Persons with Disabilities; provides training, oversight and coordination for the Agency's attorneys throughout the state; prepares General Counsel Opinions; completes legal assignments and assures timely and accurate responses to legal issues facing the Agency.			20.00	604,346		1,631,440	2,235,786		Medicaid state match 50%
12	Inspector General	Provides direction for, supervises and coordinates audits, investigations, and management reviews; conducts, supervises and coordinates other activities for the purpose of promoting economy and efficiency in the administration of programs or for preventing and/or detecting fraud and abuse. Staff and the FTEs are in the Home and Community Services budget entity (67100100).		s. 20.055(2), Florida Statutes		63,151			63,151		Medicaid state match 50%

Agency for Persons with Disabilities

Base Budget Review		FY 2011-12 Base Budget									
Line	Program	Description	Eligibility Requirements	Statutory Requirements	FTE	GR	State TF	Fed TF	TOTAL	Match/MOE	Match/MOE Comments
13	Chief of Staff	Provides direction for the development and articulation of departmental policies involving federal, state and local legislation; establishes priorities and procedures for legislative program development; prepares and secures the enactment of state and federal legislation; assesses the impact of state and federal legislation on Agency for Persons with Disabilities programs. Coordinates research and analysis efforts, program planning, and internal performance improvement, including review of internal policies and procedures, strategic development for the Agency's service delivery system, and data analysis to support Agency planning and quality assurance efforts.			18.00	1,287,409		1,436,183	2,723,592		Medicaid state match 50%
14	Communications	Serves as the public information team for the Agency for Persons with Disabilities, coordinates media relations for the Agency by responding to media inquiries and public records requests, facilitating interviews with subject matter experts, and advising media outlets of important issues and events. Provides information to consumers, families and stakeholders.			4.00	197,662		99,810	297,472		Medicaid state match 50%
15	Deputy Director of Budget and Planning	Responsible for providing , information security, budget oversight, contract administration, revenue management, Consumer Direct Care (CDC+) and financial services support to the agency.		s. 20.197, Florida Statutes	29.00	1,615,833		1,678,211	3,294,044		Medicaid state match 50%
16	Information Technology	Coordinates information resource issues with the State Technology Office, Executive Office of the Governor and legislative appropriations committees. Oversees and provides management and technical staff to design, implement and maintain the information systems and infrastructure to meet the data and business needs of the agency.			25.00	997,709		470,614	1,468,323		Medicaid state match 50%
17	Operations	Responsible for daily operations and oversight of programs and services statewide, including overseeing 14 area offices, and the Developmental Disabilities Centers (DDCs), all home and community-based services, including all waiver-related activities, Individual and Family Support services, employment support services, and residential and clinical supports.			10.00	2,436,763		283,586	2,720,349		Medicaid state match 50%
18	Quality Assurance and Clinical Supports	Provides oversight, administration, and supervision of Developmental Disabilities Centers and Clinical Supports in the Areas. This includes coordinating strategic planning for these areas of responsibility, developing and tracking performance measures, providing direction to the DDC Superintendents and Area staff, building a Quality Management framework and working with other agencies and departments to coordinate services for mutual consumers. Clinical supports provide statewide coordination and technical assistance relating to clinical services for behavioral staff, medical case managers and residential planning coordinators.		Facility licensure - ss. 393.067, 393.0673, 393.0674, and 393.0678, F.S.	9.00	338,642		409,577	748,219		Medicaid state match 50%

Agency for Persons with Disabilities

Base Budget Review			FY 2011-12 Base Budget								
Line	Program	Description	Eligibility Requirements	Statutory Requirements	FTE	GR	State TF	Fed TF	TOTAL	Match/MOE	Match/MOE Comments
19	Community Development	Responsible for rule and policy development, and oversight of the Agency's four Developmental Disabilities (DD) Home and Community Based Services (HCBS) Waiver programs. This includes oversight of APD eligibility and waiver eligibility determinations, waiver waitlist, crisis waiver enrollment, support coordination, support planning, and provider enrollment. The bureau also provides more detailed guidance, training, and technical assistance to the area offices and to providers for supported living and housing. This bureau develops procedures to serve individuals who are not eligible for waiver services with funding from the Individual and Family Supports budget and also coordinates special projects with community partners. The Bureau of Community Services provides policy development, operational procedures, oversight and technical assistance regarding services for individuals who receive services from the APD program.			8.00	615,075		98,680	713,755		Medicaid state match 50%
20	APD Area Offices	The fourteen Area Offices located throughout the state are responsible for the local day-to-day operations of the agency. The Area Office program administrators report directly to the Chief of Operations. Area offices determine eligibility for services and provide limited assistance to persons on the waitlist for services. Area office staff are also responsible for providing technical assistance, training, and oversight of independent service providers, including waiver support coordinators. Staff also enroll waiver and licensed providers and conduct regular monitoring of APD licensed facilities.			169.00	5,471,495		8,145,130	13,616,625		Medicaid state match 50%
21	Total Program Management and Compliance				333.00	20,106,712	0	16,639,919	36,746,631	14,751,342	
22	Developmental Disabilities Institutions										
23	Developmental Disability Public Facilities - Civil	These public facilities provide 24-hour residential services and support through personal care, habilitation, developmental, and health services to person with developmental disabilities. The agency operates two Developmental Disability Centers: Tacachale Gainesville, and Sunland Center - Marianna. As of January 20, 2011, these facilities provided residential care to 710 residents.		s. 400.960 (8), F.S. and s.393.23, F.S.	1,905.50	38,658,542	2,524,262	58,748,534	99,931,338	39,523,828	Medicaid state match at FMAP rate.

Agency for Persons with Disabilities

Base Budget Review			FY 2011-12 Base Budget								
Line	Program	Description	Eligibility Requirements	Statutory Requirements	FTE	GR	State TF	Fed TF	TOTAL	Match/MOE	Match/MOE Comments
24	Developmental Disability Public Facilities -Forensic	These programs provide forensic services to persons found to be incompetent by the court. Forensic programs train individuals on the elements of trial competency, and provide reports to the committing court on their status. If the court finds that the competency of these individuals cannot be restored, they may be involuntarily committed to the agency for long-term care and habilitation. The agency currently operates four secure forensic facilities for individuals with developmental disabilities: the Mentally Retarded Program at Florida State Hospital in Chattahoochee, Sequin in Gainesville, Pathways in Marianna, and the Step-Out Program in Gainesville. As of January 20, 2011, these programs served 206 residents.		ss. 916.301 - 916.304, F.S.	517.00	26,683,198			26,683,198		
25	Total Developmental Disabilities Institutions				2,422.50	65,341,740	2,524,262	58,748,534	126,614,536	39,523,828	
26	Total Agency for Persons with Disabilities				3,078.00	413,901,298	2,524,262	591,597,993	1,008,023,553	370,611,750	

Department of Children and Family Services

Base Budget Review			FY 2011-12 Base Budget								
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco Settlement TF	Other State TF	Fed TF	TOTAL	Match/MOE	Match/MOE Comment
1	Executive Leadership										
2	Executive Staff Director	Exercises final authority and responsibility for all department matters; directs the formulation of department policy within the limits of state and federal law; represents the department in relationships with the Governor, state legislators, advisory bodies, advocacy groups, the media and general public. Develops processes to ensure timely and accurate responses to the inquiries and concerns from department clients, the Governor, legislators, advisory bodies, advocacy groups, the media, and the general public. Administers all administrative processes relating to the Office of the Secretary (Includes Office of the Secretary, Deputy Secretary, Chief of Staff and all other Executive Staff).	ss. 20.05, 20.055, 20.19, F.S.	24.00	2,292,214	0	163,177	0	2,455,391	0	
3	General Counsel	Provides legal advice and representation to the Secretary, Deputy Secretaries, and Program Directors by directing major legal initiatives, implementing legal policies for the department, and coordinating and implementing the department's legal strategies. The General Counsel supervises the department's legal function and directs the provision of legal services throughout the department.	ss. 20.05, 20.055, 20.19, F.S.	18.00	1,394,132	0	127,193	86,274	1,607,599	0	
4	Inspector General	Provides a central point for coordination of activities that promote accountability, integrity, and efficiency within the Department. Activity includes investigations, internal audit, provider audit, and civil rights.	ss. 20.05, 20.055, 20.19, F.S.	71.00	3,566,180	0	379,451	1,388,965	5,334,596	0	
5	Legislative Affairs	Provides direction for and supervision of the department's legislative policy agenda. Acts as the chief liaison to the Florida/Washington Office on matters before Congress and to the Florida Legislature on pertinent matters before them. Promotes departmental policy positions on program issues with legislative, gubernatorial and Congressional bodies throughout the year.	ss. 20.05, 20.055, 20.19, F.S.	3.00	300,649	0	0	0	300,649	0	
6	Communications	Develops and manages internal and external agency communications as well as the department's public image. Is responsible for coordinating communications between the department and the media.	ss. 20.05, 20.055, 20.19, F.S.	4.00	344,378	0	0	0	344,378	0	
7	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	579,046	0	0	0	579,046	0	
8	DMS Personnel Assessment	This category provides for the transfer of funds from the Department to the Department of Management Services (DMS) to pay for the DCF share of a statewide contract for outsourcing Human Resources Services.	N/A	0.00	2,842	0	0	2,831	5,673	0	
9	Collocated / Overhead			0.00	203,725	0	0	0	203,725	0	

Department of Children and Family Services

Base Budget Review				FY 2011-12 Base Budget							
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco Settlement TF	Other State TF	Fed TF	TOTAL	Match/MOE	Match/MOE Comment
10	Total Executive Leadership			120.00	8,683,166	0	669,821	1,478,070	10,831,057	1,565,612	State Title IV-E Waiver: 89,156; Title IV-E Adoption Assistance PMTS/Admin Match: 23,313; State Title IV-E Foster Care: 64,838; TANF MOE: 193,582; Medicaid Administration Match: 235,882; Food Stamp Administration Match: 214,991; Ineligibles: 108,109; Medicaid Administration Match (APD Appeals Hearings): 635,741
11	Assistant Secretary for Administration										
12	Assistant Secretary for Administration	Provides support for program operations and includes functions related to administrative guidance and oversight; supports region and headquarters staff in the areas of fiscal, budget, contract management, monitoring and administration, and fiscal assets;	Ch. 20, 110, 215, 216, 217, 253, 255,273, 287, F.S.	3.00	179,481	0	63,545	0	243,026		
13	Data Center	Provides a variety of technological functions that support internal and external users -- hardware, software, email, network administration, and other department technology operations.	Ch. 282, F.S.	0.00	22,121,099	0	4,677,765	14,392,204	41,191,068		
14	DMS Personnel Assessment	This category provides for the transfer of funds from the Department to the Department of Management Services (DMS) to pay for the DCF share of a statewide contract for outsourcing Human Resources Services.	N/A	0.00	4,061,524	0	0	778,778	4,840,302		
15	Relief Bills			0.00	0	0	760,000	950,000	1,710,000		
16	State Institutional Claims	Institutional claims are submitted to the Department for the Department of Legal Affairs for the reimbursement of medical expenses or damaged property caused by foster children or institutionalized individuals.	N/A	0.00	40,498	0	0	0	40,498		
17	Transfer to Division of Administrative Hearings	Funds in this category are transferred to the Division of Administrative Hearings with the Department of Management Services to fund the cost of Administrative Law Judges for their time spend on cases affecting the Department.	N/A	0.00	211,382	0	0	0	211,382		
18	Financial Management	Ensures that accounting controls are in place to effectively manage, charge, and report financial transactions, provide technical assistance to regions and circuits, and institutions.	Ch. 20, 110, 215, 216, 217, 253, 255,273, 287, F.S.	136.50	6,074,915	0	2,380,640	367,755	8,823,310		
19	Contracted Client Services	Supports and enhances the ability of the department to acquire effective contracted services at reasonable prices. Supports procurement, negotiation, and management of contractual services, and provides contracting technical assistance to all programs, regions, circuits, and institutions operated by the department.	Ch. 20, 110, 215, 216, 217, 253, 255,273, 287, F.S.	57.00	2,858,300	0	1,011,984	90,536	3,960,820		
20	General Services	Includes purchasing, printing inventory control and management of state owned DCF facilities.	Ch. 20, 110, 215, 216, 217, 253, 255,273, 287, F.S.	43.00	1,879,681	0	694,778	0	2,574,459		
21	Budget Services	Ensures that budget controls are in place to effectively manage, charge, and report financial transactions, provide technical assistance to regions and circuits, and institutions.	Ch. 20, 110, 215, 216, 217, 253, 255,273, 287, F.S.	19.00	1,292,265	0	457,528	0	1,749,793		
22	Human Resources	Provides strategic Human Resources programs to ensure a competent, diverse, and ethical workforce to meet the requirements of the agency. Develops policies and procedures and administers programs in the areas of Human Resources.	Ch. 20, 110, 215, 216, 217, 253, 255,273, 287, F.S.	32.50	1,685,012	0	596,580	0	2,281,592		
23	Collocated / Overhead			0.00	1,469,542	0	509,464	37,916	2,016,922		

Department of Children and Family Services

Base Budget Review				FY 2011-12 Base Budget							
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco Settlement TF	Other State TF	Fed TF	TOTAL	Match/MOE	Match/MOE Comment
24	Acquisition of Motor Vehicles			0.00	-	0	20,000	0	20,000		
25	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	96,220	0	0	0	96,220		
26	Total Assistant Secretary for Administration			291.00	41,969,919	0	11,172,284	16,617,189	69,759,392	27,362,509	State Title IV-E Waiver: 1,510,017; TANF MOE: 5,619,483; AWI Childcare MOE used as Match: 4,816; Ineligibles: 9,546,781; Family Violence Prevention and Services Match: 38; Title IV-E Adoption Assistance PMTS/Admin Match: 39,195; Medicaid Administration Match: 5,977,137; Title IV-E HomeSafeNet Match: 501,229; Food Stamp Administration Match: 4,163,813
27	District Administration										
28	Headquarters Administration and Operations	The Office of the Assistant Secretary for Operations provides supervision and support to the Florida Abuse Hotline, six Regions, three Call Centers, and Criminal Justice Services.	s. 20.19, F.S.	4.00	629,492	0	30,893	-	660,385		
29	Regions	Each Region is responsible for all Departmental programs, including service delivery, administrative services and operations within its assigned areas.	s. 20.19, F.S.	442.00	11,115,859	0	14,097,175	-	25,213,034		
30	Recycling			0.00	-	0	15,000	-	15,000		
31	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	934,108	0	197,378	-	1,131,486		
32	Total District Administration			446.00	12,679,459	-	14,340,446	-	27,019,905	0	
33	Total Executive Direction & Support Services										
				857.00	63,332,544	-	26,182,551	18,095,259	107,610,354	28,928,121	
34	Information Technology										
35	Information Technology	Provides a variety of technological functions that support internal and external users -- hardware, software, email, network administration, and other department technology operations.	Ch. 282, F.S.	162.00	-	0	35,679,534	-	35,679,534		
36	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	-	0	154,622	-	154,622		
37	Total Information Technology										
				162.00	-	0	35,834,156	0	35,834,156	0	
38	Child Care Regulation										
39	Licensing and Regulation	Provides licensing and onsite inspections for child care homes and facilities and regulates these providers in 61 Florida counties.	s. 402.26-402.319; F.S.	116.50	1,624,901	0	530,696	10,103,681	12,259,278	1,624,901	Includes match for AWI's Child Care Discretionary Fund program.
40	Technical Assistance and Quality Improvement	Provides mandated training for all child care personnel, administers competency testing, and issues credentials.	s. 402.26-402.319; F.S.	14.00	905,360	0	0	5,213,574	6,118,934	905,360	Includes match for AWI's Child Care Discretionary Fund program.
41	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	154,369	0	-	-	154,369	0	

Department of Children and Family Services

Base Budget Review			FY 2011-12 Base Budget								
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco Settlement TF	Other State TF	Fed TF	TOTAL	Match/MOE	Match/MOE Comment
42	Total Child Care Regulation			130.50	2,684,630	0	530,696	15,317,255	18,532,581	2,530,261	State resources identified serve as a matching component for AWT's Child Care Discretionary funded programs.
43	Adult Protection										
44	Protective Investigations	Provides investigation and disposition of reports alleging abuse, neglect, exploitation, or self neglect of the elderly or adults with disabilities; determination of any indicators of abuse, neglect or exploitation; assess safety and risk of further harm; determine need for services and arrangement of immediate in-home and non-emergency services to prevent the recurrence of maltreatment	s. 415.104, F.S.	356.00	14,724,907	0	0	8,243,972	22,968,879	14,724,907	Medicaid match \$5,385,730; Ineligibles \$9,339,177.
45	Temporary Emergency Shelter Services	Provides emergency shelter care for vulnerable adults who are victims of abuse, neglect, self neglect, or exploitation as determined through a protective investigation.	s. 415.1051, F.S.	0.00	203,527	0	0	0	203,527	0	
46	Protective Services	Provides or arranges services to protect vulnerable adults from occurrences of abuse, neglect, self neglect, or exploitation, including protective supervision, placement, and in-home or community-based services.	s. 415.105, 415,1051, F.S.	262.50	9,624,677	0	0	5,377,814	15,002,491	9,624,677	Medicaid match \$3,520,336; Ineligibles \$6,104,341
47	Community Care for Disabled Adults (CCDA)	The Community Care for Disabled Adults (CCDA) program assists adults (18 through 59 years of age) who have a permanent physical or mental disability that restricts their ability to perform one or more activities of daily living and impedes their capacity to live independently. Through the provision of, or linkage to, in-home services, CCDA helps these adults with disabilities live dignified and reasonably independent lives in their own homes. Services include but are not limited to: adult day care, case management, chore service, escort service, homemaker service, and personal care. Through these services, CCDA strives to enhance the individual's quality of life, help the individual to remain in the least restrictive environment, and prevent premature institutionalization.	ss. 410.031-410.036, F.S.	0.00	2,041,955	0	0	0	2,041,955	0	
48	Home Care for Disabled Adults (HCDA)	The Home Care for Disabled Adults Program provides case management services and a small financial subsidy to approved caregivers providing in-home care to adult persons (18 through 59 years of age) with disabilities who would otherwise be placed in nursing homes or institutions. Subsidy payments, though limited in amount, are intended to help offset the cost of housing, food, clothing and incidentals, as well as those expenses related to medical, pharmaceutical and dental services not covered by Medicare, Medicaid, or another form of insurance. A special pre-authorized reimbursed supplemental subsidy may also provide for assistance with the purchase of equipment, supplies, and/or services when regarded as essential to the health and well being of the individual, if funding is available.	ss. 410.031-410.036, F.S.	0.00	2,219,860	0	0	0	2,219,860	0	

Department of Children and Family Services

Base Budget Review			FY 2011-12 Base Budget									
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco Settlement TF	Other State TF	Fed TF	TOTAL	Match/MOE	Match/MOE Comment	
49	Home and Community Based Medicaid Waiver	The Home and Community Based Services Medicaid Waiver program assists permanently disabled adults (18 through 59 years of age) who are at risk of being placed in long-term care facilities. It allows disabled adults to be cared for in their homes, preserving their independence and ties to family and friends. To be eligible to receive services, the individual must meet Medicaid financial eligibility and level of care for nursing home placement. The Aged and Disabled Adult Waiver program provides services similar to those provided by the CCDA program listed above. Each department district is responsible for the administration of the Medicaid Waiver program. Some districts, through agency staff, provide case management services and contract with community service providers for the provision of eligible services of the Medicaid Waiver program. Other districts contract with provider agencies for all services, including case management. Services include personal care, home delivered meals, homemaker services, day care, and other services.	s. 409, F.S.	0.00	4,984,422	0	0	7,975,594	12,960,016	4,984,422	Medicaid Match transferred to AHCA.	
50	Office of Domestic Violence	Provides supervision, direction, coordination, and administration of statewide activities related to the prevention of domestic violence.	s. 39.903, F.S.	0.00	7,238	0	82,298	58,629	148,165	19,542	Domestic Violence Grants Match.	
51	Domestic Violence - Prevention	Provides funding to criminal justice entities and victim service providers to prevent and/or remediate the effects of domestic violence, sexual violence, and stalking.	s. 39.903, F.S.	0.00	0	0	0	5,666,285	5,666,285	0		
52	Domestic Violence - Emergency Shelter Supports	Provides temporary emergency shelter and related services to victims of domestic violence and their dependents.	s. 39.905, F.S.	3.00	3,773,145	0	6,383,340	11,408,058	21,564,543	954,906	Domestic Violence Grants Match.	
53	Domestic Violence - Supervised Visitation	Provides support for court ordered supervised visitation services for cases of domestic violence, dependency or high conflict divorces.	Ch. 753, F.S.	0.00	25,000	0	0	0	25,000	0		
54	Batterer's Intervention Program	Certifies and monitors educational intervention programs for individuals who have committed an act of domestic violence.	s. 741.32 - 741.327, F.S.	2.00	134,951	0	363,664	0	498,615	134,951	Ineligibles	
55	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	486,633	0	-	-	486,633	0		
56	Total Adult Protection			623.50	38,226,315	-	6,829,302	38,730,352	83,785,969	30,443,405		
57	Child Protection											
58	Prevention and Intervention - Healthy Families	A home visiting program providing parenting education and support services to families at risk of child abuse or neglect due to socioeconomic factors.	s. 409.153, F.S.	0.00	9,618,126	0	0	5,778,467	15,396,593	9,618,126	\$9,618,126 TANF MOE	
59	Prevention and Intervention - Family Preservation	Family preservation services are intensive, short-term, family-focused, and community-based services designed to help families cope with significant stresses or problems that interfere with their ability to nurture their children. The goal of family preservation services is to maintain children with their families, or to reunify them, whenever reunification can be achieved safely.	ss. 39.311, 39.312, 409.145, 409.152, F.S..	0.00	0	464,443	0	1,409,513	1,873,956	320,896	\$208,831 Community Based Family Respite and Support Services Match; \$112,065 State Title IV-E Foster Care	
60	Prevention Services	Provides services to enhance parents' capacity to support the growth and development of their children by teaching effective parenting skills that are appropriate to their children's developmental level.	s. 39.001, F.S..	0.00	28,589,147	0	0	5,163,764	33,752,911	28,589,147	\$24,712,661 TANF MOE; \$3,876,486 State Title IV-E Foster Care	
61	Child Protective Investigations	Investigates alleged child maltreatment to assess the safety and well-being of children, and removes those children who cannot be protected in their own homes.	ss. 39.01, 39.301-39.308, F.S..	1,585.50	52,318,074	7,756,122	868,673	93,569,179	154,512,048	59,681,942	\$36,972,098 TANF MOE; \$22,709,844 Ineligibles	
62	In-Home Services	Provides an array of services to children and their families or caregivers to ensure the safety and well-being of children in their own homes, including case management, parenting education, homemaker and housekeeper services, and referral to community services.	ss. 39.01, 409.145, F.S..	0.00	50,000	0	0	25,000	75,000	50,000	\$50,000 State Title IV-E Foster Care	

Department of Children and Family Services

Base Budget Review			FY 2011-12 Base Budget							Match/MOE	
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco Settlement TF	Other State TF	Fed TF	TOTAL	Match/MOE	Match/MOE Comment
63	Out-of-Home Services	A living environment in a licensed family setting for children who have been adjudicated dependent.	ss. 39.01, 409.165, 409.175 F.S.	0.00	5,088,658	1,700,301	693,481	3,951,561	11,434,001	11,403,256	\$7,072,539 State Title IV-E Foster Care \$34,738 TANF MOE; \$14,006 Title IV-E Match; \$281,973 Other Title IV-E Waiver; \$4,000,000 Medicaid Match for SIPP
64	Total License Care	Provides an array of services to children and their families or caregivers for children who are placed outside of their homes.	s. 39.001, F.S..	0.00	48,984,158	0	8,979,209	92,672,350	150,635,717	57,963,367	Title IV-E Foster Care
65	Adoption Services	Adoption services begin with the termination of parental rights process and end when the child turns age 18. Services include case management, information and referral, child-specific and targeted-recruitment activities, medical subsidy approval, adoption education for adoptive parents, adoption home study completion, monthly supervision of adoptive placement and post finalization.	ss. 39.621, 39.810, 39.811, 39.001, 409.166, F.S..	0.00	352,622	0	0	3,255,634	3,608,256	352,622	\$59,854 State Title IV-E Foster Care \$6,919 TANF MOE; \$265,849 IV-E Adoption Assistance match
66	Adoption subsidies	Monthly financial assistance provided to the adoptive parents of eligible adopted children that enables children in the state's foster care system who, because of their needs, have proven difficult to place with adoptive families. The monthly adoption subsidy can never be greater than the foster care board payment that was paid for the child while in foster care and must be terminated when in the month the child turns eighteen years old.	s. 409.166, F.S..	0.00	51,149,902	3,633,419	0	70,895,704	125,679,025	52,469,075	\$37,113,505 IV-E Adoption Assistance match; \$15,355,570 Ineligibles
67	Independent Living	Provides services and training to youth in the state's custody to help them transition to adulthood and to be self-sufficient. Services include life skills, case management, transition planning, employment training, educational supports and activities, and others.	ss. 409.145, 409.1451, F.S..	0.00	18,878,636	2,465,646	0	8,376,455	29,720,737	20,745,040	\$19,250,167 State Title IV-E Foster Care \$1,494,873 Chafee Independent Living Federal Match:
68	Dependency Case Management	Provides case management services to children and families receiving in-home, out-of-home, and adoption services.	Ch. 39, Part VIII, F.S.	0.00	101,760,942	110,275,336	2,716,893	182,609,421	397,362,592	214,135,407	\$45,478,449 TANF MOE; \$21,960,610 IV-E Adoption Assistance; \$2,843,752 Title IV-B; \$1,165,988 Medicaid Admin ; \$142,686,608 State Title IV-E Foster Care
69	Children's Legal Services	Provides legal representation of the department in court and advice to child welfare staff in cases involving dependency.	ss. 39.401, 39.501, 39.502, 39.510, 39.701, 39.815, F.S..	438.50	15,342,067	2,892,845	0	26,058,343	44,293,255	18,154,349	\$11,844,367 State Title IV-E Waiver; \$3,906,999 Adoption Assistance; \$1,270,061 Title IV-B ; \$2,005 TANF MOE; \$1,130,917 State Title IV-E Foster Care
70	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	2,286,913	0	-	-	2,286,913	0	
71	Total Child Protection			2,024.00	334,419,245	129,188,112	13,258,256	493,765,391	970,631,004	473,483,227	
72	Florida Abuse Hotline										
73	Criminal Intelligence	Conducts criminal background checks on subjects of reports for child abuse, neglect, and abandonment; adult abuse, neglect, and exploitation; planned placement and emergency placement checks. Criminal background checks are completed in Florida Crime Information Center (FCIC), National Crime Information Center (NCIC), Juvenile Justice Information System, Department of Corrections, Florida Department of Law Enforcement (FDLE), and FDLE Sexual Predators.	Ch. 39 & 415, F.S.	46.00	522,985	0	0	2,426,562	2,949,547	522,985	\$272,400 TANF MOE; \$250,585 Ineligibles

Department of Children and Family Services

Base Budget Review			FY 2011-12 Base Budget								
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco Settlement TF	Other State TF	Fed TF	TOTAL	Match/MOE	Match/MOE Comment
74	Florida Abuse Hotline	Operates a centralized abuse hotline which receives calls, faxes, and web-based reports of child abuse, neglect, abandonment, and adult abuse, neglect, and exploitation for the entire state. Provides assessment of allegations of child abuse, neglect, and abandonment, adult abuse, neglect, and exploitation, and provides service referrals to the community in accordance with statutory guidelines. Generates intakes for investigation and provides support to protective investigations staff.	Ch. 29 & 435, F.S.	194.00	3,208,037	0	0	9,395,825	12,603,862	3,208,037	TANF MOE
75	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	239,508	0	-	-	239,508	0	
76	Total Florida Abuse Hotline			240.00	3,970,530	-	-	11,822,387	15,792,917	3,731,022	
77	Executive Leadership & Support Services										
78	Executive Leadership & Support Services	Regional, circuit, and central office staff provide direction and support to state and contracted direct services staff by developing rules and procedures, establishing performance standards and objectives, developing allocation methodologies and providing direction on programmatic funding topics, conducting research and data analysis, procuring and managing contracts, and providing technical assistance and monitoring to ensure programs are implemented according to state and federal laws, rules, procedures, and best practices. This sub-budget entity includes all of the program management and compliance staff for the entities under the Family Safety Program.	s. 20.19, F.S.	302.50	16,502,314	0	364,509	14,377,504	31,244,327	16,087,093	\$3,347,532 Other Title IV-E Waiver; \$5,086,290 TANF MOE; \$558,769 match for AWI's Child Care Discretionary Fund program; \$28,181 Family Violence Prevention and Svcs Match; \$331,421 STOP Violence Against Women Match; \$951,227 Title IV-E Adoption Assist Pmts/Admin Match; \$54,417 Title IV-B Child Welfare Services-Match; \$4,812 Title IV-B Part II Prom Safe and Stable Fam Match; \$49,798 Independent Living Match; \$183,181 Medicaid Admin match \$317,647 Ineligibles; \$5,173,818 State Title IV-E Foster Care
79	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	4,385,313	0	-	32,965	4,418,278	4,385,313	\$31,093 match for AWI's Child Care Discretionary Fund program \$13,297 Medicaid Admin Match \$23,078 Ineligibles \$4,317,845 State Title IV-E Foster Care
80	Total Executive Leadership and Support Services			302.50	20,887,627	-	364,509	14,410,469	35,662,605	20,472,406	
81	Total Family Safety and Preservation Services			3,320.50	400,188,347	129,188,112	20,982,763	574,045,854	1,124,405,076	530,660,321	Most of the state funds in this budget entity are counted either as MOE for the Mental Health Block Grant or as match for Medicaid.
82	Adult Mental Health Facilities										
83	Civil Treatment Facilities	Provides in-patient supervision and treatment for individuals with a civil commitment to a state mental health treatment facility, who have been determined to present a substantial risk to the community or to themselves.	s. 394.467, F.S.	2,178.50	96,677,053	0	7,503,576	68,403,030	172,583,659	43,113,162	The match identified in this program is used by AHCA as a component of the Disproportionate Share Medicaid calculation.
84	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.		0.00	2,553,332	0	0	0	2,553,332	0	
85	Transfer to DMS for HR Svcs	Funds paid to the Department of Management Services (DMS) to pay for the Department of Children and Families share of a statewide contract for outsourcing Human Resources Services.		0.00	12,265	0	0	0	12,265	0	
86	Forensic Treatment Facilities	Provides in-patient supervision, training, and treatment for committed individuals who have been adjudicated not guilty by reason of insanity or incompetent to proceed through the judicial process.	ss. 916.13, 916.15, F.S.	1,693.50	150,323,598	0	695,882	0	151,019,480	0	

Department of Children and Family Services

Base Budget Review			FY 2011-12 Base Budget								
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco Settlement TF	Other State TF	Fed TF	TOTAL	Match/MOE	Match/MOE Comment
87	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	2,786,134	0	0	0	2,786,134	0	
88	Transfer to DMS for HR Svcs	Funds paid to the Department of Management Services (DMS) to pay for the Department of Children and Families share of a statewide contract for outsourcing Human Resources Services.		0.00	16,819	0	0	0	16,819	0	
89	Total Adult Mental Health Facilities			3,872.00	252,369,201	-	8,199,458	68,403,030	328,971,689	43,113,162	
90	Adult Community Mental Health										
91	Emergency Stabilization	This activity determines the degree of risk posed to self or others by a person in acute mental distress, and provides treatment to stabilize the person's condition. This activity's purpose is to provide immediate assessment and treatment to stabilize the condition of adults who are experiencing acute distress due to severe psychiatric symptoms. Emergency stabilization is essential to the Department's mission of ensuring the safety, well-being and self-sufficiency of the people we serve.	s. 394.467, F.S.	0.00	74,494,354	206,775	0	5,137,367	79,838,496	74,701,129	Mental Health Block Grant MOE
92	Recovery and Resiliency	Recovery services are designed to build resilience; prevent and reduce the occurrence, severity, duration and disabling aspects of mental illnesses; and facilitate personal recovery. Services include, but are not limited to, 4 levels of community residential services in non-hospital settings, case management, outpatient services, and community support services such as supportive housing and employment, clubhouses, peer-support, individual and family psycho education, and assertive community treatment.	s. 394.467, F.S.	0.00	129,792,839	0	450,002	38,040,048	168,282,889	118,085,010	Mental Health Block Grant MOE \$109,019,287 and Medicaid Admin Match \$9,065,723
93	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	4,151	0	0	0	4,151	0	N/A
94	Total Adult Community Mental Health			0.00	204,291,344	206,775	450,002	43,177,415	248,125,536	192,786,139	
95	Children Community Mental Health										
96	Emergency Stabilization	This activity provides immediate support to children with a serious emotional disturbance in acute emotional distress. Emergency stabilization is most closely related to the Department's mission of ensuring the safety of the children we serve.	s. 394.467, F.S.	0.00	18,898,282	0	0	1,460,663	20,358,945	18,898,282	Mental Health Block Grant MOE
97	Recovery and Resiliency	Services and supports consist of a comprehensive spectrum of mental health and other necessary services which are organized in a coordinated network to meet the multiple and changing needs of children with serious emotional disturbance, emotional disturbance or at risk of emotional disturbance and their families in the least restrictive setting. To promote recovery and resiliency, the system of care is designed to be comprehensive, strength-based, coordinated, community-based, individualized, culturally competent, child focused and family driven. Services include, but are not limited to, outreach, information and referral, prevention/intervention services, assessment, individual, group and family counseling in community and residential settings, case management, psychiatric and medical services, day treatment, day care, respite, in-home/on site services, behavior management, rehabilitation therapy, therapeutic foster care, therapeutic group homes, residential treatment, transitional services, including employment and housing, supported housing, and aftercare. Competency restoration programs, group and individual competency training and forensic evaluation services are provided.	s. 394.467, F.S.	0.00	46,378,349	0	0	21,305,259	67,683,608	30,796,970	Mental Health Block Grant MOE \$30,595,3671 and Medicaid Admin Match \$201,603

Department of Children and Family Services

Base Budget Review			FY 2011-12 Base Budget								
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco Settlement TF	Other State TF	Fed TF	TOTAL	Match/MOE	Match/MOE Comment
98	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	0	0	0	0	0	0	
99	Total Children Community Mental Health			0.00	65,276,631	0	0	22,765,922	88,042,553	49,695,252	
100	Sexual Predator Program										
101	Program Administration	All activities relating to the department's administration of the Violent Sexual Predatory Program, including but not limited to screening and evaluation, contract and personal management, legislative and budget issues, interagency coordination, and training. Chapter 394, Part V, F.S.	ss. 394.913, 394.9135, F.S.	13.00	1,656,228	0	0	0	1,656,228	0	
102	Assessment	Provides for face-to-face interviews by contract evaluators of individuals screened as potentially appropriate for commitment as a sexually violent predator.	ss. 394.913, 394.9135, F.S.	0.00	1,544,192	0	0	0	1,544,192	0	
103	Treatment	Provides secure confinement and sex offender-specific treatment for all persons court-ordered into department custody.	s. 394.910, 394.912 F.S.	0.00	31,192,662	0	0	0	31,192,662	0	
104	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	41,736	0	0	0	41,736	0	
105	Total Sexual Predator Program			13.00	34,434,818	0	0	0	34,434,818	0	
106	Executive Leadership & Support Services										
107	Executive Leadership & Support Services	Central office and regional staff develop and manage service provision, contracts, budgets, and licensure of facilities for all state mental health programs.	s. 20.19, F.S.	113.00	8,722,903	0	10,063	7,030,971	15,763,937	7,854,912	Mental Health Block Grant MOE \$6,916,868 Children Health Insurance Program Match \$87,597 Medicaid Administration Match \$846,802 Ineligibles \$3,645
108	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	248,387	0	0	0	248,387	0	
109	Transfer to DMS for HR Svcs	Funds paid to the Department of Management Services (DMS) to pay for the Department of Children and Families share of a statewide contract for outsourcing Human Resources Services.	s. 284.30, F.S.	0.00	1,428	0	0	709	2,137	1,428	Mental Health Block Grant MOE
110	Total Executive Leadership & Support Services			113.00	8,972,718	0	10,063	7,031,680	16,014,461	7,856,340	
111	Total Mental Health Services			3,998.00	565,344,712	206,775	8,659,523	141,378,047	715,589,057	293,450,893	
112	Adult Substance Abuse										
113	Prevention	Provides services and programs to reduce substance abuse and risk factors related to substance abuse, including information education, problem identification, and referral.	s. 397.31I, F.S.	0.00	246,891	0	0	5,205,834	5,452,725	246,891	Substance Abuse Block Grant MOE
114	Detoxification	Provides residential or outpatient medical and clinical procedures to assist adults in withdrawing from the physiological and psychological effects of substance abuse.	s. 397.31I, F.S.	0.00	10,101,980	0	0	13,258,907	23,360,887	10,101,980	Substance Abuse Block Grant MOE
115	Treatment and Aftercare	Provides counseling and support services including residential and outpatient treatment, medication and methadone maintenance, assessment, crisis support, supported housing and employment, case management and aftercare.	s. 397.31I, F.S.	0.00	16,872,633	0	1,946,754	58,361,847	77,181,234	18,819,387	\$18,384,143 Substance Abuse Block Grant MOE; \$435,244 TANF MOE

Department of Children and Family Services

Base Budget Review				FY 2011-12 Base Budget							
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco Settlement TF	Other State TF	Fed TF	TOTAL	Match/MOE	Match/MOE Comment
116	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	0	0	0	0	0	0	
117	Total Adult Substance Abuse			0.00	27,221,504	-	1,946,754	76,826,588	105,994,846	29,168,258	
118	Children Substance Abuse										
119	Prevention	Provides services and programs to reduce substance abuse and risk factors related to substance abuse, including information education, problem identification, and referral.	ss. 397.99, 397.997, 397.998, F.S.	0.00	3,136,528	0	0	19,558,763	22,695,291	3,136,528	Substance Abuse Block Grant MOE
120	Detoxification	Provides residential or outpatient medical and clinical procedures to assist children in withdrawing from the physiological and psychological effects of substance abuse.	s. 397.901, F.S.	0.00	2,877,023	75,925	0	2,115,265	5,068,213	2,952,948	Substance Abuse Block Grant MOE
121	Treatment and Aftercare	Provides counseling and support services including residential and outpatient treatment, assessment, crisis support, case management and aftercare.	s. 397.901, 397.951, 397.96, F.S.	0.00	32,882,780	2,784,982	85,779	8,083,245	43,836,786	35,753,541	Substance Abuse Block Grant MOE
122	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	89,108	0	0	0	89,108	0	
123	Total Children Substance Abuse			0.00	38,985,439	2,860,907	85,779	29,757,273	71,689,398	41,843,017	
124	Executive Leadership & Support Services										
125	Executive Leadership & Support Services	Central office and regional staff develop and manage service provision, contracts, budgets, and licensure of facilities for all state substance abuse programs.	s. 20.19, F.S.	78.00	2,996,871	0	19,429	8,928,006	11,944,306	2,996,871	\$2,611,524 Substance Abuse Block Grant MOE; \$17,085 TANF MOE; \$366,583 Medicaid Admin Match; \$1,679 Ineligibles
126	Transfer to DMS for HR Svcs	Funds paid to the Department of Management Services (DMS) to pay for the Department of Children and Families share of a statewide contract for outsourcing Human Resources Services.	s. 284.30, F.S.	0.00	3,386	0	0	0	3,386	3,386	Substance Abuse Block Grant MOE
127	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	0	0	0	0	0	0	
128	Total Executive Leadership & Support Services			78.00	3,000,257	0	19,429	8,928,006	11,947,692	3,000,257	
129	Total Substance Abuse Services			78.00	69,207,200	2,860,907	2,051,962	115,511,867	189,631,936	74,011,532	
130	Comprehensive Eligibility Services										
131	Comprehensive Eligibility Services	Conducts eligibility determination for public assistance, including cash (TANF), Food Stamps, Medicaid, and disabled adult payments.	ss. 414.095, 414.31, F.S.	4,262.00	121,034,824	0	4,375,794	98,165,838	223,576,456	126,385,324	\$381,681 Other State Title IV-E Waiver; \$6,623,787 TANF MOE; \$51,331,578 Medicaid Admin-Match; \$63,689,842 Food Stamp Administration Match; \$23,787 Ineligibles; \$4,334,649 Transfers from Local Hosp-Medicaid Match
132	Fraud Prevention and Benefit Recovery	Calculates and recovers public assistance dollars paid due to client or agency error or fraud, and includes a front-end fraud prevention program to prevent cash assistance and food stamp fraud.	ss. 414.41, 414.095(15), 414.122, 414.28, 414.36, 414.39, F.S.	200.50	3,121,504	0	-	12,512,229	15,633,733	3,121,504	\$108,695 TANF MOE; \$893 Medicaid Admin-Match; \$3,011,916 Food Stamp Administration Match
133	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	1,165,251	0	0	510,615	1,675,866	950,579	\$3,284 Other State Title IV-E Waiver; \$56,283 TANF MOE; \$465,894 Medicaid Admin-Match; \$422,187 Food Stamp Admin-Match; \$2,931 Ineligibles

Department of Children and Family Services

Base Budget Review				FY 2011-12 Base Budget							
Line	Program	Description	Statutory Requirements	FTE	GR	Tobacco Settlement TF	Other State TF	Fed TF	TOTAL	Match/MOE	Match/MOE Comment
134	Transfer to DMS for HR Svcs	Funds paid to the Department of Management Services (DMS) to pay for the Department of Children and Families share of a statewide contract for outsourcing Human Resources Services.	s. 284.30, F.S.	0.00	0	0	29,870	29,871	59,741	29,870	Transfer from Local Hosp-Medicaid Match
Total Comprehensive Eligibility Services				4,462.50	125,321,579	-	4,405,664	111,218,553	240,945,796	130,487,277	
136	Services to Most Vulnerable										
137	Homeless	Provides staff support to state's Council on Homelessness to recommend policies to reduce homelessness. Provides assistance to local agencies and individuals to assist persons who have become homeless or are at-risk of becoming homeless to restore suitable living arrangements and self-sufficiency.	ss. 414.16, 420.622, 420.625 F.S.	3.00	2,815,449	0	12	4,057,791	6,873,252	0	
138	Optional State Supplementation and Personal Care Allowance	Provides cash assistance for aged, blind, or disabled individuals in settings such as assisted living facilities, adult family care homes, or residential facilities.	s. 409.212, F.S.	0.00	17,446,323	0	0	0	17,446,323	17,446,323	8,384,468 AHCA Medicaid Match; 9,061,855 Ineligibles Match
139	Cash Assistance	Provides time-limited cash public assistance to persons who qualify for the Workforce Innovation Act of 2000 and are working or seeking work.	s. 414.105, F.S.	0.00	135,420,238	0	0	44,049,988	179,470,226	135,420,238	TANF MOE
140	Refugees	Using federal funds, provides cash and medical assistance, employment services, and social services to eligible refugee clients.	ss. 409.953, 409.9531, F.S.	40.00	0	0	0	83,685,072	83,685,072	0	
141	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	0	0	0	5,628	5,628	0	
Total Services to Most Vulnerable				43.00	155,682,010	0	12	131,798,479	287,480,501	152,866,561	
143	Executive Leadership & Support Services										
144	Executive Leadership & Support Services	Provides management oversight and assistance to the economic self-sufficiency program.	s. 20.19, F.S.	182.00	17,598,160	0	0	21,198,847	38,797,007	17,238,159	\$18,039 Other State Title IV-E Waiver; \$1,604,769, TANF MOE; \$3,565,898 Medicaid Admin-Match; \$11,940,012 Food Stamp Admin-Match; \$109,441 Ineligibles
145	Risk Management Insurance	Insurance premiums paid to the Department of Financial Services' Division of Risk Management for worker's compensation, general liability, fleet automotive liability and federal civil rights actions.	s. 284.30, F.S.	0.00	727,938	0	0	528,154	1,256,092	527,320	\$1,702 Other State Title IV-E Waiver; \$35,424 TANF MOE; \$251,566 Medicaid Administration-Match; \$235,743 Food Stamp Administration-Match; \$2,885 Ineligibles
Total Executive Leadership and Support Services				182.00	18,326,098	0	-	21,727,001	40,053,099	17,765,479	
Total Economic Self Sufficiency				4,687.50	299,329,687	0	4,405,676	264,744,033	568,479,396	301,119,317	
Total Department of Children and Family Services				13,103.00	1,397,402,490	132,255,794	98,116,631	1,113,775,060	2,741,549,975	1,228,170,184	
TOTAL NSRC											
149	Budget			90	0	0	28,681,988	0	28,681,988	0	
150	TOTAL G-25			13,193.00	1,397,402,490	132,255,794	126,798,619	1,113,775,060	2,770,231,963		

Department of Elder Affairs

Base Budget Review							FY 2011-12 Base Budget							
Line	Program	Description	Services Provided	Eligibility Requirement	# Clients Served	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comments
1	Comprehensive Eligibility Services													
2	Comprehensive Assessment and Review for Long-Term Care Services (CARES)	Florida's federally mandated pre-admission screening program for nursing home applicants. A registered nurse and/or an assessor perform client assessments. A physician or registered nurse reviews each application to determine level of care needed. The purpose of the assessment is to: identify long-term care needs; establish level of care (medical eligibility for nursing facility care); and recommend the least restrictive, most appropriate placement	Medical eligibility for the Medicaid Institutional Care Program (ICP). Medical eligibility for several Medicaid waivers providing community services. Medical assessment for all mentally ill clients for ICP. Medical assessment for all developmentally disabled clients for ICP. Medical assessment for residents in nursing facilities entering court ordered receivership medical utilization review of Medicaid nursing home residents for continuing eligibility.	The CARES Program is the medical half of the Medicaid eligibility process for persons applying for a nursing facility, and those applying for Medicaid funded community services. CARES personnel must ascertain whether medical criteria are met. The remaining half of the process involves Medicaid financial eligibility. Financial criteria is currently determined by the Department of Children and Families Automated Community Connection to Economic Self-Sufficiency system. An applicant must meet Supplemental Security Income or Institutional Care Program income eligibility criteria.	105,217	42 Code of Federal Regulations 456; 42 Code of Federal Regulations 483; Title XIX of the Social Security Act of 1965; Chapter 59G Florida Administrative Code; Section 409.912(13)(a), 430.205(5), Florida Statutes.	275.00	4,331,019	0		13,220,441	17,551,460	4,331,019	Match is 25% GR with 75% federal participation
3	Risk Management	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.						95,060			21,403	116,463	95,060	
4	Human Resources Assessment	People First Human Resources contract administered by the Department of Management Services.						26,634			78,520	105,154	26,634	
3	Total Comprehensive Eligibility Services				105,217		275.00	4,452,713	0	0	13,320,364	17,773,077	4,452,713	
4	Home and Community Services													
5	Older American's Act Title III B- Supportive Services Information and Referral/Assistance	The federal Older Americans Act (OAA) provides assistance in the development of new or improved programs to help older persons through grants to the states for community planning and services.	Contracts with service providers provide supportive services such as transportation, outreach, information and referral and assistance, case management, homemaker, home health aide, visiting/telephone reassurance, chore/maintenance, legal services, escort, residential repair/renovation, and health support.	Elders age 60 and older are eligible for OAA Title III services. Spouses and disabled adults under age 60 may be served meals under certain circumstances. There is no income test; however, preference is given to older persons with the greatest economic or social needs, with particular attention to low-income older individuals, including low-income minority elders, individuals with limited English proficiency, and individuals residing in rural areas.	43,921	Older Americans Act, 42 United States Code 3001 et.seq. as amended by public law 106-501; Section 20.41 and Chapter 430, Florida Statutes.	-	0	0		23,295,274	23,295,274		5% CCE 10% Local Match
6	Older American's Act Administrative Funding	Provides administrative funding to the Area Agencies on Aging to support and implement Older American's Act Funding	Provides administrative funding to the Area Agencies on Aging to support and implement Older American's Act Funding			Older Americans Act, 42 United States Code 3001 et.seq. as amended by public law 106-501; Section 20.41 and Chapter 430, Florida Statutes.	-	346,998	0		8,202,316	8,549,314	346,998	25% required match for OAA Admin

Department of Elder Affairs

Base Budget Review							FY 2011-12 Base Budget							
Line	Program	Description	Services Provided	Eligibility Requirement	# Clients Served	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comments
7	Older American's Act Title III - Congregate Meals	The federal Older Americans Act (OAA) provides assistance in the development of new or improved programs to help older persons through grants to the states for community planning and services.	Provides congregate meals and nutrition education in strategically located centers such as schools, churches, community centers, senior centers and other public or private facilities where persons may obtain other social and rehabilitative services.	Elders age 60 and older are eligible for OAA Title III services. Spouses and disabled adults under age 60 may be served meals under certain circumstances. There is no income test; however, preference is given to older persons with the greatest economic or social needs, with particular attention to low-income older individuals, including low-income minority elders, individuals with limited English proficiency, and individuals residing in rural areas.	29,403	Older Americans Act, 42 United States Code 3001 et.seq. as amended by public law 106-501; Section 20.41 and Chapter 430, Florida Statutes.	-	0	0		26,977,045	26,977,045		5% CCE 10% Local Match
8	Older American's Act - Title III - Home Delivered Meals	The federal Older Americans Act (OAA) provides assistance in the development of new or improved programs to help older persons through grants to the states for community planning and services.	Provides home delivered meals and nutrition education to frail, homebound individuals.	Elders age 60 and older are eligible for OAA Title III services. Spouses and disabled adults under age 60 may be served meals under certain circumstances. There is no income test; however, preference is given to older persons with the greatest economic or social needs, with particular attention to low-income older individuals, including low-income minority elders, individuals with limited English proficiency, and individuals residing in rural areas.	21,763	Older Americans Act, 42 United States Code 3001 et.seq. as amended by public law 106-501; Section 20.41 and Chapter 430, Florida Statutes.	-	0	0		13,610,379	13,610,379	481,329	5% CCE 10% Local Match
9	Older American's Act Title III - Preventive Health Services Health Promotion and Wellness Initiatives	The federal Older Americans Act (OAA) provides assistance in the development of new or improved programs to help older persons through grants to the states for community planning and services.	Provides an array of periodic disease-prevention and health-promotion services at senior centers or alternative sites. Services are designed to help elders prevent/manage chronic diseases and promote healthier lifestyles.	Elders age 60 and older are eligible for OAA Title III services. Spouses and disabled adults under age 60 may be served meals under certain circumstances. There is no income test; however, preference is given to older persons with the greatest economic or social needs, with particular attention to low-income older individuals, including low-income minority elders, individuals with limited English proficiency, and individuals residing in rural areas.	44,140	Older Americans Act, 42 United States Code 3001 et.seq. as amended by public law 106-501; Section 20.41 and Chapter 430, Florida Statutes.	-	0	0		1,527,074	1,527,074	81,978	5% CCE 10% Local Match
10	Older American's Act Title III - National Family Caregiver Support Program	The federal Older Americans Act (OAA) provides assistance in the development of new or improved programs to help older persons through grants to the states for community planning and services.	Services include information, assistance in gaining access to services, individual counseling, organization of support groups and caregiver training, respite care, supplemental services including housing improvement, chore, provision of medical supplies and services, and legal assistance for caregivers and grandparents or older individuals who are caregivers for relatives.	Adult family members providing in-home and community care for a person age 60 or older and grandparents and relative caregivers, age 60 or older, of children not more than 18 years of age may be served under TITLE III E	9,635	Older Americans Act, 42 United States Code 3001 et.seq. as amended by public law 106-501; Section 20.41 and Chapter 430, Florida Statutes.	-	0	0		8,808,036	8,808,036		15% Alzheimer's Respite 10% Local

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Line	Program	Description	Services Provided	Eligibility Requirement	# Clients Served	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comments
11	Title V - Senior Community Service Employment Program	The Senior Community Service Employment Program (SCSEP), is funded under Title V of the OAA, contracts with local service providers to provide unemployed low-income persons age 55 and older with work experience, training and placement in unsubsidized employment	Services provided include outreach and recruitment, eligibility determination, assessments, preparation of an individual employment plan, program reiteration, supportive services, annual free physical examination, job training, personal and employment-related counseling, part-time paid work experience in community-service assignments, job development, job referrals, placement in unsubsidized employment and follow-up activities.	Eligibility is limited to unemployed Florida residents who are 55 and older, and have income that does not exceed 125 percent of the Federal Poverty Income Guidelines published annually by the U.S. Department of Health and Human Services. Statutory selection priorities focus on eligible persons who are 60 and older, and eligible veterans and qualified spouses (in accordance with the Veterans Employment Act). Other preferences for enrollment are incomes below poverty level, greatest social or economic need, minorities, and limited English-speaking skills.	811	Older Americans Act, 42 United States Code 3001 et.seq. as amended by public law 106-501; Section 20.41 and Chapter 430, Florida Statutes.	-	0	0		6,321,167	6,321,167	No	
12	Older American's Act Title VII Elder Abuse Prevention	The Elder Abuse Prevention Program is designed to increase awareness of the prevention of elder abuse, neglect and exploitation.	Provides public education, training and information services focused on the prevention of elder abuse, neglect and exploitation.	In general, all individuals in need of OAA Title VII Program services are eligible to receive them.	Not Yet Available	Older Americans Act, 42 United States Code 3001 et.seq. as amended by public law 106-501; Section 20.41 and Chapter 430, Florida Statutes.	-	0	0		373,679	373,679	No	
13	Alzheimer's Disease and Related Disorders Provider Training and Curriculum Approval	Alzheimer's Disease and Related Disorders Training Provider and Curriculum Approval (ADRD) approves training providers and training curriculum for specified nursing homes, assisted living facility, hospice, home health agency and adult day care employees	a) Alzheimer's disease and related disorder training providers, and curricula for assisted living facilities that advertise that they provide special care for persons with Alzheimer's disease and related disorders; and b) Alzheimer's disease and related disorder training providers and training curricula for all licensed nursing homes, hospices, adult day care centers, and home health agencies in Florida.	Various levels of Alzheimer's disease training curriculum; documentation of education degrees and licenses.		Section 429.52, Florida Statutes	-	0	0		0	0	No	
14	Respite Services	Respite services provide relief to the caregiver of individuals with Alzheimer's Disease, dementia or other memory disorders.	ADI respite includes in-home, facility-based (usually at adult day care centers), emergency and extended care respite (up to 30 days) for caregivers of victims of memory disorders. On average, less than three hours of respite care per week are provided per person. Supportive services may include caregiver training and support groups, counseling, consumable medical supplies and nutritional supplements.	Caregivers for adults 18 years and older diagnosed as having probable Alzheimer's disease or other related memory disorders. Individuals diagnosed or suspected of having a memory loss where mental changes appear and gradually interfere with the activities of daily living.	7,115	Sections 430.501 - 430.504, Florida Statutes	-	6,408,506	0		0	6,408,506	2,010,000	Funds are used as match in this category for Title IIIIE OAA services. A 25% Match is required.
15	Memory Disorder Clinics	The Legislature has authorized 15 memory disorder clinics to provide diagnostic and referral services for persons with Alzheimer's disease and related dementia, conduct service-related research and develop caregiver training materials and educational opportunities.	Conducts subsequent diagnostic workups for all referred consumers and the general public within the memory disorder clinic's designated service area. Provide four hours of in-service training during the contract year to all ADI respite and model day care service providers in the designated service area.	Statutorily Named		Sections 430.501 - 430.504, Florida Statutes.	-	0	0		0	0	No	

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16	Model Day Care	Four model day care programs have been established in conjunction with memory disorder clinics to test therapeutic models and provide day care services.	The model day care program provides a safe environment where Alzheimer's patients congregate for the day and socialize with each other, as well as receive therapeutic interventions designed to maintain or improve their cognitive functioning.	To be eligible for model day care, a consumer must be diagnosed by a memory disorder clinic, or have been diagnosed using standards adopted by memory disorder clinics, as having a memory loss where mental changes appear and gradually interfere with activities of daily living.		Sections 430.501 - 430.504, Florida Statutes.	-	0	0		0	0	No	
17	Alzheimer Projects	These are various projects - some of which have been named in proviso in years past. Some funds are set aside at the Secretary's discretion to fund Alzheimer's related projects, or to assist Area Agencies on Aging deal with Respite spending deficits if they occur.	Projects include in-home, facility-based (usually at adult day care centers), emergency and extended care respite (up to 30 days) for caregivers of victims of memory disorders.			Sections 430.501 - 430.504, Florida Statutes.	-	0				0	No	
18	Brain Bank - Wein Center	The State of Florida Alzheimer's Disease Brain Bank is a service and research oriented network of statewide regional sites.	The intent of the brain bank program is to collect postmortem patient brains clinically diagnosed with dementia.	Individuals of any age with a diagnosis of Alzheimer's disease or other related memory disorder are eligible to sign up with the brain bank. Medical records documenting a general physical examination, neurological examination, hematological and biochemical studies, and a scan of the brain must be available.		Sections 430.501 - 430.504, Florida Statutes.	-	0	0		0	0	No	
19	Community Care for the Elderly	The Community Care for the Elderly (CCE) Program provides community-based services organized in a continuum of care to assist functionally impaired older people to live in the least restrictive, yet cost-effective environment suitable to their needs. This program also required to give primary consideration for services to elderly persons referred to Adult Protective Services (APS) and determined by APS to be victims of abuse, neglect or exploitation who are in need of immediate services to prevent further harm.	Adult day care, adult day health care, case management, case aide, chore, companionship, consumable medical supplies, counseling, escort, emergency alert response, emergency home repair, home delivered meals, home health aide, homemaker, home nursing, information and referral, legal assistance, material aid, medical therapeutic services, personal care, respite, shopping assistance, transportation, and other community-based services are provided to eligible clients.	Individuals must be age 60 or older and functionally impaired as determined by an initial comprehensive assessment and annual reassessments.	16,165	Sections 430.201 - 430.20, Florida Statutes.	-	40,479,617			0	40,479,617	3,389,736	Funds are used as match in this category for Title IIIB, CI, CII IIID services. A 25% Match is required.
20	Contracted Services	The program provides additional funding to expand long-term care alternatives enabling elders to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement. This category also provides funding for various grants received from federal agencies that provide services and allow for demonstration of evidence based programs.	Various services depending on the grants received.		13,888		-	48,000	0	31,397	3,126,573	3,205,970	No	

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Line	Program	Description	Services Provided	Eligibility Requirement	# Clients Served	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comments
21	Adult Day Care Food Program	The program provides reimbursement to eligible adult care centers assisting them in providing nutritious, wholesome meals to adult-care participants. Centers using this program help maintain participants' nutritional status while keeping food costs down.	Reimbursement for meals is given to eligible adult care centers. Centers may seek reimbursement for up to three meals/snacks per day. Reimbursement rates are determined on an individual participant basis.	Program Eligibility Criteria - Centers eligible to receive meal reimbursement include: Licensed Adult Day Care Centers, public and proprietary (proprietary centers must receive Title XIX (Medicaid) funding for at least 25 percent of their participants). Mental Health Day Treatment Centers. In-Facility Respite Centers under contract with DOEA-funded programs. Habilitation Centers approved by the Department of Children and Families. Participant Eligibility Criteria: Age 60 and older, and age 18 and over and functionally impaired. Must reside in the home or a "community-based" care facility. Must be enrolled in an adult day care center.	8,006, daily average	7 CFR SS 226	-	0	0		4,223,398	4,223,398	No	
22	Respite for Elders Living in Everyday Families	The RELIEF program offers respite services to caregivers of frail elders and those with Alzheimer's disease and related dementia. The intent is to provide respite to family caregivers to increase their ability to continue caring for a homebound elder and to avoid the latter's institutionalization.	RELIEF respite is provided predominantly during evenings and weekends, times usually not covered by other respite program. Activities include conversation, reading together, playing board games or preparing a light snack.	Frail homebound elders, age 60 and older, who live with a full-time caregiver who can benefit from up to four hours of respite, especially evening and weekend respite.	498	Section 430.071, Florida Statutes	-	909,034	0		0	909,034	No	
23	Medicaid Waiver Specialists	This program funds 28.5 positions across the Area Agencies on Aging to manage Medicaid Waiver caseloads, enrollment and waitlists	This program funds 28.5 positions across the Area Agencies on Aging to manage Medicaid Waiver caseloads, enrollment and waitlists	n/a			-	796,511	0		796,511	1,593,022	796,511	50% GR 50% Medicaid
24	Local Service Programs	These programs provide additional funding to expand long-term care alternatives enabling elders to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement.	Adult day care, chore, Case management, counseling, emergency alert response, health support, homemaker, information, legal assistance, material aid, nursing, nutrition, outreach, personal care, public education, recreation, referral, respite, screening and assessment and transportation.	Individual age 60 and older. There are not income criteria; however, emphasis is placed on targeting those with greatest need.	15,389	General Appropriations Act, State of Florida	-	450,000	0		0	450,000	No	
25	Home Care for the Elderly	The Home care for the Elderly (HCE) program encourages the provision of care for elders age 60 and older in family-type living arrangements in private homes as an alternative to institutional or nursing home care	A basic subsidy averaging \$106 per month is provided for all consumers. Special subsidies are authorized for some consumers and can be used for: incontinence items, medications, medical supplies, wheelchairs, assistive devices, ramps and home accessibility modifications, nutritional supplements, home health aide, home nursing and other services to help maintain the individual at home.	Individuals must be 60 years or older, have income less than the Institutional Care Program (ICP) standard, meet the ICP asset limitation, be at risk of nursing home placement, and have an approved adult caregiver living with them who is willing and able to provide or assist in arranging for care.	2,620	Sections 430.601 - 430.608, Florida Statutes	-	7,903,357	0		0	7,903,357	No	

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26	Channeling Waiver	This is a Medicaid 1915 C waiver program and provides services in Miami and Broward county.	Adult day health care, attendant care, case aide, case management, chore, companionship, consumable medical supplies, counseling, emergency alert response, environmental modifications, escort, family training and support, home delivered meals, homemaker, personal care, pest control, respite, risk reduction, skilled nursing, specialized medical equipment and supplies, and therapies.	Individuals must be 65 or older, be Medicaid eligible, meet Nursing Home Level of Care, have two or more unmet long term care needs.	1,587			5,653,913			9,046,849	14,700,762	5,653,913	GR used as match to the federal FMAP percentage
27	Adult Day Health Care Waiver	This is a Medicaid 1915 B and C waiver program and provides services in Lee and Palm Beach counties.	Adult day health care, case aide, case management, personal care assistance, health care monitoring, medical direction, medication management, and therapies.	Individuals must be 75 or older and live with a caregiver, be Medicaid eligible and meet Nursing Home Level of Care	53			748,761			1,198,097	1,946,858	748,761	GR used as match to the federal FMAP percentage
28	PACE	The PACE model is a project within the Long-Term Care Community Diversion Pilot Project (see separate program listing) that targets individuals who would otherwise qualify for Medicaid nursing home placement and provides them with a comprehensive array of home- and community-based services at a cost less than nursing home care. Individuals who choose to enroll in PACE have both their medical and long-term care needs managed through a single provider.	In addition to services covered under the Long-Term Care Community Diversion Pilot Project, the PACE project includes all services covered by Medicare. PACE also has a unique service delivery system, with many services being delivered through adult day care centers and case management provided by multi-disciplinary teams.	To be eligible for PACE, an individual must be age 55 or older and eligible for Medicare or Medicaid with income and assets up to the Institutional Care Program (ICP) level.	550	42 Code of Federal Regulations 460; Balanced Budget Act of 1997; Sections 430.701-430.709 and 409.912, Florida Statutes; Laws of Florida 2004-270.		4,446,166			7,115,930	11,562,096	4,446,166	GR used as match to the federal FMAP percentage
29	Nursing Home Diversion Waiver Program	This program is designed to target the frailest individuals who would otherwise qualify for Medicaid nursing home placement. It does this by providing long-term care services including home- and community-based services, Medicaid-covered medical services for persons who are dually eligible (e.g., prescription drugs, Medicare coinsurance and deductibles), and nursing home care.	Services provided to project participants include adult companion, adult day health, assisted living services, case management, chore services, consumable medical supplies, environmental accessibility adaptation, escort, family training, financial assessment/risk reduction, home-delivered meals, homemaker, nutritional assessment/risk reduction, personal care, personal emergency response systems, respite care, occupational, physical and speech therapies, nursing facility services, prescribed drugs, visual/hearing/dental services, and optional transportation.	Project enrollees must be age 65 and older; be eligible for Medicare Parts A & B; be eligible for Medicaid up to the Institutional Care Program (ICP) income and asset levels; reside in the project service area; be determined by CARES to be a person who, on the effective date of enrollment, can safely be served with home- and community-based services; and be determined by CARES to be at risk of nursing home placement	25,165			129,965,952			207,959,041	337,924,993	129,965,952	GR used as match to the federal FMAP percentage
31	Medicaid Aged and Disabled Adult Waiver	Medicaid waiver and home and community-based services are provided to older persons and disabled individuals assessed as frail, functionally impaired, and at risk of nursing home placement. This is a statewide program.	Adult day health care, attendant care, case aide, case management, chore, companionship, consumable medical supplies, counseling, emergency alert response, environmental modifications, escort, family training and support, home delivered meals, homemaker, personal care, pest control, respite, risk reduction, skilled nursing, specialized medical equipment and supplies, and therapies.	60 years or older or a disabled adult age 18-59, and meet the same technical and financial criteria applied to individuals seeking Medicaid assistance for nursing home status.	11,763	Section 1915 C (1) of the Social Security Act of 1965; 42 Code of Federal Regulations 441.302; Section 409.906 (13), Florida Statutes.	-	37,736,064			60,381,627	98,117,691	37,736,064	GR used as match to the federal FMAP percentage

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Line	Program	Description	Services Provided	Eligibility Requirement	# Clients Served	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comments
32	Medicaid Assisted Living for the Frail Elderly Waiver	Services are for clients age 60 and older who are at risk of nursing home placement and meet additional specific functional criteria. Recipients are in need of additional support and services which are made available in Assisted Living Facilities with Extended Congregate Care for Limited Nursing Services Licenses. This is a statewide program.	Depending on the individual level of need of the recipient, appropriate services are made available. This program includes three services: assisted living, case management and incontinence supplies.	Must be 60 or older, and meet the technical and financial criteria applied to individuals seeking Medicaid assistance for nursing home status and at least one of the following: Requires assistance with four or more activities of daily living or three ADLs, plus supervision for administration of medication. Requires total help with one or more ADLs. Has a diagnosis of Alzheimer's disease or other dementia and requires assistance with two or more ADLs. has a diagnosis of a degenerative or chronic medical condition requiring nursing services that cannot be provided in a standard ALF. Is a Medicaid-eligible recipient awaiting discharge from a nursing home who cannot return to a private residence because of a need for supervision, personal care, periodic nursing services or a combination of the three.	3,931	Section 1915 c of the Social Security Act of 1965; 42 Code of Federal Regulations 441.302; General Appropriations Act, State of Florida; Section 409.906 (13), Florida Statutes.	-	13,493,231			21,590,572	35,083,803	13,493,231	GR used as match to the federal FMAP percentage
33	Elder Farmers' Market Nutritional Program	Provides produce coupons to low-income elders, promoting good nutrition through the increased intake of fresh fruits and vegetables. The program also supports local farmers through increased revenue from coupon redemption.	Low-income elders living in participating counties apply for the program through the local lead agency. Eligible elders receive three coupon booklets per season. Each booklet contains five \$4.00 coupons.	60 years of age or older and have an annual income of less than 185 percent of federal poverty income levels. Participants must redeem coupons at a participating farmers' market.	2,927	Section 5 (e) of the Commodity Credit Corporation charter Act, 15 United States Code 714c (e)	-	0	0		100,000	100,000	No	
34	Emergency Home Energy Assistance for the Elderly Program (EHEAP)	Program assists low-income households, with at least one person age 60 or older, if the households are experiencing a home energy emergency.	Payments are for home heating or cooling and other energy-related costs during the heating (October-March) and cooling (April-September) seasons. Payments are made directly to the vendor for electricity, natural gas, propane, fuel oil, kerosene or wood. The purchase of blankets and portable heaters, fans, repairs of existing heating or cooling equipment, and payment of re-connection fees are allowed. Additional funds with increased benefits may be issued by the President during seasonal emergencies.	A heating or cooling emergency, at least one individual age 60 or older in the home, and a net household annual income equal to or less than 150 percent of the federal poverty guidelines minus certain exclusions.	11,801	Low-Income Home Energy Assistance Act of 1981, 42 United States Code 8621 et. Seq.; Title XXVI of Public Law 97-35, as amended; 45 Code of Federal Regulations 96; Section 409.508, Florida Statutes; Chapter 91-115, Laws of Florida, Section 10.	-	0	0		5,700,763	5,700,763	No	
35	Nutrition Services Incentive Program (NSIP)	Supplements funding for food used in meals served under the Older Americans Act. The NSIP is intended to provide incentives for the effective delivery of nutritious meals to older individuals	The NSIP reimburses area agencies on aging and service providers for the costs of congregate and home-delivered meals, through a supplement of approximately \$0.67 per meal (reimbursement rate varies annually)	60 years or older and qualified to receive services under the OAA. Spouses, disabled adults and volunteers under age 60 may be served meals under some circumstances.		Older Americans Act, 42 United States Code 3301 et seq, as amended by Public Law 106-501; Sections 20.41 and 430.101, Florida Statutes.	-	0	0		7,528,758	7,528,758	No	

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36	Senior Companion Program	A national service peer-volunteer program funded by a grant. Senior Companion volunteers provide services to elders at risk of institutionalization due to chronic illnesses, disabilities or isolation.	Provide transportation to medical appointments, shopping assistance, meal preparation, companionship and advocacy. They also provide respite to caregivers of frail elders.	Volunteers are low-income elders, age 60 and older, who receive a \$2.65/hour stipend to defray expenses of volunteering at least 15 hours per week. Recipients of Senior Companion volunteer services are elders, age 60 and older, who are at risk of institutionalization due to chronic illness, disability, or isolation.	308	Sections 430.07 - 430.071, Florida Statutes; Public Law 93-113, Domestic Volunteer Service Act.	-	58,328	0		277,928	336,256	58,328	20% Match Requirement
37	Serving Health Insurance Needs of Elders (SHINE)	A statewide volunteer-based program offering free Medicare, long-term care planning, prescription assistance, health-insurance education, counseling and related assistance to people with Medicare, their families and caregivers. SHINE is part of the National State Health Insurance Assistance Program (SHIP)	Over 430 trained volunteers provide information, counseling and assistance in areas related to Medicare, Medicaid, long-term care insurance, preventative benefits, fraud prevention and beneficiary rights. Counseling and other services are provided at counseling sites, via telephone and over the internet. In addition to counseling, SHINE has a strong community education and outreach component.	All Medicare beneficiaries, family members and caregivers.	65,887	Omnibus Budget Reconciliation Act of 1990, Section 4360; Section 430.07, Florida Statutes.	15.00	0	0		2,920,271	2,920,271	No	
38	Aging Resource Centers	The 2004 Legislature created the Aging Resource Center initiative to reduce fragmentation in the elder services delivery system and to provide easier access to elder services.	The Aging Resource Centers are to perform eight primary functions that are intended to improve the elder services system: increase access to elder services; provide more centralized and uniform information and referral; increase screening of elders for services; improve triaging and prioritizing of elders for services; streamline Medicaid eligibility determination; improve long-term care options counseling; enhance fiscal control and management of programs; and increase quality assurance.	N/A		Chapter 430, Florida Statutes	-	1,592,723	0		2,388,969	3,981,692	1,592,723	50% GR 50% Medicaid
39	Community Service System Funding	Provides matching funds to various service related grants	These funds are used to match individual federal grants that provide various services and demonstration grants	Departmental policy guides the process for use of these funds based on statutory site.		Chapter 430.205(3), Florida Statutes	-	302,472				302,472	-	Used as match for various small grants and demonstration projects.
40	Americorp	AmeriCorps is a network of national service programs that engages a multigenerational corps of members who receive a living allowance and commit to one year of service in exchange for an education award. Members serve on a full-time, part-time or quarter-time basis annually for 1,700 hours, 900 hours and 450 hours, respectively. AmeriCorps programs recruit members and community volunteers for intensive service to meet critical needs in education, public safety, health and the environment. Department program services include respite, education and community outreach to elders, caregivers and families.	The department operates a Legacy Corps project in Miami-Dade County, one of eight national projects administered by the University of Maryland Center on Aging. The department partners with 38 AmeriCorps members and community volunteers to provide respite services to multicultural caregivers of frail elders at risk of institutionalization. In addition, caregivers receive information regarding available community services and support to help relieve the stress of caring for an elderly loved one.	All caregivers of frail, homebound elders, except those already receiving paid respite services, who reside in Miami-Dade County and can benefit from program services.	320	Citizens Service Act of 2002, which amends the National AmeriCorps and Community Service Act of 1990; Domestic Volunteer Service Act of 1973; Section 430.07(8), Florida Statutes.	-	41,602			121,000	162,602	41,602	21% state match required
41	Program Management Staff	This section provides program management and oversight, contract management, contract monitoring for all state and federal programs administered by the department.	Monitor performance of contracts with the Area Agencies on Aging, provide technical assistance and training for all programs administered by the department.	N/A		Section 20.41, Florida Statutes	52.50	2,438,874	0	96,880	4,713,704	7,249,458	2,092,735	Various

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42	Risk Management	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.						87,302			30,160	117,462		
43	Human Resources Assessment	People First Human Resources contract administered by the Department of Management Services.						9,333			18,743	28,076		
44	Total Home and Community Services				329,640		67.50	253,916,744	0	128,277	428,353,864	682,398,885	202,936,027	
45	Executive Direction and Support Services													
46	Office of the Secretary/Deputy	Provides leadership for the department as well as promotes accountability, integrity, and efficiency in government. Includes the Inspector General.				Section 20.055, Florida Statutes	5.00	176,795			546,646	723,441	49,503	GR used as Match of OAA Admin
47	General Counsel	Provides legal counsel to all departmental staff.				Section 20.41, Florida Statutes	5.00	99,073			691,400	790,473	27,740	GR used as Match of OAA Admin
48	Legislative Affairs	Provides oversight of departmental participation in legislative activities.				Section 20.41, Florida Statutes	1.00	83,292				83,292	23,322	GR used as Match of OAA Admin
49	Communications	Responds to press inquiries, handles press releases, produces the bi-monthly Elder Update, responsible for departmental web-site.				Section 20.41, Florida Statutes	5.00	209,817			526,402	736,219	58,749	GR used as Match of OAA Admin
50	Information Technology	Responsible for maintaining the Client Information Tracking System and keeping all network and data devices up and running in order to conduct departmental business.				Section 20.41, Florida Statutes	15.50	324,742			1,495,411	1,820,153	90,928	GR used as Match of OAA Admin
51	Planning	Responsible for production of the Long Range Program Plan, State Plan on Aging and various required reports to the Legislature and Federal Government.				Section 20.41, Florida Statutes	7.50	144,890			1,063,843	1,208,733	40,569	GR used as Match of OAA Admin
52	Financial Administration	Responsible for processing all payments made by the department, ensuring adequate budget is available for departmental operations, and responsible for ensuring departmental trust funds have sufficient funds to cover departmental operations.				Section 20.41, Florida Statutes	16.00	563,067			924,084	1,487,151	160,773	GR used as Match of OAA Admin
53	Contract Administration	Responsible for developing departmental contracts to ensure compliance with Chapter 287, as well as handling all purchasing functions of the department.				Section 20.41, Florida Statutes	5.00	141,689			423,142	564,831	39,673	GR used as Match of OAA Admin
54	Division Internal/External/Inspector General	This unit oversees various programs and bureaus in the department to ensure consistency in departmental operations and policies.				Section 20.41, Florida Statutes	6.00	127,042			453,931	580,973	35,572	GR used as Match of OAA Admin
55	General Services/Human Resources	This unit handles all departmental leases, emergency management operations, and personnel functions.				Section 20.41, Florida Statutes	10.00	481,635			386,721	868,356	134,858	GR used as Match of OAA Admin
56	Risk Management	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.						73,417			0	73,417	18,451	

Department of Elder Affairs

Base Budget Review							FY 2011-12 Base Budget							
Line	Program	Description	Services Provided	Eligibility Requirement	# Clients Served	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comments
57	Human Resources Assessment	People First Human Resources contract administered by the Department of Management Services.						11,835			18,909	30,744		
58	Total Executive Direction and Support Services						76.00	2,437,294	0	0	6,530,489	8,967,783	680,138	
59	Consumer Advocate Services							2,437,294			6,530,489			
60	Long Term Care Ombudsman Program	The program is a statewide, volunteer-based system of district councils that protect, defend and advocate on behalf of long-term care facility residents. Ombudsmen identify, investigate and resolve complaints made by, or on behalf of, residents.	Volunteers investigate all complaints and devise a means to resolve the concerns brought to the attention of the program by, or on behalf of, residents of long-term care facilities who are age 60 or older. In addition, the program: Monitors and comments on the development and implementation of federal, state and local laws, regulations, and policies that pertain to the health, safety, and welfare of residents in long-term care facilities; Conducts assessments focusing on quality of life issues in each long-term care facility at least annually.	Anyone including friends, family members, facility staff and residents themselves may report a concern on behalf of a resident of a long-term care facility, such as a nursing home, assisted living facility or adult family care home. There is no fee for the service and there are no financial or residency requirements.		Title VII of the Older Americans Act, 42 United States Code 3001 et. seq. as amended by Public Law 106-501; Part I, Chapter 400 Florida Statutes.	32.50	1,358,891	0		2,623,421	3,982,312	72,373	MOE
61	Statewide Public Guardianship Office	Created by the Florida Legislature and staffed in June 2000 assists in the provision of services to meet the needs of the most vulnerable persons who lack the capacity to make decisions on their own behalf. Guardians protect the property and personal rights of incapacitated individuals. SPAGO is also responsible for the appointment and oversight of Florida's public guardians as well as the registration and education of Florida's professional guardians.	Provides direction, coordination and oversight of public guardianship services in the state; develops performance measures; collects data on individuals served; and works to find ways to enhance funding to increase the provision of public-guardianship service capacity. The office is responsible for the curriculum and training of public guardians, and it registers professional guardians as mandated by Florida Statute.	Is a resident of the state of Florida, at least 18 years of age and Sui Juris. Has knowledge of the legal process and social services available to meet the needs of incapacitated persons. Completed the 40-hour guardianship course. Does not hold any position that would create a conflict of interest. Maintains a current blanket bond. Maintains an updated list of all information on all of the wards currently in their care. Submitted credit and criminal history information and fingerprint card to the clerk of the court.	2,544	Chapter 744, Florida Statutes	3.00	2,168,630	0	411,641	0	2,580,271	0	
62	Risk Management	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.						63,264			5,774	69,038		
63	Human Resources Assessment	People First Human Resources contract administered by the Department of Management Services.						5,180			10,075	15,255		
64	Total Consumer Advocate Services				2,544		35.50	3,595,965	0	411,641	2,639,270	6,646,876	72,373	
65	TOTAL Department of Elder Affairs						454.00	264,402,716	0	539,918	450,843,987	715,786,621	208,141,251	

Department of Health

Base Budget Review								FY 2011-12 Base Budget							
Line	Program	Description	Eligibility Requirements	Units	Cost/Unit	State Match (\$)	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comment
	EXECUTIVE DIRECTION AND SUPPORT SERVICES PROGRAM														
	Administrative Support														
1	Office of the Surgeon General/ Deputy Secretary	Provides supervision, direction and coordination for the department.						14.50	559,303	-		2,379,649	2,938,952		
2	General Counsel/Legal	Provide legal representation for the Department of Health.						18.00	151,581	-		1,587,567	1,739,148		
3	Legislative Affairs	Provides direction for the development and articulation of departmental policies involving federal, state, and local legislation.						4.00	11,381	-		256,406	267,787		
4	Office of Communications	Provides the Department with a single point of contact to distribute accurate, timely and easy-to-understand information to the public, stakeholders and the media.					S. 20.43, F.S.	5.00	133,807	-		265,799	399,606		
5	Office of Marketing	Provides the Department with a single point of contact to distribute accurate, timely and easy-to-understand information to the public, stakeholders and the media.					S. 20.43, F.S.	3.00	42,562	-		252,409	294,971		
6	Inspector General	Administers, conducts and coordinates statutory responsibilities to promote agency economy, accountability and efficiency and detect fraud and abuse.						17.00	42,500	-		1,345,437	1,387,937		
7	Minority Health	Administers the Reducing Racial and Ethnic Health Disparities; Closing the Gap Grant Program, the Florida Healthy People 2010 Program, and the State Partnership Grant; serves as the focal point for coordination, collaboration, information exchange, coalition and partnership building, program development and implementation and other related comprehensive efforts to address the health needs of Florida's statewide population.					Sections 381.7357-381-7356, F.S.; the FL Healthy People 2010 Program, S. 381.736, F.S.; and, the State Partnership Grant awarded from the U.S. Department of Health and Human Services.	4.00	46,777	-		444,194	490,971		
8	Minority Health - Closing The Gap Projects	Grants available to stimulate the development of community and neighborhood-based projects to improve the health outcomes of racial and ethnic populations and foster the development of coordinated, collaborative and broad-based participation by public and private entities.					Sections 381.7351-381.7356 F.S.		2,652,337				2,652,337	814,269	(1) \$242,529 state match for Breast and Cervical Cancer grant, (2) \$211,141 state match for Heart Disease and Stroke Prevention grant, (3) \$173,599 state match for Diabetes grant, (4) \$150,000 state match for Ryan White grant (5) \$27,000 state match for Comprehensive Cancer grant, (6) \$10,000 state match for Healthy Community grant.
9	Performance Improvement /Workforce Development	Designs and implements the organizational performance improvement system that provides a framework for staff in the Department of Health to plan, manage, and continuously improve performance. Coordinate programs and services that help train and develop DOH employees. Also works across the department to coordinate the assessment of employee competencies and performance gaps, and to provide individual training and development opportunities.						18.00	353,494	-		1,633,391	1,986,885		
10	Correctional Medical Authority Program	Independent oversight of the Department of Corrections' delivery of health care services to inmates to ensure that inmates have access to health care services.					s. 945.601-6035 F.S.	6.00	716,159	-			716,159		

Department of Health

Base Budget Review								FY 2011-12 Base Budget							
Line	Program	Description	Eligibility Requirements	Units	Cost/Unit	State Match (\$)	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comment
11	Division of Administration	Plans, organizes, directs, and coordinates comprehensive administrative and management services for the Department of Health.						3.00	29,621	-		230,217	259,838		
12	Finance and Accounting	Provides Department-wide rules on accounting policies and accounting system maintenance, prepares DOH financial statements, monitors contracts, and purchases.						78.50	841,954	-	1,306,156	2,242,023	4,390,133		
13	Human Resources	Manages the agency's human resource programs, provides policies, procedures, and direction statewide, and provides technical support to employees and management through six sections: Labor Relations, Classification, Recruitment, Insurance/Benefits, Payroll/Leave, and Equal Opportunity.						20.00	-	-		1,526,608	1,526,608		
14	General Services	Provides general services to all organizational units of the department. Develops, plans, implements, conducts training, and manages services regarding procurements of property and services.						66.50	-	-		4,237,560	4,237,560		
15	Budget Management	Coordinates and provides technical assistance and direction in the operating and legislative functions and activities of the department for planning and budgeting.						15.00	-	-		1,643,767	1,643,767		
16	Revenue Management	Manages, tracks and maximizes all revenues resources for DOH including federal and non-federal funds appropriated in the Department of Health's trust funds.						28.00	-	-		1,796,457	1,796,457		
17	Risk Management Insurance/HR Services/Division of Admin Hearings								206,395		10,151	236,024	452,570		
18	Total Administrative Support	(amounts reported under Federal TF, except 235,000, are appropriated in the Administrative TF with FSI=3)						300.50	5,787,871	-	1,316,307	20,077,508	27,181,686	814,269	
19	Information Technology														
20	Division of Information Technology Program	Provides information technology systems and solutions to support the Department of Health's mission and business functions.						10.00	1,146,284		636,377	1,631,229	3,413,890		
21	Bureau of Application Development and Support	Designs, develops, maintains and supports agency information systems.						35.65	3,146,546		1,971,784	5,054,291	10,172,621		
22	Bureau of Infrastructure and Support	Deploys and supports the Department of Health's information technology infrastructure, including the hardware, software, systems, network, and support staff required to enable the department's employees to use and manage its data and information technology effectively and efficiently.						53.35	3,107,326		1,486,926	3,811,450	8,405,702		
23	Risk Management Insurance/HR Services/Division of Admin Hearings								103,725		43,202	9,198	156,125		
24	Total Information Technology	(amounts reported under Federal TF are appropriated in the Administrative TF with FSI=3)						99.00	7,503,881	-	4,138,289	10,506,168	22,148,338	-	
25	COMMUNITY PUBLIC HEALTH PROGRAM														
26	Family Health Outpatient and Nutrition Services	Provides supervision, direction and coordination for the division.						14.00	2,291,629		10,237	241,000	2,542,866		
27	Healthy Communities, Healthy People Program	Provides funding to all 67 CHDs to develop and implement policy and environmental interventions with a primary and/or secondary focus around three Healthy People 2010 objective areas: nutrition/overweight, physical activity, and tobacco.					Chapter 381.732-734, 385.103	7.00	140,000			1,044,402	1,184,402		
28	Heart Disease And Stroke Prevention Program (HDSPP)	Federally-funded program to reduce and control high blood pressure and high cholesterol; improve emergency response; increase the percent of population that recognizes the signs and symptoms of heart attack and stroke and the importance of calling 9-1-1.						8.00				1,250,000	1,250,000		
29	Comprehensive Cancer Control Program (CCC)	Program to improve communication, coordination, and collaboration among public and private organizations at local, regional and state levels to reduce the burden of cancer in Florida on individuals, families and communities						5.00				902,000	902,000		

Department of Health

Base Budget Review								FY 2011-12 Base Budget							
Line	Program	Description	Eligibility Requirements	Units	Cost/Unit	State Match (\$)	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comment
30	Breast And Cervical Cancer Early Detection Program	Federally-funded program that provides early breast and cervical detection services provided to low income women.	Female, between 50 and 64 years of age, at or below 200% of the FPL, and Uninsured or underinsured (i.e., catastrophic insurance only)				Breast and Cervical Cancer Mortality Prevention Act of 1990; Public Law 101-354.	10.00				3,610,124	3,610,124		
31	Diabetes Prevention And Control Program	Federally-funded program that assists persons with or at risk for diabetes in obtaining health care, navigating the formal health system, procuring self-management education, increasing health literacy, learning to make healthier lifestyle choices, and sustaining good control of their disease.					Chapter 385.203-204	5.50				584,000	584,000		
32	Arthritis Prevention And Education Program	Federally-funded program that conduct science-based arthritis self-management and physical activity programs for adults 18 years of age and older.					Chapter 385.210	6.00				491,500	491,500		
33	Epilepsy Program	State-funded program that provides client services for the care and treatment of persons with epilepsy, and to maintain an educational program and promote the prevention of epilepsy.	Permanent Florida resident with confirmed diagnosis of epilepsy or probable epilepsy that is in need of services.				S.385.207, F.S.	1.00	2,107,152		1,524,061		3,631,213		
34	Bureau of Women, Infants and Children (WIC)	Provides nutrition education and counseling, breastfeeding promotion and support, health care and social service referrals including referrals for immunizations, and supplemental nutritious foods to low and moderate income pregnant, postpartum and breastfeeding women, infants and children under five years of age.	Required to be physically present at their certification visit, except in certain limited situations.				S. 383.011, F.S.	43.00				326,477.530	326,477.530		
35	Bureau of Child Nutrition Programs	Administers the federally-funded Child Care Food Program and its component programs, the Afterschool Snack Program and the Homeless Children Nutrition Program that reimburse service providers for meals and snacks served to eligible children in licensed, nonresidential child care facilities, afterschool educational or enrichment programs and temporary residential settings for homeless families and children. The program is administered by the state under the auspices of the U.S. Department of Agriculture Food and Nutrition Service.	Eligibility in the Child Care Food Program is for "free" or "reduced price" meals. Children through age 12 are eligible, except that children of migrant workers may participate through age 15 and certain handicapped individuals are eligible regardless of age.				Ch. 383, F.S., 7CFR, Part 226, Sections 9, 11, 14, 16 and 17 of the National School Lunch Act as amended.	55.00				158,030.139	158,030.139		
36	Healthy Start	Assists pregnant women, interconceptional women, infants, and children up to age three to obtain the health care and social support needed to reduce the risks for poor maternal and child health outcomes including infant mortality, and to promote good health and developmental outcomes. (includes \$2,000,000 for Crisis Counseling)	Every pregnant woman and every child born in Florida is eligible for Healthy Start Prenatal or Infant Risk Screening and the program goal is universal screening. The program invites pregnant women and infants to participate in Healthy Start services if they score positive on the Healthy Start screening instrument. They may also participate through self-referral or if in the judgment of their health care providers they would benefit from Healthy Start services.				S. 383.216, F.S. (Healthy Start); Ch. 154, F.S.; Ch. 383, F.S.; Handicap Prevention Act of 1986; Sheppard-Tower Act; and Title V of the Social Security Act	23.00	41,317,223		-	33,097,413	74,414,636	39,658,506	\$23,654,198 Match/MOE for Maternal and Child Health Block Grant, \$15,171,241 Healthy Start Waiver Match, \$782,567 for \$2 Medipass Waiver state match in FGTF, \$50,500 Medicaid 50/50 Admin Claiming
37	Family Planning	Makes available to Florida citizens of childbearing age comprehensive medical knowledge, assistance, and services relating to the planning of families, birth control, and maternal health care.	All persons are eligible to receive family planning services, but priority is placed on serving low income women who are at-risk of unwanted pregnancy.				Sections 381.0051 and 411.202, F.S.	10.00	4,245,455			1,917,783	6,163,238	1,097,328	MOE for Family Planning grant
38	Primary Care /Adult Health	Provides basic health care for minor acute and episodic illnesses and injuries, health screening services, preventive care, laboratory, X-rays and pharmacy services in an effort to reduce the inappropriate use of hospital emergency rooms for minor medical problems and to screen all users of adult health services for risk factors for chronic diseases, unplanned pregnancies, communicable diseases, etc. and refer to appropriate preventive and treatment services.	Services provided at no charge to persons with income below 100% of poverty sliding fee charges to persons with income between 100% and 200% of poverty; full fee charged to persons with income above 200% of poverty. Over 70% of adult health primary care clients have family income below 100% of the federal poverty level.				Ch. 154, F.S.	4.00	10,907,049		-	91,332	10,998,381		

Department of Health

Base Budget Review								FY 2011-12 Base Budget							
Line	Program	Description	Eligibility Requirements	Units	Cost/Unit	State Match (\$)	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comment
39	Rape Prevention Education and Sexual Assault Victim Services	Program for primary rape prevention education and rape crisis services for victims; services provided through contractual agreements with not-for-profit crisis response centers, CHDs, colleges and universities, and other allied professionals.	Rape prevention education is available to all persons in Florida, with the target age of 8-10 years and older. Sexual assault victim services are available to primary victims over the age of 12 visiting or residing in Florida.				Chapter 381.001, F.S., Public Law 102-531 PPHS Block Grant legislation Section 1904 (a) (1) (D) and 1904 (a) (2) (sex offense set-aside funding), National Center for Injury Prevention and Control 301(A) 42 USC 241 (A) PHS ACT 391 (A), 393 B Sexual Battery Victims' Access to Services Act, Ss. 794.055 and 794.056, F.S.	9.00	99,409		2,064,417	2,466,020	4,629,846		
40	Primary Care / Comprehensive Child Health	Provides a variety of health services for eligible infants and children up to age 21 and their families through their county health departments (CHDs). The scope of services varies among counties, determined by need and the local availability of resources. All counties provide immunizations and varied levels of child health supervision that includes periodic health history, physical examinations, and laboratory screening tests for such health status indicators as lead and anemia. CHDs receive and process the Healthy Start infant screens, identifying the infants at increased risk of infant mortality. These children and their families are referred for care coordination and other risk appropriate services based upon community needs assessment and prioritization of resources through a collaborative process between local Healthy Start Coalitions and public and private providers. When the family is no longer eligible for Healthy Start services, and where resources allow, health department staff provides care coordination of substance-exposed children up to age 5. Infant and child health services also include developmental screening, risk assessment, and parent education. Injury prevention on topics such as car safety seats, bicycle safety, drowning prevention, fire safety, poisoning prevention, and substance abuse prevention education are emphasized, but many other topics for health education are delivered to children and their families in the clinical and community setting.	All children are eligible; payment is determined by a sliding fee scale based on family income. Eligibility for Healthy Start services for infants (and children to age 3) is based on their Healthy Start screening score or if in the judgment of their health care providers they would benefit from Healthy Start services.				Sections 383, 14, 383.011, 383.216, and 154.001, F.S.	2.50	7,296,776		48,960		7,345,736	5,543,317	\$72,103 state match for Oral Health Workforce Activities grant, \$5,471,214 MOE for Preventive Health Services Block Grant.
41	School Health	In cooperation with the Department of Education, the program provides the preventive health services mandated in sections 381.0056, 381.0057, and 402.3026, F.S. <i>Basic School Health</i> services are provided to ensure that students in public Pre-K through 12th grade have access to health services that appraise, protect and promote student health. <i>Comprehensive School Health</i> services are provided in 46 competitively chosen county health departments with model programs to supplement the basic school health program and provide comprehensive services which focus on promoting the health of students, reducing risk-taking behaviors, and reducing teen pregnancy. <i>Full Service Schools</i> operate in all 67 counties, and are schools with high numbers of medically underserved, high-risk students. Full services are provided by community-based service providers who donate in-kind services to students and their families. Donated services may include nutritional services, basic medical services, temporary assistance to needy children services, parenting skills, mental health, substance abuse and delinquency counseling, counseling for abused children, counseling for high-risk children and their parents, and adult education, job training and job placement.	Basic School Health: Students who attend public schools and eligible non-public primary and secondary schools. Comprehensive School Health Service Projects (CSHSP): 243,849 students who attend one of the 364 public schools that are staffed with health personnel funded under the School Health Comprehensive School Health legislation. Locally selected models dictate the number of schools and school level of participating schools. Full Service Schools: 302,495 students who attend one of the 442 public schools designated by the local county health departments and school district as a Full Service School.				Sections 381.0056, 381.0057, 381.0059, and 402.2036, F.S.	10.00	4,465,131	18,402,925		6,791,548	29,659,604	13,527,982	Match/MOE for Maternal and Child Health Block Grant

Department of Health

Base Budget Review								FY 2011-12 Base Budget							
Line	Program	Description	Eligibility Requirements	Units	Cost/Unit	State Match (\$)	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comment
42	Public Health Dental Program	Facilitates development of an integrated, coordinated oral health system between the public and private sectors with a state oral health improvement plan; monitors state, federal and local oral health status, dental treatment needs and the utilization of dental health services; evaluates county health department dental health programs and provides technical assistance, administrative and quality assurance guidance; monitors the development of school based programs and conducts needs assessments, inputs county health department dental health service data into the statewide information management system; promotes and implements community water fluoridation for eligible communities and operates a fluoridation surveillance system; provides funding assistance for the installation and upgrading of fluoridation systems; develops and monitors fluoridation contracts; and provides technical assistance and prepares quarterly fluoridation reports.	Community Dental Projects: Contractual dental services for non-Medicare, Non-KidCare children and adults, promotion of community and school-based preventive and educational programs for all children and adults, oral health monitoring, local coalition/partnership development, etc. County Health Department Treatment Programs: Low-income children and adults mainly below 100 percent of the federal poverty level. However, each county health department sets its own eligibility level up to 200 percent of the federal poverty level based on local need and available resources. Approximately 79 percent of the clients are children and 28 percent are adults. Fluoride Mouth rinse: Children enrolled in grades 1-5 in non-fluoridated areas. Sealant Referral: Children enrolled in grades 2 and 7. Education: Dental health education curriculum for children enrolled in grades K-12 and ad hoc presentations for all persons.				Sections 154.01, 381.001, 381.005, 381.0052, and 381.0056, F.S.	3.00	2,612,988		41,410	735,838	3,390,236	127,295	State match for Oral Health Workforce Activities grant. Operating expenses
43	Member Projects	Statewide Dentistry Network, Nursing Student Tuition Assistance, County specific dental projects, Reducing Oral Health Disparities, VisionQuest, Deerfield Beach School Health Clinic, Abandoned Baby, Economic Opportunity, Haitian American Assoc Against Cancer, U of F Dental Clinics, Community Smiles						-	3,325,284		100,000		3,425,284	163,839	State match for Breast and Cervical Cancer grant.
44	Risk Management Insurance/HR Services/Division of Admin Hearings								77,049		-	112,998	190,047		
45	Total Family Health							216.00	78,885,145	18,402,925	3,789,085	537,843,627	638,920,782	60,118,267	
46	Infectious Disease Control							10.50	535,628				535,628		
47	Bureau of Immunization	Promotes, monitors and provides technical assistance to facilitate the completion of childhood and adult immunizations in accordance with the recommendations of the Advisory Committee on Immunization Practices. This includes coordination of services with all 67 county health departments; partnerships with local immunization coalitions/community agencies; coordination of client services; tracking of immunization coverage rates with other federal and state agencies; coordination of surveillance and intervention for vaccine-preventable diseases; management of the Vaccines For Children program and perinatal Hepatitis B program; and education of clients and the community.	None.				Sections 1003.22 (Previously 232.032), 381.003 and 381.005, F.S.	51.00	1,595,552	-		7,482,239	9,077,791	1,551,436	MOE for Immunization grant.
48	Bureau of Sexually Transmitted Disease	Provides policy development and technical assistance to the prevention of sexually transmitted diseases (STD); access to comprehensive sexually transmitted disease (STD) diagnostic, treatment and counseling services; public and provider awareness; and education.	All Florida residents and visitors to the state are eligible to receive STD prevention services, regardless of their ability to pay.				Chapters 381 and 384, F.S.	19.00	1,486,493			2,215,338	3,701,831		

Department of Health

Base Budget Review								FY 2011-12 Base Budget							
Line	Program	Description	Eligibility Requirements	Units	Cost/Unit	State Match (\$)	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comment
49	Bureau of HIV/AIDS	Administers the programs for HIV/AIDS surveillance, education, prevention, counseling, testing, care, and treatment. Activities include overseeing public health HIV counseling, testing, and partner services; conducting epidemiologic research; supporting a statewide prevention planning group that develops a comprehensive prevention plan; promoting implementation of treatment protocols for HIV-infected pregnant women; and providing and promoting community-based patient care services to persons infected with HIV. Activities also include collecting and maintaining surveillance data to analyze trends and conducting special investigations to support prevention initiatives at the local level; allocating prevention, surveillance, and patient care resources statewide; implementing the statewide Ryan White CARE Act Consortia and the AIDS Drug Assistance Program (ADAP); implementing the Housing Opportunities for Persons with AIDS (HOPWA) program; and Overseeing the Hepatitis Prevention Program.	All Florida citizens and visitors are eligible for AIDS and hepatitis program services, with the exception of HIV/AIDS patient care services, which has medical and financial eligibility requirements.				Sections 381 and 384, F.S.	115.00	36,927,976	-		53,109,647	90,037,623	36,173,227	Match for Ryan White grant.
50	Bureau of Tuberculosis and Refugee Health	Supports the provision of comprehensive TB services to persons with active TB disease, contacts, and persons at high risk for with Latent TB Infection (LTBI). Provides training and technical assistance related to tuberculosis control. Coordinates TB case reporting, serve as liaison to laboratories, pharmacies and the Centers for Disease Control (CDC); provides surveillance and monitoring services, epidemiologic investigations and program evaluation. Identifies, tracks, and notifies county health departments of refugees and immigrants who arrive in Florida with a Class A or B health condition.	All citizens and visitors to Florida are eligible for tuberculosis related services. Refugees, asylees, Cuban/Haitian asylum applicants, Cuban/Haitian entrants, Amerasians and certain victims of severe forms of human trafficking are eligible for refugee health services.				Chapters 381 and 392, F.S.; Title 45 CFR 400.107	31.00	5,689,645			4,246,529	9,936,174		
51	Bureau of Epidemiology	Provides expertise and analysis of communicable and chronic diseases and technical assistance to county health departments to control the occurrence of outbreaks and other disease events of public health importance. Bureau services include surveillance, reporting, investigation, data management, data analysis, training, and medical consultation to private and public health professionals.					Chapters 154 & 381, F.S.	24.00	1,548,989		185,537	2,658,355	4,392,881	586,550	Match for National Cancer Prevention and Control Program grant (National Cancer Registry).
52	Tuberculosis Hospital (A. G. Holley State Hospital)	Provides long-term in-patient care for patients with the most difficult, resistant, complex, and dangerous cases of tuberculosis in Florida.	All patients are referred to the hospital by the county health departments and private providers. In many cases, the patients have failed to comply with treatment regimens in less restrictive settings and are therefore court-ordered to A.G. Holley to protect the public's health.				Section 392.62, F.S.	161.00	4,575,026		2,929,999	2,602,867	10,107,892		
53	Risk Management Insurance/HR Services/Division of Admin Hearings								133,910		175,662	95,640	405,212		
54	Total Infectious Disease Control							411.50	52,493,219	-	3,291,198	72,410,615	128,195,032	38,311,213	
55	Division of Environmental Health	Protects the public from diseases of environmental origin and exposure to hazardous substances. Non-categorical funding to the county health departments is included in the bureaus below.						14.50	497,822		450,926	-	948,748	136,928	state match for Public Health Preparedness and Response for Bioterrorism grant.

Department of Health

Base Budget Review

Base Budget Review								FY 2011-12 Base Budget							
Line	Program	Description	Eligibility Requirements	Units	Cost/Unit	State Match (\$)	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comment
56	Bureau of Community Environmental Health	Promotes and protects the health of all Florida residents and visitors through a comprehensive series of preventive health programs, including statewide regulation/coordination of many preventive health and surveillance/investigatory programs. Also permits and inspects a variety of facility types to ensure minimum health and safety standards are followed.					Chapters 381 & 405, and Sections 370.06092, 370.06093, 376.306, 376.80, 376.81, 381.006, 381.008, 386.201, 403.703, 404.056, 487.0615, 509.032(2)d, 509.251(4), 513, 514, F.S., 570.44(3), 593.21, 593.22, 593.23, 593.24, and 893.09, F.S.	21.00	2,116,655		1,849,132	123,626	4,089,413	235,771	Match for State Indoor Radon Program grant.
57	Bureau of Water Programs	Regulates the drinking water for approximately 55% of Florida's residents, manages DOH responsibilities under the State Underground Petroleum Environmental Response Act (SUPER Act), Drycleaner Solvent Surveillance Program, and the Drinking Water Toxins Program, and regulates the engineering, construction and operation of swimming pools and freshwater bathing areas and monitors water quality at selected marine beaches.					Sections 373.309, 381.006 – 381.0063, 376.30 – 376.319, 403.862 – 403.864 and 514.011 – 514.075, F.S.	24.50	804,828		4,344,283	56,135	5,205,246		
58	Bureau of Onsite Sewage Programs	Develops and Implements a comprehensive program to ensure that onsite sewage treatment and disposal systems regulated by the department are designed, constructed, operated and maintained to prevent ground and surface water contamination and to preserve the public health.					Sections 381.006 – 381.0068, 386.01-386.051 and 489.551-489.558 F.S.	19.00	221,286		2,503,643	169,524	2,894,453		
59	Bureau of Radiation Control	Regulates radiation sources and monitors nuclear power plants and the radiological impact of phosphate mining to ensure that the public is not exposed to harmful radiation levels					Chapter 252, 403, 404, 468 Part IV, and S. 501.122, F.S.	99.00	70,961		7,411,544	498,492	7,980,997	66,167	State match for Public Health Preparedness and Response for Bioterrorism grant.
60	Bureau of Environmental Public Health Medicine	Conducts surveillance and investigations of environmentally related diseases and environmental toxicology concerns. Activities include responding to environmental health inquiries and concerns; providing toxicological consultations; performing risk analysis of toxic chemicals/hazardous waste sites; food and waterborne disease investigations; zoonotic and vector borne disease investigations; aquatic toxin related disease investigations; and oversight of the Florida lead poisoning prevention and healthy homes program.					Chapter 381, and Sections 381.003, 381.0031, 381.00315, 381.0032, 381.0055, 381.006 (2), (10), (17), 381.0273, 381.983, 381.984, 381.985, 509.032(2)d and 509.035(1)a., F.S.	39.50	924,283		1,211,594	2,833,397	4,969,274		
61	Risk Management Insurance/HR Services/Division of Admin Hearings								92,716		81,756	9,717	184,189		
62	Total Environmental Health							217.50	4,728,551	-	17,852,878	3,690,891	26,272,320	438,866	
63	County Health Dept Local Health Needs														

Department of Health

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Line	Program	Description	Eligibility Requirements	Units	Cost/Unit	State Match (\$)	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comment
64	67 County Health Departments	County health departments (CHDs) provide a variety of health services for infants and children and their families. Clinics serve eligible children through 21 years of age. All counties provide immunizations and varied levels of child health supervision that includes periodic health history, physical examinations, and laboratory screening tests for such health status indicators as lead and anemia and they serve as the medical home for large numbers of residents in rural and medically underserved areas.						12,759.00	153,180,788	3,919,999	727,519,626	161,863,983	1,046,484,396	363,503,630	\$1,242,196 state match for Breast and Cervical Cancer grant, \$111,241 MOE/Match for National Cancer Registry grant, \$104,792,662 MOE Maternal and Child Health Block Grant, \$6,309,803 state match Ryan White, \$5,948,564 MOE Immunization grant.
65	Legislative Member Projects	La Liga-League Against Cancer, Manatee County Rural Health Services, Minority Outreach-Penlaver Clinic							1,339,481				1,339,481		
66	Risk Management Insurance/HR Services/Division of Admin Hearings										9,177,234	645,520	9,822,754		
67	Total County Health Dept Local Health Needs							12,759.00	154,520,269	3,919,999	736,696,860	162,509,503	1,057,646,631	363,503,630	
68	Statewide Public Health and Support Services												-		
69	Division of Emergency Medical Operations	Provides supervision, direction and coordination for the division.						-			-		-		
70	Disaster Preparedness and Emergency Operations	Leads all-hazards preparedness planning and implementation, and health and medical emergency response.	Not Applicable. All citizens and visitors to the state are eligible for comprehensive health services in the event of a natural, biological, or man-made disaster.				Sections 252.31 – 252.61, 381.001(6), 381.00315(1)(b), 943.0313(1)(a)(5), 943.0313(1)(a)(11), F.S. and The Pandemic and All-Hazards Preparedness Act 2006, Public Law 109-417, Public Health Service Act, 42 U.S.C., The Homeland Security Act of 2002 Public Law No. 107-296, and The Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law No. 93-288.	124.50	300,826		186,357	57,481,612	57,968,795	300,826	State match for Public Health Preparedness and Response for Bioterrorism grant.
71	Emergency Medical Services	Regulates ground and air ambulance providers and vehicles, emergency medical technician and paramedic training programs; provision of grant funds to organizations to improve and expand Florida's emergency medical services (EMS) systems; collection of pre-hospital data; development and biennial revision of a state Emergency Medical Services plan; participation in Emergency Medical Services Advisory Council activity; and coordination of emergency medical services provider disaster preparedness and response activity.					Chapters 401, 252, 316, 381, 395 F.S.	28.00			13,476,869	459,883	13,936,752		

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Base Budget Review

Base Budget Review								FY 2011-12 Base Budget							
Line	Program	Description	Eligibility Requirements	Units	Cost/Unit	State Match (\$)	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comment
72	Office of Trauma	Plans, monitors, and evaluates trauma center standards, site surveys, application processes, trauma agencies development and operation, state trauma system plan, trauma transport protocols, state trauma registry and the end-of-life program.					Chapter 401, and 395 Part II, F.S.	10.00			9,770,416	-	9,770,416		
73	Office of Public Health Research	Supports biomedical and behavioral research and public health practice by providing grants, ensuring the ethical conduct of research, encouraging the translation of research findings to promote health, and promoting ethical principles in public health research.						5.00	-		2,505,825		2,505,825		
74	Office of the Deputy Secretary - Executive Direction	Provides leadership and policy direction for the Community Public Health program including county health departments and the associated central office programs.						12.00	130,950		361,319	415,413	907,682		
75	Office of Public Health Nursing	Responsible for leadership, workforce development, and public health preparedness.						6.00	25,870		1,169,616		1,195,486		
76	Office of Health Statistics and Assessment	Responsible for facilitating the collection, analysis and dissemination of health statistical data and the implementation of community health assessment and health improvement planning processes.						29.00	673,947		115,707	458,091	1,247,745		
77	Bureau of Vital Statistics	Registers and issues certified copies of vital records of the State of Florida.					Chapter 382, F.S.	106.00	-		7,133,403	1,695,313	8,828,716		
78	Bureau of Pharmacy Services	Provides drugs and nutritional supplements for the treatment of sexually transmitted diseases, epilepsy, tuberculosis, HIV/AIDS, diabetes, and rabies; prevention of PKU (phenylketonuria); adult and childhood immunizations; family planning (contraceptives and devices); and general clinics drugs for county health department.	Eligibility varies depending on the type of diagnosis				S. 381.0203(1) F.S.	32.50	20,677,654	-	523,064	98,925,276	120,125,994	9,500,000	Match for Ryan White grant.
79	Bureau of Health Laboratory Services	Provides population-based diagnostic screening, monitoring, reference, emergency and research laboratory services; and collects epidemiologic (demographic) information to support the core public health functions.					Chapters 381, 383 and 403 F.S.	281.00	8,635,256		11,509,914	12,507,361	32,652,531	4,517,056	\$316,876 match for Ryan White grant, \$351,754 match for Public Health Preparedness and Response to Bioterrorism grant. \$3,848,426 Newborn Screening
80	Risk Management Insurance/HR Services/Division of Admin Hearings								2,945,674		298,335	75,525	3,319,534		
81	Total Statewide Public Health and Support Services							634.00	33,390,177	-	47,050,825	172,018,474	252,459,476	14,317,882	
82	CHILDREN'S MEDICAL SERVICES PROGRAM														
83	Division of Children's Medical Services Network and Related Programs	Provides children with special health care needs under the age of 21 a family-centered, comprehensive, and coordinated statewide managed system of care that links community-based health care with multidisciplinary, regional, and tertiary pediatric care. Special needs include serious or chronic physical or developmental conditions requiring extensive preventive and maintenance care beyond that required by typically healthy children.						737.50							
84	Children's Medical Services Network	Serves children with special health care needs who are enrolled in Medicaid (Title XIX) and KidCare (Title XXI). The Medicaid benefit package is provided for enrolled children. In addition the CMS Network Safety Net serves children who are not eligible for other insurance programs, are underinsured, or those whose cost of care spends the family income down to eligible financial levels.	Clinical eligibility is determined by CMS Network nurses through the application of a formal screening tool. Financial eligibility is determined by KidCare or Medicaid. The local CMS area offices determine financial eligibility for CMS Network children enrolled in the Safety Net Program.				Chapter 391, F.S.		35,002,029	11,775,196	57,874,229	148,368,022	253,019,476	99,527,121	\$74,517,180 State Match for Title XIX & XXI, and \$25,009,941 Match/MOE for Maternal and Child Health Block Grant

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Line	Program	Description	Eligibility Requirements	Units	Cost/Unit	State Match (\$)	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comment
85	Children's Medical Services Kidney Disease Program	Provides health care services for CMS patients with chronic renal failure and end stage renal disease at three Comprehensive Children's Kidney Failure Centers located at the medical schools at the University of Florida, University of South Florida, University of Miami, and Joe DiMaggio Children's Hospital.	Patients must be under 21 years of age, meet specific financial eligibility criteria and meet the clinical eligibility criteria of less than 75% of normal kidney function, which meets the definition of a chronic condition (duration of more than six weeks).				S. 391.07, F.S.		905,309				905,309		
86	Early Steps (Infants and Toddlers Early Intervention) Program	Ensures families and caregivers of infants and toddlers with disabilities have the opportunity to enhance the development of their children within their everyday routines, activities and places. The program provides (1) comprehensive assessments of the needs of children birth to 36 months and their families; (2) service coordination /case management to assure that the child and family receive specific services to address the concerns, priorities, and outcomes identified in the Individualized Family Support Plan; and (3) intervention and assistance services identified in the Individualized Family Support Plan.	Infants born in or transferred into a DEI designated hospital Neonatal Intensive Care Unit (NICU) and who meet both medical and financial eligibility criteria for the program. Infants must be determined to have a medical, developmental, or familial social situation, which places the infant at risk for developmental disabilities. The infant's family must meet Medicaid income criteria for services to be funded. The Part C Program serves infants and toddlers with developmental delays or an established condition likely to result in a delay. It is a federal entitlement program and has no financial eligibility requirements. Chapter 393, Florida Statutes, serves children birth to 36 months with diagnosis of: (1) mental retardation (2) cerebral palsy, (3) autism, (4) spina bilida, (5) Prader Willi syndrome or (6) who are at high risk of developmental disability due to developmental delay or a physical or genetic anomaly associated with developmental disability. There are no financial eligibility criteria.				Individuals with Disabilities Education Act (IDEA), Part C 34 CFR Part 303, Early Intervention Program for Infants and Toddlers with Disabilities Ch. 391, F.S. (Part III) Ch. 393, F.S. (Developmental Services) Ch. 411, F.S., (Handicap Prevention Act)		16,120,698	3,817,556		23,853,779	43,792,033	19,938,254	\$17,412,238 MOE for Early Steps Program; \$2,526,016 State match for Medicaid
87	Pediatric HIV/AIDS	Provides CMS enrolled infants, children, youth and families with HIV/AIDS residing in CMS service delivery sites. Services include, but are not limited to, evaluation, diagnosis, care coordination, nutritional counseling, permanency planning, assistance with transportation and other support services.	Medical eligibility requires that the patient must be HIV-exposed, HIV infected, or have AIDS. Financial eligibility requires that the family must meet CMS eligibility requirements. The CMS Medical Director may waive financial eligibility criteria for infants born to HIV-infected women.				S. 391.041, F.S.		2,049,231				2,049,231	2,049,231	State Match for Ryan White grant
88	Genetic Services	Provides prevention services for the occurrence or reoccurrence of genetic disease. Services are provided at Florida's three medical centers with outreach services available at 22 CMS area office locations.	Children, birth to age 21, at risk for, or suspected of having a genetic disorder and patients at risk for parenting a child with a genetic disorder. Following diagnosis, patients must meet CMS eligibility criteria for sponsorship. Newborns with abnormal screening results are provided confirmatory testing without regard to income.				Chapter 391 and S. 383.144, F.S.		995,456				995,456		
89	Sickle Cell Screening	Educates and counsels the general public, health care professionals, and to families of newborns identified with abnormal hemoglobin screening results through the Newborn Screening Program.	None.				Sections 381.815 and 385.206, F.S		972,638				972,638		

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Line	Program	Description	Eligibility Requirements	Units	Cost/Unit	State Match (\$)	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comment
90	Regional Perinatal Intensive Care Centers (RPICC)	Provides optimal medical care for high-risk pregnant women and sick/low birth weight newborns requiring neonatal intensive care unit (NICU) services. Services include a complete range of medical and medically related services at eleven regional centers for pregnant and sick/low birth weight newborns; and community-based, consultative obstetrical services for high risk pregnant women at 12 satellite clinic sites.	Medically eligible include pregnant women who are diagnosed as being at high risk for the delivery of a sick or low birth weight newborn; and, sick and/or low birth weight newborns that require highly specialized intensive medical care. The financial criteria for obstetrical patients are 185% of the non-farm federal poverty level which became effective May 1, 1992. Financial eligibility for neonates is 200% of the non-farm federal poverty level which increased from 185% on July 1, 2000. Emergency transportation services for newborns are solely based on medical eligibility.				Sections 383.15 – 383.21, F.S.		1,028,183			266,301	1,294,484		
91	Newborn Screening	Provides testing for certain metabolic, endocrine, and hemoglobinopathy disorders, including cystic fibrosis, with potentially adverse consequences that can be identified and treated before the illness becomes apparent to all babies born in Florida.	All babies born in Florida are eligible.				Sections 383.14 and 383.145, F.S.		-		305,927		305,927		
92	Division of Prevention and Intervention	Promotes the safety and well being of Florida's children by providing specialized services to children with special health care needs associated with child abuse and neglect. Prevention Resource Development - Provides materials and develop resources to inform the professional population within the health arena and the families that are served with information related to the impact of adverse childhood experiences, including child maltreatment and family violence, on the long term growth and development of children and of mechanism to recognize and potentially prevent such from occurring and to support healthy and safe children and families.					Sections 20.43(1)(h), 39.303 and 39.305, F.S.	10.00							
93	Child Protection Team	Provides medical evaluations, consultations, nursing assessments, and expert court testimony for children alleged to be abused or neglected; conducts interviews, psychosocial, psychological evaluations and consults, expert court testimony, and legal consultations for children alleged to be abused or neglected; conducts community and professional training in child abuse and neglect; conducts sexual abuse treatment program evaluations and treatment of children alleged to be sexually abused by their families; provides telehealth/telemedicine support; and develops prevention resources. Screens all child abuse Hotline reports to identify mandatory and other reports in which child victims would benefit from medical evaluations and other team assessment activities. Each child referred receives a multidisciplinary team assessment and recommendations are made to protective investigation staff.	All children reported to the Florida Abuse Hotline suspected of being abused by an adult caretaker and accepted by the Department of Children and Families or local sheriff's offices responsible for child protective investigations for assessment are eligible for team services. Children reported to and accepted by the Hotline for Child on Child Sexual Abuse are eligible for services if they are age 12 or under. When sexual abuse is either indicated or verified in any case, victims and their families are eligible for sexual abuse treatment services.				Sections 20.43(1)(h), 39.303 and 39.305, F.S.		8,847,219			5,763,295	14,610,514		
94	Poison Information Center Network	Provides access to poison information, triage of potentially poisoned patients, collection of pertinent data, professional consultation for health care providers, and professional and consumer education.					S. 395.1027, F.S.				1,261,387		1,261,387		
95	Risk Management Insurance/HR Services/Division of Admin Hearings								575,074		294,947	50,895	920,916	9,839	State Match for Title XIX & XXI
96	Total Children's Medical Services Program							747.50	67,757,224	15,592,752	58,475,103	178,302,292	320,127,371	121,524,445	
97	HEALTH CARE PRACTITIONER AND ACCESS PROGRAM												-		
98	Medical Quality Assurance	Responsible for regulatory activities of more than 864,000 health care practitioners, facilities, and businesses.					Section 20.43, F.S.	22.00			2,822,171	231,799	3,053,970		

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99	Consumer Services and Compliance Management Unit	Reviews complaints and statutorily required reports received against health care practitioners and regulated facilities for possible violations of applicable laws and rules					Chapters 20.43 and 456, F.S.	46.00			2,777,122		2,777,122		
100	Investigative Services Unit	Enforces health care standards by investigating complaints and conducting investigations for all professions, facilities, and businesses regulated by the Department of Health. Also investigates complaints of unlicensed activity.					Chapters 456 and 449, F.S.	163.00			12,559,810		12,559,810		
101	Prosecution Services Unit	Responsible for the prosecution of cases resulting from complaints filed against health care practitioners regulated by the Department of Health.						129.00			10,351,090		10,351,090		
102	Bureau of Management Services	Provides centralized administrative supportive services to offices within the Division of Medical Quality Assurance.					Sections 20.43, and 456, F.S.	60.00			6,325,551		6,325,551		
103	Bureau of Operations	Prepares and administers examinations for health care practitioner applicants, performs revenue functions for the Division, and issues licenses to eligible individuals. Also publishes health care practitioner profiles, conducts continuing education and financial responsibility audits, and manages the division's licensing and enforcement database.					S. 20.43, F.S. and Chapter 456, F.S.	42.50			9,906,027		9,906,027		
104	Bureau of Health Care Practitioner Regulation	Develops policy and conducts programmatic activities related to licensure of health care practitioners and regulated facilities.					Chapter 456, F.S.	178.00			17,299,327		17,299,327		
105	Risk Management Insurance/HR Services/Division of Admin Hearings										965,107		965,107		
106	Total Medical Quality Assurance	(amounts reported under Federal TF are appropriated in the Medical Quality Assurance TF with FS=3)						640.50	-	-	63,006,205	231,799	63,238,004	-	
107	Community Health Resources												-		
108	Division of Health Access and Tobacco	Coordinates local, state and federal resources to improve primary care access and health professional workforce availability in medically underserved communities throughout Florida. It also serves as the federally designated State Primary Care Office (PCO) and functions as the state liaison to the Florida Association of Community Health Centers and the state's Federally Qualified Health Centers.						10.00	650,604		33,310	-	683,914	40,000	State match for the State Office of Rural Health grant.
109	Office of Injury Prevention	Provides statewide coordination and expansion of injury prevention activities.					Sections 381.0011 (12), (revised 2004), 401.211, F.S. (revised 2004) and 401.243, F.S. (new 2004)	7.00				964,865	964,865		
110	Brain and Spinal Cord Injury Program	Administers a statewide coordinated system of care to serve persons who have sustained moderate-to severe traumatic brain and/or spinal cord injuries by providing all eligible residents who sustain a traumatic brain or spinal cord injury the opportunity to obtain the necessary services enabling them to return to their community.	Must be referred to the BSCIP Central Registry, a legal resident of Florida with the present intent to remain in Florida indefinitely and have lawful permanent presence in the United States of America, have sustained a traumatic injury, be medically stable as defined by the program, and be reasonably able to achieve reintegration into the community through rehabilitation services.				Sections 381.739-795, and 413.46, F.S.	62.00	2,554,151		16,919,479	9,378,886	28,852,516	6,011,492	Pass through to AHCA for State match for the Brain and Spinal Cord Injured, Home and Service Medicaid Waiver \$4,185,407 BSCIP TF and \$1,168,470 GR, and Cystic Fibrosis Home and Community Based Service Medicaid Waiver \$657,615 GR.

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Line	Program	Description	Eligibility Requirements	Units	Cost/Unit	State Match (\$)	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comment
111	Health Professional Recruitment and Primary Care Access	Coordinates local, state and federal resources to improve primary care access and health professional workforce availability in medically underserved communities throughout Florida. Also serves as the federally designated State Primary Care Office (PCO) and functions as the state liaison to the Florida Association of Community Health Centers and the state's Federally Qualified Health Centers.	Not Applicable				Sections 381.0302, and 409.91255, F.S.	6.00	-		-	310,720	310,720	-	
112	Volunteer Health Care Provider Program	Manages the Volunteer Health Care Provider Program (VHCPP), which includes non-Department of Health healthcare providers. Also provides technical support to the Chapter 110 Volunteer Program, which includes volunteers from both health and non-health occupations and professions who work at Department of Health facilities. Includes funds to support staff in the county health departments.	Clients must not have health insurance that covers the treatment being sought; and have a net family income that does not exceed 200% of the FPL; or be Medicaid eligible under Florida law and meet the program's income eligibility criteria. To be eligible for the Chapter 110 program, a person must meet the same requirements of an individual seeking employment with the Department of Health.				Sections 766.1115, and 110.501-504, F.S.	8.00	447,543				447,543		
113	Office of Rural Health	Provides statewide assistance on rural health issues and coordinates with local, state, and federal agencies as well as public and private entities to assist in developing and sustaining systems of health care in rural communities. Oversees nine certified rural health networks that were organized to plan and deliver health care services in a rural area on a cooperative basis and administers the Federal Rural Health Policy grant program, the federal Medicare Rural Hospital Flexibility Program, distributes state capital improvement funds, distributes federal small hospital improvement program funds, represents the department on the Rural Economic Development Initiative, and represents the interests of rural communities and providers on the Public Health and Medical Preparedness Strategic Planning and Oversight Team.					ss. 381.0405, F.S.; 381.0406, F.S.; 381.040 65, F.S.; 395.6061, F.S.	1.00	500,000			1,219,819	1,719,819	450,000	State match for the State Office of Rural Health grant.
114	Area Health Education Centers (AHEC)	Charges medical schools to organize an area health education center network to serve as the catalyst for the primary care training of health professionals through increased opportunities for training in medically under-served areas. Requires DOH to assist in funding the network which links the provision of primary care services to low-income persons with the education of medical students, interns, and residents; and that the department contract with state-approved medical schools to be responsible for the clinical training and supervision which will be done using community resources such as county health departments, federally funded primary care centers, and other community based primary care sites. AHEC Network consists of five universities with State-approved medical schools and community resources.					S. 381.0402, F.S.		4,801,743				4,801,743		
115	Local Health Councils	Eleven private, non-profit regional health planning councils plan activities previously performed by the federally funded health systems agencies.					S. 408.033, F.S.		-		1,006,000		1,006,000		
116	Florida Tobacco Prevention and Control Program	Carries out the Florida constitutional amendment requiring a comprehensive statewide tobacco education and prevention by providing funds to 39 CHDs to establish Tobacco Prevention Specialist positions which provide technical assistance, monitoring memorandums of understanding, and training to county health departments and community groups to carry out tobacco prevention activities. Also provides funds to the 67 counties through a competitive process to create tobacco free partnerships and develop and implement tobacco prevention activities consistent with CDC's Best Practices.	No Eligibility Requirements				S. 381.84, F.S.	21.00	-	61,600,948		1,686,767	63,287,715	502,876	State match for Tobacco Prevention grant

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Line	Program	Description	Eligibility Requirements	Units	Cost/Unit	State Match (\$)	Statutory Requirements	FTE	GR	Tobacco	State TF	Fed TF	Total	Match/MOE	Match/MOE Comment
117	Legislative Member Projects	Traumatic Brain Injury Association, Jessie Trice, SW Alachua County Primary Care Clinic, FAMU Crestview Center							2,177,592				2,177,592		
118	Risk Management Insurance/HR Services/Division of Admin Hearings								10,606		50,736	12,454	73,796		
119	Total Community Health Resources							115.00	11,142,239	61,600,948	18,009,525	13,573,511	104,326,223	7,004,368	
120	DISABILITY DETERMINATIONS PROGRAM														
121	Division of Disability Determinations	Federal Program responsible for making decisions of medical eligibility for Florida citizens who apply for disability benefits under the federal Social Security and Supplemental Security Income programs, and the state Medically Needy program. It is also responsible for conducting reviews and determining continuing eligibility for existing beneficiaries under the federal programs. Directs and coordinates the case processing activities in eight area offices, seven administering the federal program and one administering the state program, to ensure an effective and efficient workflow process that enables the division to meet its federal and state mandated production and quality goals.	For all adults applying for Social Security disability benefits under Title II or Title XVI, and adults applying under the Medically Needy program, the definition of disability is the same. The law defines disability as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. For all individuals under age 18 applying for Social Security disability benefits under Title XVI and individuals under age 18 applying under the Medically Needy program, the law defines disability as a medically determinable physical or mental impairment or combination of impairments that causes marked and severe functional limitations, and that can be expected to result in death or can be expected to last for a continuous period of not less than 12 months.				Chapter 20 Code of Federal Regulations (20CFR) 42 CFR	1,227.00	1,038,866			150,575,983	151,614,849	1,038,866	State Match for Title XIX Medically Needy Program
122	Risk Management/HR Services/Division of Admin Hearings								5,640			854,185	859,825	5,640	State Match for Title XIX Medically Needy Program
123	Total Disability Determinations							1,227.00	1,044,506	-	-	151,430,168	152,474,674	1,044,506	
124	TOTAL Department of Health							17,367.50	417,253,082	99,516,624	953,626,275	1,322,594,556	2,792,990,537	607,077,446	

Department of Veterans' Affairs

Base Budget Review							FY 2011-12 Base Budget						
Line	Program	Description	Eligibility Requirements	Units **	Cost/ Unit **	Statutory Requirements	Audit Findings	FTE	GR	State TF	Fed TF	TOTAL	Match/ MOE
Veterans' Homes													
50-100-100													
1	State Homes Program - Administration	Provides administrative oversight for the Homes Program which provides health care services to eligible Florida veterans who are in need of assisted living or long-term skilled nursing home care.	NA	750 Total Beds	\$646.44	ss. 296.01-296.17, F.S. Ss. 296.31-296.41, F.S.		44	11,588	2,123,838	1,012,035	3,147,461	
2	Veterans' Domiciliary Home, Lake City	Provides shelter, sustenance, and incidental medical care on an ambulatory self-care basis to assist eligible veterans who are disabled by age or disease, but who are not in need of hospitalization or nursing home care services. The Home provides residential, assisted living and incidental medical care to veterans who are unable to earn a living because of disability. The focus of care is to encourage veterans to function at their highest level of independence.	Admission eligibility requirements include honorable discharge from the U.S. Armed Forces, a resident of the State of Florida for at least one year (at time of application), need Domiciliary/ Assisted Living level of care and not owe the Department any money.	Days of care provided 42,014	\$123.58	ss. 296.01-296.17, F.S.	Auditor General Report No. 2007-049 recommends that the department address insufficient internal controls at the veterans home in Springfield (Sims) over the collection of resident co-payments and deficiencies in the processes used to close out resident trust accounts upon discharge of residents. The veterans' home should conduct a timely audit of resident trust accounts upon discharge to properly determine the amount due from or to the resident. Billing statements should be sent to the resident or their designated representative reflecting account status and all resident account close-outs should be properly documented in the nursing home records.	66	13,126	2,692,632	1,257,696	3,963,454	
3	Veterans Nursing Homes - Daytona Beach	Provides comprehensive health care services to eligible Florida veterans who are in need of skilled nursing home care. The nursing homes provide full-service skilled nursing care, supervised 24 hours daily by registered and licensed nursing staff. Nursing staff prepares a care plan for each resident, which includes medical, social and dietary services and therapeutic and recreational programs. The six veterans' nursing homes are located in Daytona Beach, Land O-Lakes, Pembroke Pines, Springfield, Port Charlotte, and St. Augustine.	Must be (1) a veteran as determined under s. 1.01 (14), Florida Statutes, (2) a resident of Florida for at least one year prior to application, and (3) in need of nursing home care for a condition that requires services that fall within the level of care for which the home has resources and functional ability to provide.	Days of Care provided: 38,309	\$284.94	ss. 296.31-296.41, F.S.	Auditor General Report No. 2007-049 recommends that the department review its admittance, billing, and file maintenance procedures at the veterans' homes located in Daytona Beach, Pembroke Pines, and Springfield. Admittance procedures should require that all residents who are potentially Medicaid-eligible apply for Medicaid benefits. Billing procedures should ensure that residents' contributions to their cost of care are appropriate to their verified income levels and that all third-party reimbursements are timely filed. File maintenance procedures should ensure that all billing and collection transactions are adequately documented.	139	1,099,980	6,744,156	3,209,895	11,054,031	
4	Veterans Nursing Homes - Land O'Lakes	Please see description for The Daytona Beach Home	Please see eligibility for the Daytona Home	Days of Care provided 42,014	\$266.28	ss. 296.31-296.41, F.S.		140	1,293,848	6,371,914	3,016,311	10,682,073	
5	Veterans Nursing Homes - Pembroke Pines	Please see description for The Daytona Beach Home	Please see eligibility for the Daytona Home	Days of Care provided 41,704	\$232.87	ss. 296.31-296.41, F.S.		139	1,429,559	5,693,975	2,668,893	9,792,427	
6	Veterans Nursing Homes - Springfield	Please see description for The Daytona Beach Home	Please see eligibility for the Daytona Home	Days of Care provided 43,360	\$202.97	ss. 296.31-296.41, F.S.		134	943,452	7,037,629	3,370,712	11,351,793	
7	Veterans Nursing Homes - Port Charlotte	Please see description for The Daytona Beach Home	Please see eligibility for the Daytona Home	Days of Care provided 42,544	\$221.09	ss. 296.31-296.41, F.S.		138	891,099	7,305,678	3,500,988	11,697,765	
8	Veterans Nursing Homes - St. Augustine	Please see description for The Daytona Beach Home	Please see eligibility for the Daytona Home	Days of Care provided - 0; Home opened in September 2010	NA	ss. 296.31-296.41, F.S.		178	288,873	7,735,121	3,647,445	11,671,439	
Total Veterans Homes								978	5,971,525	45,704,943	21,683,975	73,360,443	
Executive Direction and Support Services													
50-100-400													
9	Office of Executive Director and Support Services	Provides oversight and strategic direction for department operations, actions, and infrastructure resources necessary to ensure the effective and efficient operation of all aspects of the department (Budget, Chief of Staff, Communications, Executive Director, Fiscal, General Counsel, Inspector General, Legislative Affairs, Planning, Personnel, Purchasing, Training and Staff Development).	NA	NA	NA	ss. 20.37, 292.05, F.S.		23	2,397,122	67,307	-	2,464,429	
10	Information Technology Group	Provides technical support to the department by seeking enabling technologies to support vital business processes. These activities support the operations of the department's information technology infrastructure for data and voice network access tot he State's legacy computer applications.	NA	NA	NA	ss. 20.37, 292.05, F.S.		4	901,396	33,151	0	934,547	
Total Executive Direction								27	3,298,518	100,458	0	3,398,976	

Department of Veterans' Affairs

Base Budget Review						FY 2011-12 Base Budget							
Line	Program	Description	Eligibility Requirements	Units **	Cost/ Unit **	Statutory Requirements	Audit Findings	FTE	GR	State TF	Fed TF	TOTAL	Match/ MOE
	Veterans' Benefits and Assistance	50-100-700											
11	Division Director, Veterans' Benefits and Assistance	Supports the Florida Department of Veterans' Affairs mission of veterans' advocacy. Provides oversight for the Bureaus of State Approving Veterans' Training, Claims Services and Field Services.	NA	28,064 claims processed	\$12.01	ss. 20.37, 292.05, 292.011, F.S.		3	255,092			255,092	
12	Bureau of State Approving Veterans' Training	Under contract with the US Department of Veterans' Affairs, the bureau approves and ensures the quality of educational and training institutions and programs. It monitors educational institutions to ensure continued compliance with federal and state regulatory requirements governing administration of the G.I. Bill. The bureau is funded by the federal government.	Education and training institutions and programs within the State	16,683 programs certified	\$32.25	ss. 20.37, 295.124, F.S.		8			656,739	656,739	
13	Bureau of Veterans' Claims Services	Veterans' Claims Examiners provide counseling services and assistance to veterans, their dependents and survivors with the preparation, submission and prosecution of claims and appeals for state and federal entitlements as well as applications to correct military records. The bureau's primary responsibility is to work directly with the US Department of Veterans' Affairs Regional Office to expedite clients' claims. The bureau's staff is located within the US Regional Office on the Bay Pines VA Medical Center campus in south Pinellas County.	All former, present, and future members of the Armed Forces of the United States, their dependents, and survivors.	97,088 veterans served	\$11.65	ss. 20.37, 292.05 F.S.		21	1,078,057			1,078,057	
14	Bureau of Veterans' Field Services	Provides benefits counseling services to all inpatients and outpatients in US Department of Veterans Affairs medical facilities, serving seven hospitals, nine multi-specialty outpatient clinics, 34 community-based primary care clinics, 15 Vet Centers and the six state Veterans' Homes. The bureau also provides outreach activities throughout the state that include supporting the Transitional Assistance Program at military installations and assisting veterans following hurricane recovery. The bureau's primary responsibility is to help veterans initiate, develop, submit and prosecute claims and appeals for federal veterans entitlements. Field services offices are located in Bay Pines, Gainesville, Lake City, Miami, Tampa, and West Palm Beach.	All inpatients and outpatients at US Department of Veterans' Affairs medical facilities, Vet Centers, and Veterans' Homes. The Transitional Assistance Program serves all military men and women being discharged from active duty.	504,153 services to veterans	\$5.51	ss. 20.37, ss. 20.37, F.S.		47	2,685,351			2,685,351	
15	Campus Vet Rep	These positions were approved in 09-10 Budget, however there is no funding source. Therefore the positions have been placed in Reserve status.		NA	NA			39		0		0	
Total Benefits and Assistance							Total - 50100700	118	4,018,500	0	656,739	4,675,239	
Total - Department							TOTAL - ALL BUDGET ENTITIES						
							1,123	13,288,543	45,805,401	22,340,714	81,434,658	0.0	

Follow-up from January 26, 2011 HHS Subcommittee Meeting

Sliding Fee Scale

Sliding fee scale by income used by community mental health and substance abuse providers as provided in Florida Administrative Code Rule 65E-14.018 (see Attachment I):

Uniform Discounts		
Percent of Poverty Level	Standard Discount Percentage	Accelerated Discount
0% to 150%	<i>Co-pay</i>	0
150% to 165%	96%	See 4. Below
165% to 180%	94%	See 4. Below
180% to 195%	89%	See 4. Below
195% to 210%	81%	See 4. Below
210% to 225%	70%	See 4. Below
225% to 240%	56%	See 4. Below
240% to 255%	39%	See 4. Below
255% to 270%	19%	See 4. Below
270% to 285%	10%	See 4. Below
285% to 300%	5%	See 4. Below
300% and above	0%	0

1. The "Percent of Poverty Level" shall be calculated by dividing the declared gross family income by the Department of Health and Human Services (DHHS) Annual Update of the Health and Human Services Poverty Guidelines. The poverty guidelines establish poverty income levels for various family sizes (see Attachment II).
2. If the calculated percent of poverty level percentage is rounded and equals a percentage that appears in two adjacent rows in the Percent of Poverty Level column of the table above, the greater of the two discounts shall apply.
3. The total negotiated charges to a client shall not exceed 5% of gross household income.
4. Nothing in this section shall prevent a contractor from further discounting or writing off charges individually or in the aggregate.

Attachment I

65E-14.018 Sliding Fee Scale.

(1) It is not the intent of this section to prohibit or regulate the collection of fees on behalf of a client from third party payers and commercial insurers such as Workers' Compensation, CHAMPUS/VA or Medicare. However, contractors must make every reasonable effort to identify and collect benefits from third party payers for services rendered to eligible clients.

(2) Sliding Fee Scale.

(a) The contractor shall develop a sliding fee scale that applies to persons for services that are paid for by state, federal, or local matching funds who have an annual gross family income at or above 150 percent of the Federal Poverty Income Guidelines. The sliding fee scale does not apply to services paid for by Medicaid.

(b) The contractor shall update the sliding fee scale annually. If payments from a third party payer and client or responsible party exceed the usual and customary charge, the client or responsible party must be refunded the excess recovered.

(c) The contractor shall make a determination of ability to pay in accordance with the sliding fee scale for all clients seeking substance abuse and mental health services. Payment of fees shall not be a pre-requisite to treatment or the receipt of services.

(d) The contractor shall inform clients and responsible parties of the state laws that require the assessment and collection of fees.

(e) The contractor shall retain fees collected for children mental health services and use them to expand child and adolescent treatment services in the service district.

(f) The contractor shall require payment of fees from persons not eligible for Medicaid and whose gross family income is less than 150 percent of the federal poverty income guidelines in accordance with Section 409.9081, F.S. Nominal co-payments for the following substance abuse and mental health services shall apply:

1. Outpatient treatment services – \$3 per day.
2. Residential treatment services – \$2 per day.

(g) The contractor shall require persons meeting the criteria listed below to contribute to their treatment costs consistent with the provisions in Section 409.212, F.S.:

1. Persons who receive optional supplementation payments or are receiving a supplemental security income check.
2. Persons determined to be eligible for optional supplementation by the department.
3. Persons who meet program eligibility criteria for assisted living facilities, foster care family placements, long-term residential care, or any other special living arrangements.

(h) The contractor shall require persons who are involuntarily admitted for substance abuse treatment and mental health examination pursuant to Sections 397.675 and 394.463, F.S., to contribute to the cost of care in accordance with the sliding fee scale, unless charging a fee is contraindicated because of the crisis situation. The contractor shall inform the client and responsible party when the fee is not charged for this reason and shall document such circumstances in the client's file.

(i) The contractor shall have written procedures for determining annual gross family income for the purpose of assessing, billing and collecting client fees.

1. Current income, from either part-time or full-time employment, received by an adult client and all other adult family members of the household, including the spouse, is derived by multiplying:
 - a. An hourly wage by 2080 hours (for part-time employment use anticipated annual hours); or
 - b. A weekly wage by 52 weeks; or
 - c. A biweekly wage by 26 weeks; or
 - d. A monthly wage by 12 months.
2. Income from such sources as seasonal type work or other work of less than 12 months duration,

commissions, overtime, bonuses and unemployment compensation will be computed as the estimated annual amount of such income for the ensuing 12 months. Historical data based on the past 12 months may be used if a determination of expected income cannot logically be made.

3. The contractor shall accept the client's statements related to income and family size at the initial assessment.

(3) Fee Liability Exceptions. The following parties shall not be liable for payment of fees:

(a) Parents of minor clients, when the client has been permanently committed to the department and parental rights have been permanently terminated.

(b) Parents of a minor child, when the child has requested and is receiving services without parental consent.

(4) Uniform Schedule of Discounts.

(a) The contractor shall develop a sliding fee scale that reflects the uniform discounts in paragraph (b) below, applied to the contractor's usual and customary charges.

(b) The applicable discount to be applied to a contractor's usual and customary charges to create the contractor's sliding fee scale is determined at the intersection of the row for percentage of poverty level with the column for the applicable type of uniform discount.

Percent of Poverty Level	Uniform Discounts	
	Standard Discount Percentage	Accelerated Discount
0% to 150%	Co-pay	0
150% to 165%	96%	See 4. Below
165% to 180%	94%	See 4. Below
180% to 195%	89%	See 4. Below
195% to 210%	81%	See 4. Below
210% to 225%	70%	See 4. Below
225% to 240%	56%	See 4. Below
240% to 255%	39%	See 4. Below
255% to 270%	19%	See 4. Below
270% to 285%	10%	See 4. Below
285% to 300%	5%	See 4. Below
300% and above	0%	0

1. The "Percent of Poverty Level" shall be calculated by dividing the declared gross family income by the Department of Health and Human Services (DHHS) Annual Update of the Health and Human Services Poverty Guidelines. The poverty guidelines establish poverty income levels for various family sizes.

2. If the calculated percent of poverty level percentage is rounded and equals a percentage that appears in two adjacent rows in the Percent of Poverty Level column of the table above, the greater of the two discounts shall apply.

3. The total negotiated charges to a client shall not exceed 5% of gross household income.

4. Nothing in this section shall prevent a contractor from further discounting or writing off charges individually or in the aggregate.

Specific Authority 394.493(2), 394.674(4), 394.78(1), 397.321(5) FS. Law Implemented 394.493(2), 394.674(3), (4), 394.74(3)(c), 397.431 FS. History--New 7-1-03.

Attachment II

2011 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Number of Persons in Family	Poverty Guideline (annual income)
1	\$10,890
2	\$14,710
3	\$18,530
4	\$22,350
5	\$26,170
6	\$29,990
7	\$33,810
8 ¹	\$37,630

¹ For families with more than 8 persons, add \$3,820 for each additional person.

Cost (state and federal) of maintaining just Mental Health Crisis Stabilization Beds.

Funding Category	Amount
Baker Act Services	
General Revenue	\$62,333,949
Emergency Stabilization	
General Revenue	\$20.1 million (\$8 million is nonrecurring)
Tobacco Settlement TF	\$ 0.2 million
ADAMHTF (Block Grant)	<u>\$ 5.3 million</u> (\$0.2 million is nonrecurring)
Subtotal	\$25.6 million
Total	\$87,933,949

Unduplicated Number of Persons Served in Substance Program during FY 09-10 by Medicaid Eligibility Status, Age Group, and Service Status

Medicaid Eligibility Status	Age Group	Service Status				Total
		0 to 29 Day Admissions	30 to 90 Day Admissions	More than 90 Day Admissions	Missing Data*	
Medicaid Eligible	Adults	10,057	472	1,073	1,633	13,235
	Children	8,327	484	1,033	853	10,697
	Total	18,384	956	2,106	2,486	23,932
Not Medicaid Eligible	Adults	78,754	2,583	5,503	9,752	96,592
	Children	31,980	1,120	2,354	2,528	37,982
	Total	110,734	3,703	7,857	12,280	134,574

NOTE:

- (1) * **Missing data**: this includes clients who have service event record(s) in FY 09-10 without a corresponding substance abuse admission record showing when the episode of care started and/or ended within a provider agency.
- (2) **0 to 29 Day Admissions**: this includes clients served in FY 09-10, who had only one episode of care (admission record) within a provider agency. This also includes: **(a)** clients readmitted before 30 days following their last discharge from provider agency; **(b)** clients admitted and later transferred within a provider agency from one level of care to another; and **(c)** clients initially admitted as children (under 18 years old), who become adults during the same episode of care.
- (3) **30 to 90 Day Admissions**: this includes clients served in FY 09-10, who had at least one episode of care (at least one admission record), which occurred between 30 and 90 days following their previous discharge from a provider agency.
- (4) **More than 90 Day Admissions**: this includes clients served in FY 09-10, who had at least one episode of care (at least one admission record), which occurred after 90 days following their previous discharge from a provider agency.

Source: Substance Abuse and Mental Health Information System

Run Date: February 3, 2011

Tables Used: SERV; OUTC

COMPARISON OF GOVERNOR'S RECOMMENDATIONS TO FISCAL YEAR 2010-11

Department Title	CURRENT YEAR 2010-11		CURRENT YEAR 2010-11		FISCAL YEAR 2011-12		FISCAL YEAR 2011-12		FTE CHANGE FROM		CHANGE FROM		BUDGET CHANGE FROM	
	FTE	ALL FUNDS	FTE	ALL FUNDS	FTE	ALL FUNDS	FTE	ALL FUNDS	STARTUP	FROM	STARTUP	STARTUP	STARTUP	STARTUP
AGENCY/HEALTH CARE ADMIN	1,662.50	20,833,014.879	1,577.50	22,047,600.988	(85.00)	(85.00)	-5.11%	1,214,586.109	5.83%					
AGENCY/PERSONS WITH DISABL	3,078.00	1,015,919.257	2,922.50	842,021.943	(155.50)	(155.50)	-5.05%	(173,897,314)	-17.12%					
CHILDREN & FAMILY SERVICES	13,186.75	2,953,177.895	11,337.75	2,774,654.576	(1,849.00)	(1,849.00)	-14.02%	(178,523,319)	-6.05%					
ELDER AFFAIRS, DEPT OF	454.00	729,444.640	428.00	690,496.236	(26.00)	(26.00)	-5.73%	(38,948,404)	-5.34%					
HEALTH, DEPT OF	17,367.50	2,943,325.109	16,488.35	2,772,440.290	(879.15)	(879.15)	-5.06%	(170,884,819)	-5.81%					
VETERANS' AFFAIRS, DEPT OF	1,123.00	81,357.229	616.50	45,520.459	(506.50)	(506.50)	-45.10%	(35,836,770)	-44.05%					
Grand Total	36,871.75	28,556,239.009	33,370.60	29,172,734.492	(3,501.15)	(3,501.15)	-9.50%	616,495,483	2.16%					

COMPARISON OF GOVERNOR'S RECOMMENDATIONS TO STARTUP APPROPRIATIONS

Department Title	STARTUP FY 2011-12		BUDGET FY 2011-12		GOV REC FOR FISCAL YEAR 2011-12		GOV REC FOR FISCAL YEAR 2011-12		FTE CHANGE FROM		CHANGE FROM		BUDGET CHANGE FROM	
	FTE	ALL FUNDS	FTE	ALL FUNDS	FTE	ALL FUNDS	FTE	ALL FUNDS	STARTUP	FROM	STARTUP	STARTUP	STARTUP	
AGENCY/HEALTH CARE ADMIN	1,662.50	19,327,021.108	1,577.50	22,047,600.988	(85.00)	(85.00)	-5.11%	2,720,579.880	14.08%					
AGENCY/PERSONS WITH DISABL	3,078.00	1,008,023.553	2,922.50	842,021.943	(155.50)	(155.50)	-5.05%	(166,001,610)	-16.47%					
CHILDREN & FAMILY SERVICES	13,186.75	2,770,231.963	11,337.75	2,774,654.576	(1,849.00)	(1,849.00)	-14.02%	4,422,613	0.16%					
ELDER AFFAIRS, DEPT OF	454.00	715,786.621	428.00	690,496.236	(26.00)	(26.00)	-5.73%	(25,290,385)	-3.53%					
HEALTH, DEPT OF	17,367.50	2,792,990.537	16,488.35	2,772,440.290	(879.15)	(879.15)	-5.06%	(20,550,247)	-0.74%					
VETERANS' AFFAIRS, DEPT OF	1,123.00	81,434.658	616.50	45,520.459	(506.50)	(506.50)	-45.10%	(35,914,199)	-44.10%					
Grand Total	36,871.75	26,695,488.440	33,370.60	29,172,734.492	(3,501.15)	(3,501.15)	-9.50%	2,477,246,052	9.28%					

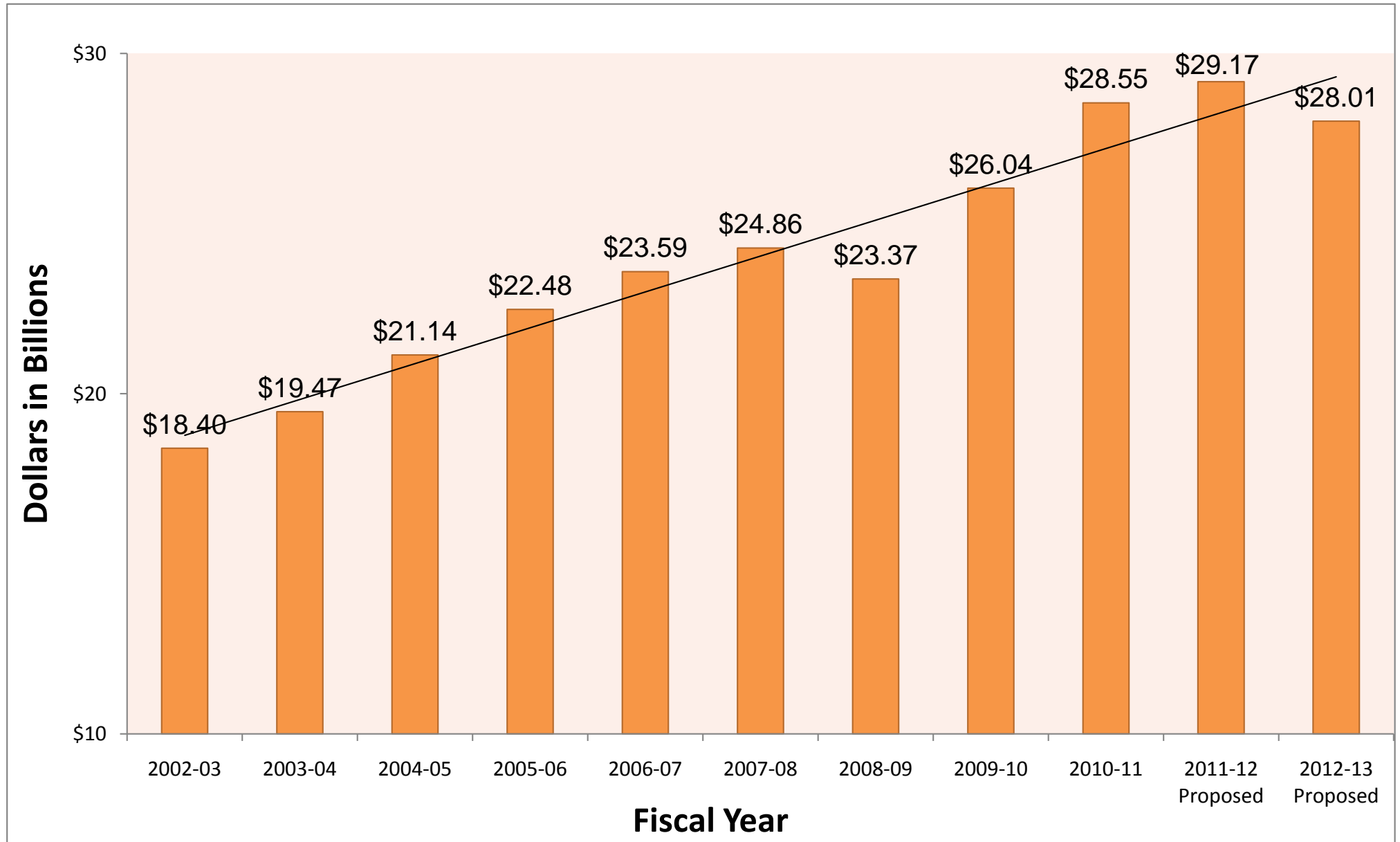
GOVERNOR RICK SCOTT

“Let’s Get to Work”

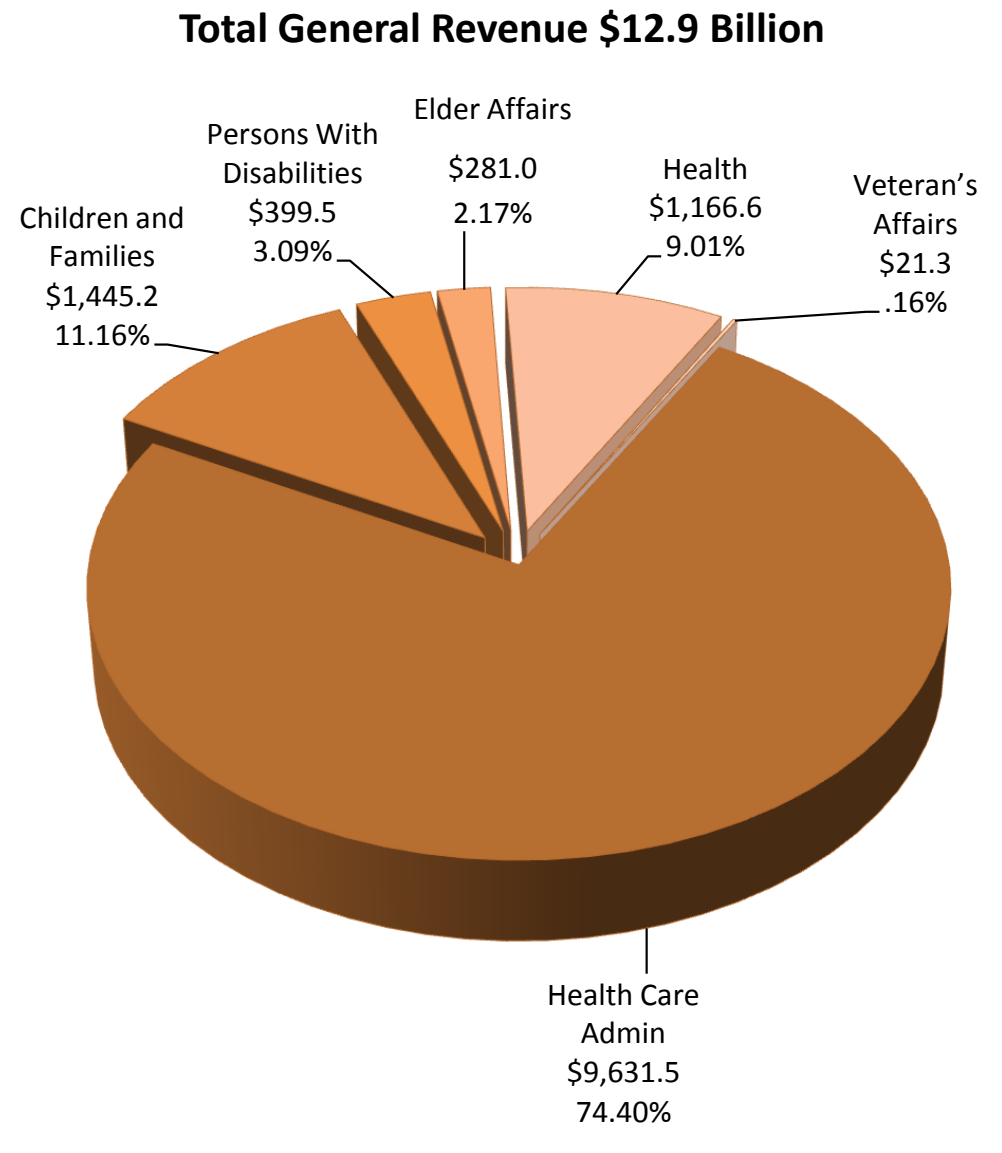
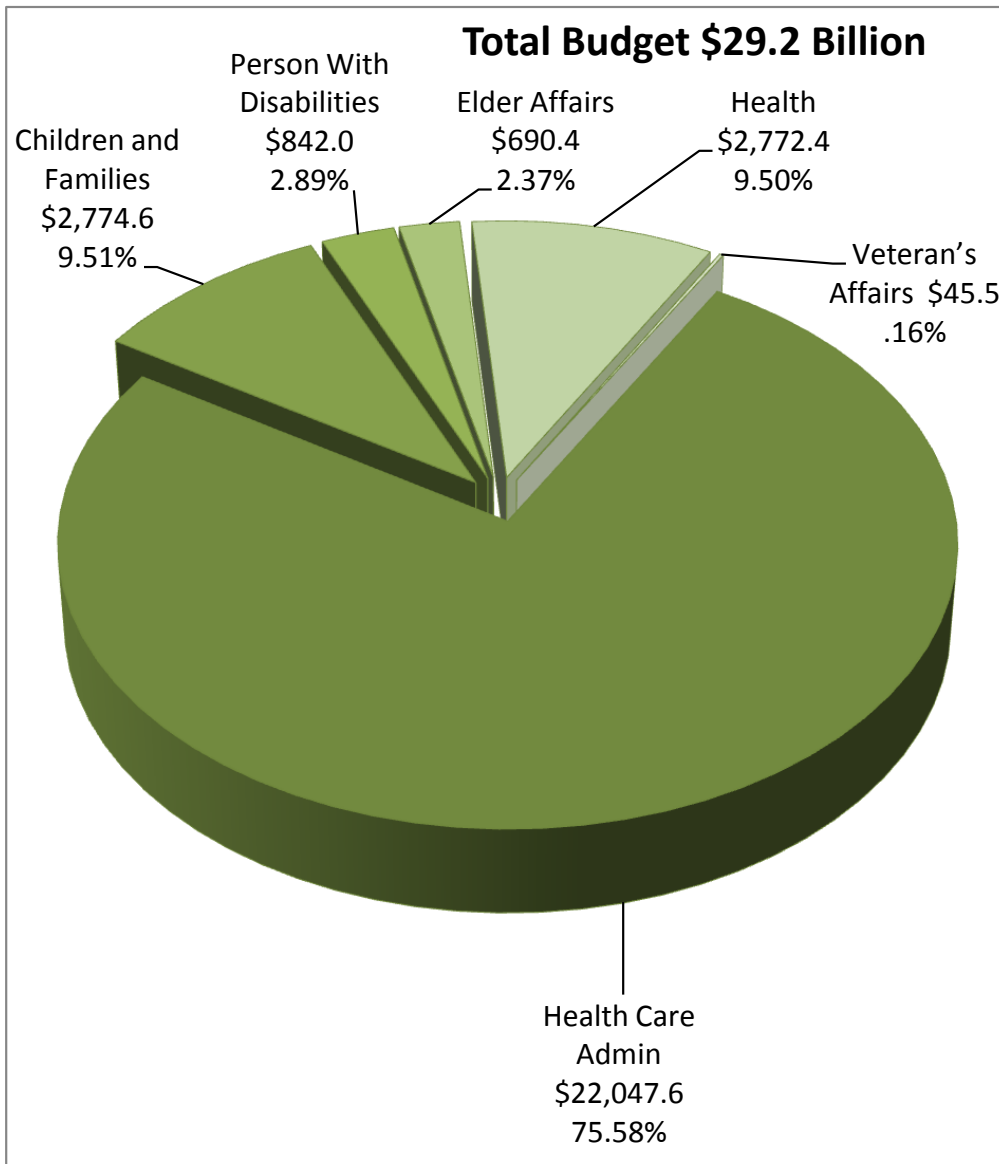


Policy and Budget Recommendations

History of HHS Appropriations



Budget by Agency - FY 2011-12



Budget by Agency – Two Fiscal Years Compared

	Fiscal Year 2011-12			Fiscal Year 2012-13		
Agency	General Revenue	All Funds	Positions	General Revenue	All Funds	Positions
Agency For Health Care Administration	9,631,512,755	22,047,600,988	1,577.50	9,145,600,908	20,970,723,803	1,577.50
Children and Families	1,445,278,468	2,774,654,576	11,337.75	1,437,625,234	2,766,516,370	8,820.75
Agency for Persons With Disabilities	399,516,255	842,021,943	2,922.50	395,190,796	833,723,762	2,162.50
Elder Affairs	281,063,375	690,496,236	428.00	281,050,213	690,131,424	428.00
Health	1,166,646,072	2,772,440,290	16,488	1,166,625,063	2,743,001,931	16,488
Veteran's Affairs	27,315,766	45,520,459	616.50	5,570,848	6,655,587	122.50



Governor Scott's Solution

1. Accountability Budgeting

2. Reduce Government Spending

3. Regulatory Reform

4. Focus on Job Growth and Retention

5. World Class Education

6. Reduce Property Taxes

7. Eliminate Florida's Corporate Income Tax



Implementing Governor Scott's Solutions

Guiding Principles

- Should government perform this function?
- Is this a core function of the agency?
- Avoid duplication with other agencies, the locals and the feds
- Eliminate mission creep
- Consolidate/merge similar functions, when appropriate
- Eliminate non-core functions
- Eliminate trust funds, where appropriate

The New Look

Current	
Line Item#	Program: Substance Abuse Program
	Substance Abuse Services
	Approved Salary Rate 3,668,623
1	Salaries And Benefits Positions 78.00
	From General Revenue Fund 2,541,053
	From Administrative Trust Fund 7,504
	From Alcohol, Drug Abuse and Mental Health Trust Fund 1,666,783
	From Federal Grants Trust Fund 574,871
	From Grants and Donations Trust Fund 11,680
	From Welfare Transition Trust Fund 176,840
2	Other Personal Services
	From General Revenue Fund 314,204
	From Alcohol, Drug Abuse and Mental Health Trust Fund 534,100
	From Federal Grants Trust Fund 546,935
	From Operations and Maintenance Trust Fund 314
3	Expenses
	From General Revenue Fund 241,786
	From Alcohol, Drug Abuse and Mental Health Trust Fund 363,637
	From Federal Grants Trust Fund 312,788
	From Welfare Transition Trust Fund 28,420
	From Operations and Maintenance Trust Fund 1,925
4	Operating Capital Outlay 318
	From General Revenue Fund 334
	From Alcohol, Drug Abuse and Mental Health Trust Fund 333
	From Federal Grants Trust Fund
5	Special Categories - Grants and Aids - Children and Adolescent
	Substance Abuse Services
	From General Revenue Fund 39,984,310
	From Alcohol, Drug Abuse and Mental Health Trust Fund 28,578,869
	From Tobacco Settlement Trust Fund 2,860,907
	From Federal Grants Trust Fund 211,066
	From Welfare Transition Trust Fund 640,000
	From Operations and Maintenance Trust Fund 84,918
6	Special Categories - Community Substance Abuse Services
	From General Revenue Fund 37,111,921
	From Alcohol, Drug Abuse and Mental Health Trust Fund 72,504,247
	From Federal Grants Trust Fund 12,393,874
	From Welfare Transition Trust Fund 5,571,170
	From Operations and Maintenance Trust Fund 1,907,777

Proposed	
Line Item#	Program: Services to Children
	Children's Substance Abuse Services
	This service provides treatment to assist children and adolescents with substance abuse issues through community-based providers through provision of prevention, detoxification treatment, continuing care, and recovery support services for children.
	From General Revenue Fund 41,534,747
	From Alcohol, Drug Abuse and Mental Health Trust Fund 28,906,207
	From Tobacco Settlement Trust Fund 2,860,907
	From Federal Grants Trust Fund 211,066
	From Welfare Transition Trust Fund 640,000
	From Operations and Maintenance Trust Fund 85,779
	Funds in Specific Appropriation 1 shall be used to successfully complete a treatment program for 86% of the children enrolled in treatment programs.
	Funds in Specific Appropriation 1 shall be used to reduce the rate per thousand children in grades eight through twelve using marijuana or alcohol to below the national average.



Reduce Government Spending

Paving the Way to a Smaller, More Efficient Government

<i>Reductions and Savings</i>	<i>Fiscal Year 2011-12</i>				<i>Fiscal Year 2012-13</i>			
<i>Savings by Agency</i>	<i>General Revenue</i>	<i>All TF</i>	<i>All Funds</i>	<i>FTE</i>	<i>General Revenue</i>	<i>All TF</i>	<i>All Funds</i>	<i>FTE</i>
Agency for Health Care Administration	(395,901,422)	(550,850,748)	(946,752,170)	(85)	(485,911,847)	(590,041,538)	(1,075,953,385)	0
Children and Families	(60,795,097)	(40,620,027)	(101,415,124)	(1,876)	(7,653,234)	(1,770,928)	(9,424,162)	(2,517)
Elder Affairs	(11,104,882)	(14,583,972)	(25,688,854)	(26)	(13,162)	(1,650)	(14,812)	0
Health	(81,078,568)	(26,562,804)	(107,641,372)	(879)	(21,009)	(1,317,099)	(1,338,108)	0
Persons with Disabilities	(76,577,400)	(88,429,735)	(165,007,135)	(156)	(4,309,633)	(3,972,722)	(8,282,355)	(760)
Veterans Affairs	(22,823,244)	(15,319,455)	(38,142,699)	(507)	(21,744,918)	(15,319,454)	(37,064,372)	(494)
HHS Total	(648,280,613)	(736,366,741)	(1,384,647,354)	(3,528)	(519,653,803)	(612,423,391)	(1,132,077,194)	(3,771)

Reduce Government Spending

Paving the Way to a Smaller, More Efficient Government

	<i>Fiscal Years 2011-12 and 2012-13</i>																										
	<i>Positions</i>	<i>Total Savings</i>	<i>General Revenue Savings</i>																								
<ul style="list-style-type: none"> • <i>Operational Efficiencies</i> <table style="margin-left: 20px; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding-bottom: 10px;">Action/Type</th> <th style="padding-bottom: 10px;"></th> <th style="padding-bottom: 10px;"></th> <th style="padding-bottom: 10px;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px 0 5px 20px;">Elimination of Vacant Positions</td> <td style="text-align: right; padding: 5px 0 5px 20px;">(1,159.15)</td> <td style="text-align: right; padding: 5px 0 5px 20px;">(56,167,414)</td> <td style="text-align: right; padding: 5px 0 5px 20px;">(35,164,229)</td> </tr> <tr> <td style="padding: 5px 0 5px 20px;">Administrative and Operational Reductions</td> <td style="text-align: right; padding: 5px 0 5px 20px;">(507.00)</td> <td style="text-align: right; padding: 5px 0 5px 20px;">(61,404,054)</td> <td style="text-align: right; padding: 5px 0 5px 20px;">(53,947,899)</td> </tr> <tr> <td style="padding: 5px 0 5px 20px;">Office and Building Lease Renegotiations</td> <td></td> <td style="text-align: right; padding: 5px 0 5px 20px;">(6,766,495)</td> <td style="text-align: right; padding: 5px 0 5px 20px;">(1,486,239)</td> </tr> <tr> <td style="padding: 5px 0 5px 20px;">Reduced or Eliminated Funding Needs</td> <td></td> <td style="text-align: right; padding: 5px 0 5px 20px;">(12,810,638)</td> <td style="text-align: center; padding: 5px 0 5px 20px;">0</td> </tr> <tr> <td style="padding: 5px 0 5px 20px;">Total Operational Efficiencies</td> <td style="text-align: right; padding: 5px 0 5px 20px;">(1,667.15)</td> <td style="text-align: right; padding: 5px 0 5px 20px;">(137,148,601)</td> <td style="text-align: right; padding: 5px 0 5px 20px;">(90,598,367)</td> </tr> </tbody> </table> 	Action/Type				Elimination of Vacant Positions	(1,159.15)	(56,167,414)	(35,164,229)	Administrative and Operational Reductions	(507.00)	(61,404,054)	(53,947,899)	Office and Building Lease Renegotiations		(6,766,495)	(1,486,239)	Reduced or Eliminated Funding Needs		(12,810,638)	0	Total Operational Efficiencies	(1,667.15)	(137,148,601)	(90,598,367)			
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Reduce Government Spending

Paving the Way to a Smaller, More Efficient Government

Reform or eliminate government programs in order to provide services in a more reasonable and effective manner.

	<i>Fiscal Years 2011-12 and 2012-13</i>		
	<i>Positions</i>	<i>Total Savings</i>	<i>General Revenue Savings</i>
	<i>Programmatic Efficiencies</i>	(33)	(2,221,151,214)

Reduce Government Spending

Paving the Way to a Smaller, More Efficient Government

Reform or eliminate government programs in order to provide services in a more reasonable and effective manner.

	<i>Fiscal Years 2011-12 and 2012-13</i>		
	<i>Positions</i>	<i>Total Savings</i>	<i>General Revenue Savings</i>
<i>Programmatic Efficiencies</i>	(33)	(2,221,151,214)	(990,624,323)

Reduce Government Spending

Paving the Way to a Smaller, More Efficient Government

Eliminate services and earmarks which stray from the mission of an agency.

	<i>Fiscal Years 2011-12 and 2012-13</i>		
	<i>Positions</i>	<i>Total Savings</i>	<i>General Revenue Savings</i>
	<i>Mission Creep and Earmarks</i>	0	(22,034,077)

Reduce Government Spending

Paving the Way to a Smaller, More Efficient Government

Reduce Government Spending by Consolidating, Privatizing or Reorganizing Government Services.

	<i>Fiscal Years 2011-12 and 2012-13</i>		
	<i>Positions</i>	<i>Total Savings</i>	<i>General Revenue Savings</i>
Consolidations, Privatizations, Reorganizations	(5,508.00)	(103,880,634)	(64,574,949)

***Veterans Homes
Mental Health Facilities
Developmental Disabilities Centers***

Major Reforms At a Glance

Biennial Budget/Transparency/Accountability

- Long-term planning allows more time for in-depth program review and evaluation;
- Through the consolidated process of preparing a biennial budget, costs for the executive branch can be reduced;
- Encourage accountability through outcome measures rather than focus on budget controls;
- The budget structure is simplified and presented to the tax-payers in a common sense fashion.



Major Reforms At a Glance

Medicaid

- Expand Medicaid Reform Statewide
- Evaluate and measure provider performance
- Flexibility establishing eligibility standards, premiums & copayments
- Long term care costs savings

Medicaid Reform will save \$1.2 billion



Major Reforms At a Glance

Trust Fund Consolidation

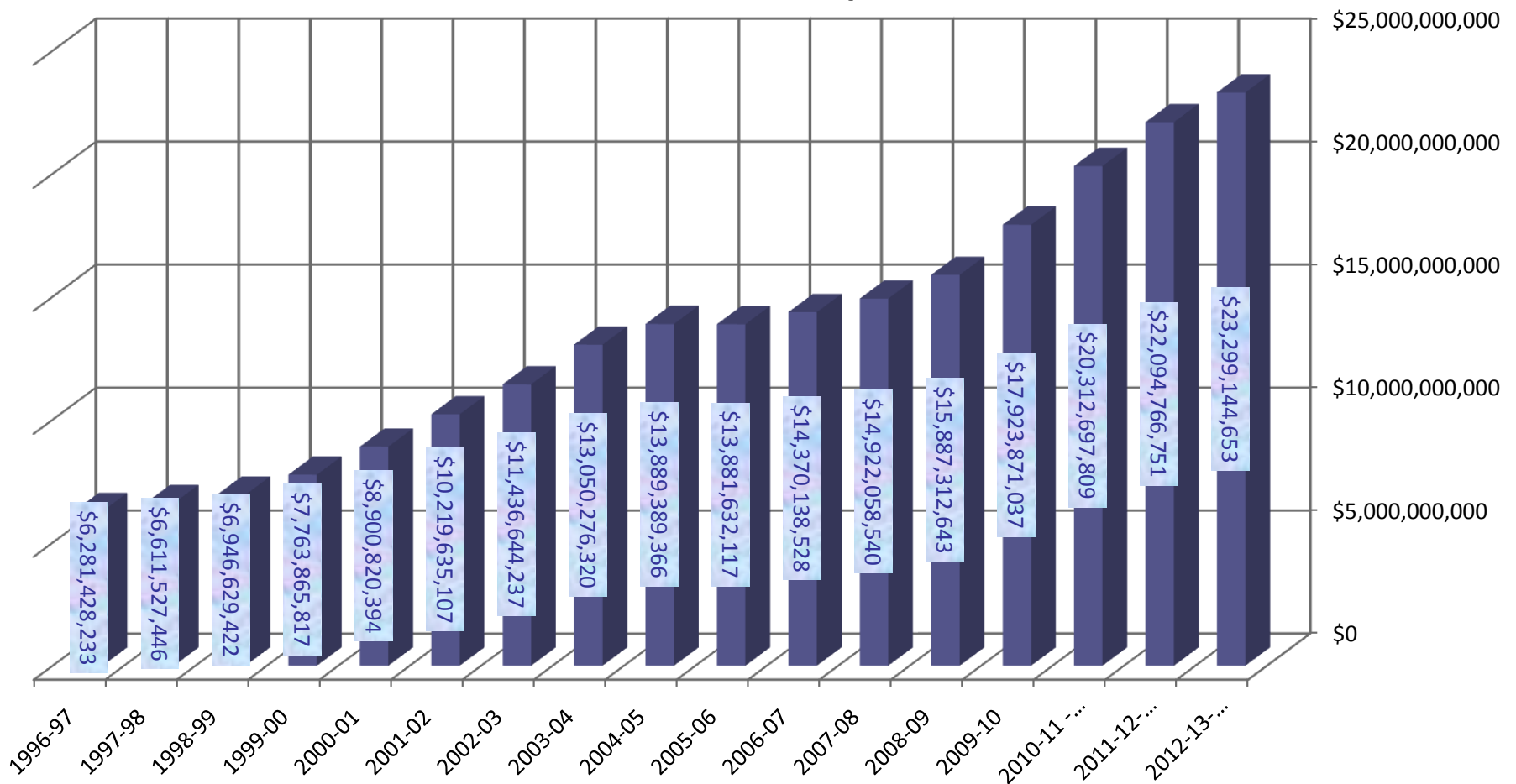
- The Governor's Proposed Budget moves the general purpose revenue portion from 124 funds into the General Revenue Fund so that the pot of money available to fund the state's most critical needs is broader and that all expenditures are subject to the same accountability standards.
- This results in \$8.5 billion more revenue available for Florida's highest priorities.
- Funding required to be segregated due to constitutional issues, bond covenants, federal or other grant restrictions or money owed to non-state entities was not changed.
- Issues previously funded from money that was moved will now be funded from the General Revenue Fund at a level justified by the priority in state needs.



Major Reforms At a Glance

Medicaid

Medicaid Services Expenditures



Other Important Issues Funded in Fiscal Year 2011-12

	General Revenue	All Funds	Positions
Mental Health and Substance Abuse	\$72,520,285	\$72,520,285	
Electronic Benefits Transfer	\$9,793,101	\$19,586,212	
Statewide Public Guardianship Office		\$398,000	
Fixed Capital Outlay Maintenance and Repair		\$1,800,500	
Health Information Technology Upgrade		\$428,000	
Transfer for Drugs, Devices and Cosmetics To DBPR	(\$2,209,245)	(\$2,209,245)	(31.0)
Biomedical and Cancer Research	\$52,200,000	\$52,200,000	



Medicaid Mandatory Benefits Compared to Other States and to the State Employee Health Plans

Florida and Other State Medicaid Mandatory Benefit Limits

To participate in the Medicaid program, states are required to offer certain mandatory benefits to categorically eligible beneficiaries including children, pregnant women, and the aged and disabled. Federal regulations specify that each mandatory service must be *sufficient in amount, duration, and scope to reasonably achieve its purpose* and that states may *place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures*. Federal law does not define what *sufficient amount, duration, and scope* mean. Thus, states individually specify limits for these benefits in their state plans. Exhibits 1 through 5 provide examples of how some specific states have used federal flexibility to set limits on five mandatory benefits—hospital inpatient services, hospital outpatient services, physician services, laboratory and x-ray services, and transportation services.

Hospital Inpatient Services include room and board, use of the facility, nursing care, and all supplies and equipment needed to provide care and treatment of patients. Some states have adopted length of stay guidelines to limit hospital inpatient services. These limits may be based on a fixed number of days, utilization review standards, national studies on average lengths of stay by diagnosis or by geographic region, or other methods, as shown in Exhibit 1. States pay for hospital inpatient services using a variety of methods including per diem rates, payment based on diagnosis (Diagnostic Related Groups, also known as DRGs), cost-based reimbursement, a percentage of the charge, geographic comparisons, or negotiated rates. Florida pays for hospital inpatient services using cost-based per diem rates.

Exhibit 1

Strategies States Use to Control Inpatient Hospital Length of Stay¹

Strategies to Control Utilization of Inpatient Hospital Services	State	Limits
Fixed Number of Days	Alabama	• 16 days per year, excluding pregnancy-related services
	Arkansas	• 24 days per year
	Florida	• 45 days per year for adults 21 and over
	Mississippi	• 30 days per year, including emergency admissions
	Texas	• 30 days in a 90-day period or \$200,000 per year
Utilization Review	• Florida	• Maryland
	• Hawaii	• Missouri
	• Illinois	• New Hampshire
	• Louisiana	
Regional Guidelines	Alaska	• 50th percentile of published guidelines for region
	Iowa	• 50th percentile of published guidelines for region
	Missouri	• 75th percentile of published guidelines for region
Other Methods	California	• Limits vary by type of admission or services rendered
	Washington	• Limits based on evidenced-based clinical decision support system if not paid under DRG method

¹ Excludes limits related to inpatient psychiatric treatment and substance abuse.

Source: OPPAGA analysis of Kaiser Family Foundation's Medicaid Benefits On-Line Database, October 2008.

Hospital Outpatient Services include preventive, diagnostic, therapeutic, and palliative care. Some states limit the number of services or limit the amount of spending; other states combine limits for this service with physician or other specialist service limits, as shown in Exhibit 2. States generally pay for hospital outpatient services based on fee-for-service, cost-based or prospective payments, payments for bundled services, a percentage of the charge, or negotiated rates. Florida pays for hospital outpatient services using a prospective payment method.

Exhibit 2

Strategies States Use to Control Utilization of Outpatient Hospital Services¹

Strategies to Control Utilization of Outpatient Hospital Services		
Strategies to Control Utilization of Outpatient Hospital Services	State	Limits
Fixed Number of Visits	Alabama	• 3 non-emergency visits per year, non-emergency emergency room visits included with physician services visit limit
	Arkansas	• 12 non-emergency visits per year
	Connecticut	• 1 visit per day
	Idaho	• 6 emergency room visits if no admission
	Kansas	• non-emergency emergency room visits included with physician services visit limits
	Louisiana	• 3 emergency room visits per year includes physician services visit limits
	Mississippi	• 6 emergency room visits per year
	New Hampshire	• 12 visits per year
	New York	• 10 visits per year in combination with other specific providers
	North Carolina ²	• 22 visits per year, includes limits with other specified providers
	North Dakota	• 30 visits per year, includes limits for therapy services
	Wyoming	• 12 visits per year in combination with physician services visit limits
	Fixed Dollar Amount	Florida
Other	Georgia	• Observation limited to 48 hours
	Iowa	• Limits vary for cardiac rehabilitation, eating disorders, and pain management
	Nebraska	• No visit payable within 3 days of inpatient admission
	New Jersey	• No coverage for non-emergency services in emergency room
	Pennsylvania	• Limits vary by service
	Utah	• Services limited to emergency treatment in emergency room
	Virginia	• Limits vary by service

¹ Limits on therapies and psychiatric or substance abuse treatment may differ.

² The legislature establishes limits annually.

Source: OPPAGA analysis of Kaiser Family Foundation’s Medicaid Benefits On-Line Database, October 2008.

Physician Services are provided by allopathic physicians (M.D.s) and osteopathic physicians (D.O.s). Some states limit the amount and type of services that can be used while other states combine these limits with other types of practitioners, such as podiatrists. States may implement these limits either as absolute or hard limits while others may allow additional physician visits once the beneficiary uses the services permitted under the established limit with prior approval (see Exhibit 3). States, including Florida, generally use a fee-for-service payment method for this service.

Exhibit 3

Strategies States Use to Control Utilization of Physician Services¹

Strategies to Control Utilization of Physician Services	State	Limits
Fixed Number of Physician Office Visits ²	Alabama	• 14 ambulatory visits per year
	Arkansas	• 12 visits per year
	Florida	• 1 non-emergency visit per day and 1 routine exam per year
	Georgia	• 12 office visits per year
	Idaho	• 1 wellness exam per year
	Indiana	• 30 office visits per year
	Kansas	• 12 office visits per year
	Louisiana	• 12 outpatient visits per year (any setting) and 1 preventive care visit
	Massachusetts	• 1 office, inpatient hospital or home visit per day
	Mississippi	• 12 office, clinic, or outpatient hospital visits per year
	New Hampshire	• 18 ambulatory visits per year
	New Mexico	• 3 visits per month
	New York	• 10 visits per year in combination with other specific providers
	North Carolina ³	• 22 ambulatory visits per year including limits with specific practitioners
	Ohio	• 24 visits per year (any setting)
	Oklahoma	• 4 non-emergency visits per month (any setting)
	South Carolina	• 12 visits per year including other specific practitioners
	Vermont	• 5 office or home visits per month
	Wyoming	• 12 visits per year combined with outpatient hospital visits
Fixed Number of Physician Visits to Inpatient Hospital	Alabama	• 16 in-patient hospital visits per year
	Kansas	• 1 inpatient hospital visit per day
	Louisiana	• 1 inpatient hospital visit per day
	New Mexico	• 2 inpatient hospital visits per day
	Ohio	• 24 visits per year (any setting)
	Oklahoma	• 1 inpatient hospital visit per day
	Rhode island	• 37 inpatient hospital visits per year for aged and disabled beneficiaries
	Vermont	• 1 inpatient hospital visit per day
	Washington	• 1 inpatient hospital visit per day unless payment is all inclusive fee
Fixed Number of Consultations or Telemedicine	Arkansas	• 2 in-person and 2 telemedicine consultations per year
	Florida	• 1 physician consult per year
	Kansas	• 1 office consultation per 2 months, 1 inpatient hospital consultation per 10 days
	Minnesota	• 3 telemedicine consultations per week
	Nebraska	• Telemedicine consultations require a minimum distance of 30 miles
Other	Pennsylvania	• Limits vary by service

¹ Limits stated above exclude prenatal care, well child care and nursing home facility visits.

² California is considering limiting physician services to 10 physician visits per year.

³ The legislature establishes limits annually.

Source: OPPAGA analysis of Kaiser Family Foundation's Medicaid Benefits On-Line Database, October 2008.

Laboratory and x-ray (Radiology) service limits apply to services performed and billed by independent clinical laboratories only. States may also have prior authorization requirements and coverage limits that affect this service as they relate to inpatient hospital, outpatient hospital, and physician service limits, as shown in Exhibit 4. States generally pay for laboratory and x-ray services using fee-for-service or cost-based payment methods. Florida pays for laboratory and x-ray services using a fee-for-service payment method.

Exhibit 4

Strategies States Use to Control Utilization of Laboratory and X-ray Services

Strategies to Control Utilization of Laboratory and X-ray Services		
Strategies to Control Utilization of Laboratory and X-ray Services	State	Limits
Fixed Number of Billable Services	California	<ul style="list-style-type: none"> • Limits on individual billings for paneled laboratory tests
	New Hampshire	<ul style="list-style-type: none"> • 15 diagnostic x-ray services per year
	New York	<ul style="list-style-type: none"> • 18 laboratory tests per year
Fixed Dollar Amount	Arkansas	<ul style="list-style-type: none"> • \$500 per year on all laboratory and most x-ray
Portable X-ray	Florida	<ul style="list-style-type: none"> • In-home portable x-ray services must be medically justified
	Georgia	<ul style="list-style-type: none"> • In-home portable x-ray services not covered
	New Jersey	<ul style="list-style-type: none"> • Portable x-ray services only in nursing facilities or as an emergency
	Wisconsin	<ul style="list-style-type: none"> • Portable x-ray services only in nursing facilities
Other	California	<ul style="list-style-type: none"> • Limits on renal dialysis and hemodialysis services not billed by laboratories
	Florida	<ul style="list-style-type: none"> • Frequency for certain laboratory tests based on diagnosis
	Illinois	<ul style="list-style-type: none"> • Total body scans limited to inpatient hospital settings
	Kansas	<ul style="list-style-type: none"> • Specified lab and x-ray procedures only
	Utah	<ul style="list-style-type: none"> • Limited to services needed for primary care
	Virginia	<ul style="list-style-type: none"> • Limits vary by service

Source: OPPAGA analysis of Kaiser Family Foundation’s Medicaid Benefits On-Line Database, October 2008.

Non-Emergency Medical Transportation services transport Medicaid beneficiaries to covered services from local providers and specialty care centers that may be a significant distance from their homes.¹ Several states control utilization through prior approval processes or may set limits on the number of trips allowed per month, as shown in Exhibit 5. States arrange for non-emergency transportation through a variety of state and local strategies and reimbursement methods vary based on the strategy. States may reimburse taxi companies, other commercial transportation, or volunteers based on a mileage or trip rate. States may give beneficiaries tokens for local buses or directly reimburse beneficiaries for prior approved costs related to long distance travel. Some states contract with transportation brokers to coordinate and pay for all necessary transportation with payment to the broker on a capitation basis. If necessary, a state may pay for long distance transportation via a commercial airline, railway, or bus company. Florida has a fixed price contract with the Commission for the Transportation Disadvantaged to arrange and pay for transportation in each county.

Exhibit 5

Strategies States Use to Control Utilization of Non-Emergency Transportation Services¹

Strategies to Control Utilization of Non-Emergency Transportation Services		
Services	State	Limits
Fixed Number of Trips	Alabama	• 2 trips per month
	Indiana	• 20 one-way trips of less than 50 miles per year
	West Virginia	• 10 one-way trips per year
Fixed Number of Specialty Trips	New Hampshire	• 24 wheelchair van trips per year
Prior Approval Required	• Alaska	• Montana
	• Arizona	• Nebraska
	• California	• Nevada
	• Connecticut	• New Jersey
	• Florida	• New York
	• Hawaii	• Oregon
	• Idaho	• Rhode Island
	• Kentucky	• Virginia
	• Louisiana	• Washington
	• Maryland	• West Virginia
	• Mississippi	
Other	Florida	• Limited to beneficiaries unable to arrange for medically necessary transportation through other means
	New Mexico	• Excludes transportation to pharmacy for prescription pick-up

¹ States may provide non-emergency transportation as a state plan service or as an administrative expense. This exhibit only includes limits for states that provide coverage as a state plan service.

Source: OPPAGA analysis of Kaiser Family Foundation's Medicaid Benefits On-Line Database, October 2008.

¹ States must make non-emergency transportation available to Medicaid beneficiaries but have the option to provide it as a state plan service or as an administrative expense, with either option eligible for federal Medicaid matching funds. This information in the exhibit only includes limits for states that provide coverage as a state plan service.

Medicaid and State Employee Health Plan Limits and Co-Payment and Co-Insurance Requirements

While there are utilization limits for inpatient hospital, outpatient hospital, and laboratory and x-ray services for Medicaid, there are no explicit utilization limits for the state employee Preferred Provider Organization (PPO) or Health Maintenance Organization (HMO) health plans for these services.² In addition, as shown in Exhibit 6, the state employee HMO health plans do not impose explicit utilization limits for physician services.

Exhibit 6

Medicaid Imposes More Utilization Service Limits than the State Employee Health Plans on Certain Services

Service	Limits		
	Florida Medicaid	PPO ¹	HMO ²
Inpatient Hospital	45 days per year	No limit	No limit
Outpatient Hospital	\$1,500 per year	No limit	No limit
Physician	1 non-emergency visit per physician, group, or specialty per day	1 visit per physician per day	Use of 2 or more surgeons must be medically justified
Laboratory and X-Ray	Frequency of some laboratory tests limited In home portable x-ray must be medically justified	No limit	No limit
Non-Emergency Transportation	For beneficiaries unable to arrange for medically necessary transportation through other means	Not covered	Generally not covered, but may be arranged on a case by case basis

¹ Blue Cross and Blue Shield of Florida operates a statewide PPO.

² The state's five regional HMOs include Av Med, Capital Health Plan, Coventry, Florida Health Care, and UnitedHealthCare.

Source: OPPAGA analysis of Medicaid and state employee service plan limits.

Federal Medicaid rules limit co-payments and co-insurance requirements, such that co-payments cannot exceed \$3.40 depending on the cost of the service and co-insurance amounts cannot exceed 5% of the cost of the service.³ Federal rules also prohibit states from charging co-payments to children under age 20, pregnant women, and certain other service groups. Further, without a waiver, providers cannot deny services to any beneficiary who does not pay any required copayment or co-insurance amount. As shown in Exhibit 7, Medicaid copayments are significantly lower than state employee health plan co-payment requirements.

² The state employee health plans include the statewide Blue Cross and Blue Shield PPO and five regional HMOs - Av Med, Capital Health Plan, Coventry, Florida Health Care, and UnitedHealthCare.

³ A co-payment is a set fee and co-insurance is a percentage of the cost of the service.

Exhibit 7

Federal Restrictions Limit Medicaid Co-Payments and Co-Insurance Compared to State Employee Health Plans

Service	Limits		
	Florida Medicaid ¹	State Employee PPO ^{2,3}	State Employee HMO ⁴
Inpatient Hospital	\$3 co-payment \$0 co-insurance	\$250 copayment 20% co-insurance of the allowed amount after reaching deductible	\$250 co-payment \$0 co-insurance
Outpatient Hospital	\$3 co-payment 5% co-insurance for non-emergency use of emergency room, not to exceed \$15	\$100 co-payment if not admitted 20% coinsurance of the allowed amount after deductible for emergency room and hospital visits	\$100 co-payment \$0 co-insurance
Physician	\$2 co-payment \$0 co-insurance	\$15 primary care; \$25 specialist co-payment \$0 co-insurance as office visit, 20% co-insurance for emergency room and hospital visit	\$20 primary care; \$40 specialist co-payment \$0 co-insurance
Laboratory and X-Ray	\$1 co-payment \$0 co-insurance	\$0 co-payment 20% co-insurance of the reaching deductible	\$0 co-payment \$0 co-insurance
Non-Emergency Transportation	\$1 co-payment each one-way trip \$0 co-insurance	Not applicable	Not applicable

¹ Co-payments and co-insurance amounts do not apply to children under 20 or pregnant women.

² Blue Cross and Blue Shield of Florida operates a statewide PPO.

³ Payments are for the allowed amount for services received within the network. Co-payments and co-insurance amounts for out-of-network care are higher.

⁴ The state's five regional HMOs are Av Med, Capital Health Plan, Coventry, Florida Health Care, and UnitedHealthCare.

Source: OPPAGA analysis of Medicaid and state employee service plan limits.

Florida's Optional Medicaid Benefits

Medicaid is a federal-state program that provides health and long-term care services to certain categorically eligible individuals and families. Under federal Medicaid rules, states must offer certain services known as mandatory benefits and have the flexibility to offer other services known as optional benefits. While optional benefits are not required under federal law, states receive federal matching funds to offset the cost to provide them.

Optional Benefits Offered in Florida's Medicaid Program

The optional benefits offered to Medicaid beneficiaries can be grouped into three categories.

- **Optional Clinical Services:** This category of optional benefits includes clinical services, such as adult dental and podiatric services that would not otherwise be available to Medicaid beneficiaries.
- **Optional Provider Types:** This category of optional benefits includes qualified non-physician providers that provide services to Medicaid beneficiaries.
- **Optional Facilities:** This category of optional benefits includes alternative service delivery locations that provide services to beneficiaries in less restrictive community settings or provide services in locations to enhance beneficiaries' access to services.

Exhibit 1 lists the optional benefits that Florida's Medicaid program provide to beneficiaries, grouped by these three categories. It also shows the number and percentage of Florida's Medicaid beneficiaries who used each optional benefit, the average annual cost per beneficiary, and general revenue and total expenditures associated with each benefit in Fiscal Year 2009-10.¹ Utilization and costs varied by benefit.

¹ The enrollments and expenditures represent claims received for Fiscal Year 2009-10 through September 2010. Since providers have up to one year to submit claims for the fiscal year that ended June 30, 2010, final enrollments and expenditure data for the fiscal year may be higher.

Exhibit 1

In Fiscal Year 2009-10, the Percentage of Florida’s Medicaid Beneficiaries Who Used Optional Benefits Varied by Benefit

Florida’s Optional Medicaid Benefits		Beneficiaries who Received the Benefit	Total Medicaid Population who Received the Benefit	Average Annual Cost Per Beneficiary	Total General Revenue Expenditures	Total Expenditures
Optional Clinical Services	Adult Dental	74,506	2.85%	\$341	\$8,146,674	\$25,430,508
	Adult Health Screening	30,152	1.15%	93	572,944	2,814,066
	Assistive Care ¹	12,371	0.47%	2,261	0	27,971,469
	Adult Hearing	6,277	0.24%	526	1,065,254	3,298,989
	Adult Vision (eyeglasses)	127,943	4.90%	107	4,333,530	13,702,187
	Chiropractic	10,273	0.39%	131	274,449	2,814,066
	Community Mental Health	36,620	1.40%	1,511	16,963,405	55,337,602
	Durable Medical Equipment	292,867	11.21%	414	39,128,051	121,252,094
	Early Intervention (0-3 years)	13,828	0.53%	496	0	6,863,756
	Healthy Start ²	47,025	1.80%	340	0	15,998,197
	Home and Community-Based Services Waivers	82,851	3.17%	13,250	6,434,018	1,097,743,023
	Hospice Care	18,684	0.72%	19,165	63,019,186	358,075,466
	Optometric (eye diseases)	99,494	3.81%	73	2,172,953	7,228,721
	Podiatry	25,399	0.97%	158	817,671	4,016,066
	Prescribed Drugs	1,208,493	46.26%	945	81,216,795	1,142,281,029
Primary Care Case Management (MediPass)	1,111,941	42.57%	18	6,410,999	19,865,999	
Targeted Case Management ³						
	Disease Management (multiple contracts)	354,230	13.56%	244	27,985,225	86,480,918
	Adult Drugs, Alcohol, and Mental Health	9,438	0.36%	1,607	4,905,720	15,163,960
	Children’s Medical Services	58,525	2.24%	174	3,304,028	10,210,265
Optional Provider Types	Physician Assistant	70,760	2.71%	\$ 99	\$ 2,271,551	\$7,032,376
	Registered Nurse First Assistant	25,967	0.99%	322	1,700,818	8,353,724
Optional Facilities or Service Delivery Location	Ambulatory Surgical Centers	49,902	1.91%	\$358	\$ 5,777,713	\$17,854,489
	Birth Center	962	0.04%	604	187,996	580,949
	County Health Department Clinic	259,656	9.94%	468	39,018,081	121,602,411
	Dialysis Facility	1,704	0.07%	10,344	5,699,019	17,626,411
	Intermediate Care Facilities/Developmentally Disabled	2,865	0.11%	115,120	65,825,740	329,817,687
	Intermediate Nursing Facility Care	52,168	2.00%	37,945	640,567,452	1,979,503,868
	School-Based Therapies	14,486	0.55%	4,268	0	61,823,290
	State Mental Hospital ⁴	75	0.003%	111,529	0	8,364,712
Sub-acute Inpatient Psychiatric Program for Children	936	0.04%	55,315	0	51,775,137	

¹ In Florida’s Medicaid program, the assistive care optional benefit provides services similar to those offered as the optional benefit personal care services in other states. Florida’s benefit is only available for persons residing in assisted living, congregate care, or other supported living facilities that offer 24-hour support, and uses beneficiaries’ general revenue-funded Optional State Supplemental (OSS) payments as the state funding to qualify for federal matching funds. Florida received permission from the federal government to limit this benefit to certain individuals who reside in certain settings. Generally, when states offer personal care services as an optional benefit, the benefit must be available to all qualifying beneficiaries, regardless of their residential setting.

² In Florida, the Healthy Start optional benefit provides enhanced services for pregnant women and children to age three. Services include information and referral, service needs assessment, care coordination, psychosocial, nutritional and smoking cessation counseling, childbirth, breastfeeding, parenting support and education, and home visits.

³ In Florida, the targeted case management optional benefit helps certain beneficiaries gain access to needed medical, social, educational, or other services.

⁴ In Florida, the state’s mental hospital optional benefit is a specialty placement for elders who meet eligibility requirements for institutional care and who also need inpatient psychiatric services.

Source: OPPAGA analysis of AHCA claims data.

Other States' Optional Medicaid Benefits

As shown in Exhibit 2, all states do not offer the same optional Medicaid benefits that Florida's Medicaid program offers. Some states historically have not offered some of the optional benefits that are part of Florida's Medicaid program while other states have recently (within the past two fiscal years) decided to eliminate some of these benefits. We contacted Medicaid program staff in six states that either have eliminated some of the optional benefits that Florida provides within the past two years or historically have not offered many of the optional benefits that Florida provides.² Program staff that we interviewed reported that their states eliminated optional services because they had already implemented other cost reductions, such as reducing provider payments. Further, states cannot reduce costs by changing Medicaid eligibility rules based on provisions in the federal Patient Protection and Affordable Care Act of 2010.^{3, 4} Program staff also told us that reducing optional benefits could result in cost-shifting which could potentially offset savings. However, none of the program staff reported that their state had determined whether cost-shifting had occurred as a result of changes to the optional benefits. Also shown in Exhibit 2, beginning in federal Fiscal Years 2010 and 2011, some states will place new limits or restrictions on certain optional benefits.

² These states were California, Georgia, Michigan, Nevada, Utah, and Washington.

³ The federal health reform's Patient Protection and Affordable Care Act prohibits state Medicaid programs from reducing their eligibility standards for any category of beneficiaries who were served by Medicaid as of March 2010, until January 1, 2014, for adults and September 30, 2019, for children.

⁴ Pending federal clarification of the Patient Protection and Affordable Care Act provision that prohibits states from reducing Medicaid eligibility standards, states may not be able to eliminate or change certain optional benefits that are provided to beneficiaries when they meet specific eligibility criteria.

Exhibit 2

All States Do Not Offer the Same Optional Medicaid Benefits Available in Florida's Medicaid Program

Florida's Optional Medicaid Benefits ¹	States That Do Not Provide Optional Medicaid Benefit	Summary of States' Restrictions or Limitations on Optional Benefits Effective in Federal Fiscal Years 2010 and 2011
Optional Clinical Services		
Adult Dental <ul style="list-style-type: none"> ▪ Acute emergency procedures to alleviate pain or infection including incision and drainage of an abscess and taking x-rays needed to make a diagnosis ▪ Full and partial dentures and related procedures 	<ul style="list-style-type: none"> ▪ Alabama, Arizona, Arkansas, California, Colorado, Delaware, Massachusetts, Tennessee, Utah, Washington <p><i>State Medicaid Programs that Do Not Provide Dentures:</i></p> <ul style="list-style-type: none"> ▪ Alabama, Arizona, Arkansas, Colorado, Delaware, Georgia, Kansas, Kentucky, Maryland, Massachusetts, Mississippi, New Hampshire, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, West Virginia 	<ul style="list-style-type: none"> ▪ Hawaii – eliminated all but emergency services ▪ Minnesota – placed limits on x-rays and dentures ▪ New Mexico – reduced frequency of panoramic and intra oral x-rays to once every five years ▪ Ohio – restricted dental visits ▪ Oregon – reduced services and denture coverage ▪ Virginia – added prior authorization requirements for certain services
Adult Health Screening ² <ul style="list-style-type: none"> ▪ Annual routine physical exam, without regard to medical necessity, to detect and prevent disease, disability, or other health condition 	<ul style="list-style-type: none"> ▪ Alabama, Arizona, Arkansas, California, Delaware, Kansas, Michigan, New Mexico, West Virginia, Wisconsin, Wyoming 	<i>No changes</i>

Florida's Optional Medicaid Benefits ¹	States That Do Not Provide Optional Medicaid Benefit	Summary of States' Restrictions or Limitations on Optional Benefits Effective in Federal Fiscal Years 2010 and 2011
<p>Adult Hearing</p> <ul style="list-style-type: none"> Diagnostic testing and evaluation, hearing aids, hearing aid fitting and repair, and cochlear implants 	<p><i>State Medicaid Programs that Do Not Provide Hearing Aids:</i></p> <ul style="list-style-type: none"> Alabama, Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Georgia, Kentucky, Louisiana, Maryland, Michigan, Mississippi, North Carolina, Oklahoma, Pennsylvania, Tennessee, Utah, Virginia, Washington, West Virginia 	<p><i>No changes</i></p>
<p>Adult Vision</p> <ul style="list-style-type: none"> Eyeglasses and repairs, prosthetic eyes, and contact lenses for persons with aphakia (a condition commonly related to cataracts) 	<ul style="list-style-type: none"> Kentucky, Louisiana, Maryland, Michigan, Nevada, Oklahoma, Oregon, Utah, Vermont, Virginia, Washington 	<ul style="list-style-type: none"> New Mexico – limited routine services and eyeglasses to once every 36 months Wyoming – extended the time between eyeglass replacements
<p>Assistive Care³</p> <p><i>Similar to personal care services in other states, but in Florida, only available for persons residing in assisted living, congregate care, or other supported living facilities that offer 24-hour support</i></p> <ul style="list-style-type: none"> Assistance with activities of daily living (e.g., bathing, dressing), assistance with instrumental activities of daily living (e.g., shopping, phone calls), and assistance with self-administered medication and health support 	<p><i>State Medicaid Programs that Do Not Provide Personal Care Services:</i></p> <ul style="list-style-type: none"> Alabama, Colorado, Connecticut, Delaware, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Mississippi, Ohio, Pennsylvania, South Carolina, Tennessee, Vermont, Virginia, Wyoming 	<p><i>State Medicaid Programs that Imposed New Limits to their Personal Care Services</i></p> <ul style="list-style-type: none"> District of Columbia – limited personal care to 1,040 hours per year Minnesota – added utilization controls on assistive care services Nevada – added prior authorization requirements for personal care North Carolina – added utilization controls for personal care Washington – reduced personal care based on acuity level and for services associated with incontinence and special diets
<p>Chiropractic</p> <ul style="list-style-type: none"> Screening, manual manipulation of the spine, and spinal x-rays 	<ul style="list-style-type: none"> Alabama, Alaska, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Kansas, Louisiana, Maryland, Michigan, Missouri, Montana, Nevada, New Hampshire, New Mexico, New York, Oklahoma, Rhode Island, Tennessee, Utah, Virginia, Washington, Wyoming 	<ul style="list-style-type: none"> Minnesota – limited to 12 visits per year
<p>Community Mental Health</p> <ul style="list-style-type: none"> Mental health and substance abuse services including assessments; treatment planning; medical and psychiatric services; individual, group, and family therapies; community support; behavioral services for children and adolescents; therapeutic foster care; and group care 	<ul style="list-style-type: none"> Pennsylvania 	<ul style="list-style-type: none"> Virginia – expanded prior authorization requirements
<p>Durable Medical Equipment (DME) and Supplies</p> <ul style="list-style-type: none"> Equipment that can be used repeatedly such as ambulatory assistive equipment (e.g., canes, crutches), wheelchairs, hospital beds, commodes, and orthotics Consumable and disposable supplies such as diabetic supplies (blood glucose meters, strips, and syringes), enteral nutrition supplements, ostomy and urological supplies, and oxygen and related equipment 	<ul style="list-style-type: none"> Arizona – does not offer insulin pumps, percussive vests, cochlear implants, or bone-anchored hearing aids California – does not offer incontinence creams and washes Mississippi – does not offer prosthetics and orthotics 	<ul style="list-style-type: none"> California – placed a cap on the number of DMEs Nevada – limited diapers and incontinence pads to six per day New Mexico – reduced the frequency and amounts of disposable medical supplies that can be provided Ohio – restricted incontinence supplies for adults Virginia – modified limits for incontinence supplies Washington – eliminated bath support equipment, enteral nutrition, automated blood pressure cuffs, and placed new quantity limits on incontinence and diabetic supplies and non-sterile gloves

Florida's Optional Medicaid Benefits ¹	States That Do Not Provide Optional Medicaid Benefit	Summary of States' Restrictions or Limitations on Optional Benefits Effective in Federal Fiscal Years 2010 and 2011
<p>Early Intervention (birth-three years)</p> <ul style="list-style-type: none"> Screening, psychosocial and medical evaluation, and medically necessary services for identified delays in cognition, physical, motor, sensory, self-help, and adaptive development, communication, and social and emotional development 	<p><i>Information not available⁴</i></p>	<p><i>No changes</i></p>
<p>Healthy Start⁵</p> <ul style="list-style-type: none"> Enhanced services for pregnant women and children from birth to age three including information and referral services; needs assessment; care coordination; psychosocial, nutritional, and smoking cessation counseling; childbirth, breastfeeding, and parenting support and education; and home visits 	<ul style="list-style-type: none"> New Hampshire, North Carolina, Washington <p><i>Information not available for:</i></p> <ul style="list-style-type: none"> Indiana, Maine, Nebraska, Vermont, West Virginia 	<p><i>No changes</i></p>
<p>Home and Community-Based Services Waivers</p> <ul style="list-style-type: none"> Services in the home or assisted living facility for persons who would otherwise require institutional care Specific services available vary depending on the program⁶ 	<p><i>All states provide this benefit</i></p>	<p><i>No changes</i></p>
<p>Hospice Care</p> <ul style="list-style-type: none"> Palliative care and support services for terminally ill patients and their families provided by an interdisciplinary team to meet physical, emotional, spiritual, and social stresses associated with end-stage illness and bereavement 	<ul style="list-style-type: none"> Connecticut, New Hampshire, Oklahoma, Washington (for adults only) 	<ul style="list-style-type: none"> Kansas – limited to 210 days
<p>Optometric</p> <ul style="list-style-type: none"> Treatment of eye diseases through consultation and referral, evaluation and management, general and special ophthalmologic services; pathology and laboratory services, post-operative management, and eye exams for reported vision problems, illnesses, diseases, or injuries 	<p><i>All states provide this benefit</i></p>	<p><i>No changes</i></p>
<p>Podiatry</p> <ul style="list-style-type: none"> Routine foot care for a person being treated for metabolic disease, circulatory impairment, or a condition associated with desensitization of leg or feet 	<ul style="list-style-type: none"> Alabama, Alaska, Arizona, California, Connecticut, Nevada, New York, Washington, Wyoming 	<ul style="list-style-type: none"> New Hampshire – required prior authorization
<p>Prescribed Drugs</p> <ul style="list-style-type: none"> Most prescription drugs for out-patient settings, injectable drugs, and certain non-prescription drugs such as aspirin when prescribed, specific iron supplements, vaginal antifungal creams, and specific smoking cessation products 	<ul style="list-style-type: none"> Washington – for adults and for co-payments for dual eligibles 	<ul style="list-style-type: none"> California – limited to six per month Washington – restricted prescriptions to treat colds and coughs

Florida's Optional Medicaid Benefits ¹	States That Do Not Provide Optional Medicaid Benefit	Summary of States' Restrictions or Limitations on Optional Benefits Effective in Federal Fiscal Years 2010 and 2011
Primary Care Case Management (MediPass) <ul style="list-style-type: none"> ▪ Primary care providers provide or arrange for primary care or other necessary services on a 24-hour basis 	<ul style="list-style-type: none"> ▪ Alaska, Arizona, California, Delaware, District of Columbia, Hawaii, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nevada, New Hampshire, New Jersey, New Mexico, Ohio, Rhode Island, Tennessee, Vermont, Wisconsin, Wyoming 	<i>No changes</i>
Targeted Case Management Disease Management Adult Drugs, Alcohol, and Mental Health Children's Medical Services <ul style="list-style-type: none"> ▪ Staff help beneficiaries gain access to needed medical, social, educational, or other services 	<ul style="list-style-type: none"> ▪ Delaware ▪ Virginia – discontinued its disease management benefit 	<ul style="list-style-type: none"> ▪ Maine – established functional eligibility limits on case management
Optional Provider Types		
Physician Assistant <ul style="list-style-type: none"> ▪ Services provided by a licensed physician assistant under the supervision of a physician 	<i>All states provide this benefit</i>	<i>No changes</i>
Registered Nurse First Assistant <ul style="list-style-type: none"> ▪ Services provided by a licensed registered nurse first assistant under the supervision of a physician 	<ul style="list-style-type: none"> ▪ California 	<i>No changes</i>
Optional Facilities		
Ambulatory Surgical Centers <ul style="list-style-type: none"> ▪ Scheduled, elective, medically necessary surgical care for beneficiaries who do not require hospitalization; services including administration and facility use, blood and related products, diagnostic and therapeutic services associated with the procedure, surgical dressings and surgery supplies, materials for anesthesia, and nursing and technical services 	<ul style="list-style-type: none"> ▪ New Hampshire, Rhode Island, Vermont 	<i>No changes</i>
Birth Center ⁷ <ul style="list-style-type: none"> ▪ Facilities provide obstetrical, gynecological, and family planning services including prenatal exams and related services, labor management, delivery, new born assessment, family planning, and gynecological services 	<ul style="list-style-type: none"> ▪ Alabama, Indiana, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Nebraska, Nevada, New Hampshire, Ohio, Oklahoma, Virginia, Wisconsin, Wyoming <p><i>Information not available for:</i></p> <ul style="list-style-type: none"> ▪ Delaware, Georgia, Hawaii, New Jersey, Rhode Island, South Dakota, Tennessee 	<i>No changes</i>
County Health Department Clinic <ul style="list-style-type: none"> ▪ Primary and preventive outpatient care provided by physicians, dentists, and other qualified medical personnel including adult health screening, child health check-ups, dental services, family planning, immunizations, medical primary care, obstetric care, and nursing services 	<ul style="list-style-type: none"> ▪ Rhode Island, Wisconsin 	No changes

Florida's Optional Medicaid Benefits ¹	States That Do Not Provide Optional Medicaid Benefit	Summary of States' Restrictions or Limitations on Optional Benefits Effective in Federal Fiscal Years 2010 and 2011
Dialysis Facility <ul style="list-style-type: none"> In-center hemodialysis, administration of certain injectable drugs, home peritoneal dialysis, routine laboratory tests, dialysis-related supplies, and ancillary items 	<i>Information not available</i> ⁴	No changes
Intermediate Care Facilities/Developmentally Disabled <ul style="list-style-type: none"> Facility-based care for eligible individuals including basic wardrobe, dental care, food and supplements, durable medical equipment, eyeglasses, hearing aids, nursing services, rehabilitative care, room and board, training and help with daily living skills, therapy, and transportation services 	New Hampshire	No changes
Intermediate Nursing Facility Care <ul style="list-style-type: none"> Facility-based 24-hour a day nursing and rehabilitation services for persons who meet institutional care eligibility requirements 	<i>All states provide this benefit</i>	No changes
School-Based Therapies <ul style="list-style-type: none"> Health services referenced in students' Individual Education Plans or Individual Family Support Plans provided by school districts 	Washington, Wyoming	Kansas – eliminated attendant care in schools
State Mental Hospital <ul style="list-style-type: none"> Specialty placement for elders who meet eligibility requirements for institutional care and need inpatient psychiatric hospitalization receive medically necessary physician, nursing, dietary pharmaceutical, personal care, rehabilitative, and restorative services 	<i>Information not available</i> ⁴	No changes
Sub-Acute Inpatient Psychiatric Program for Children <ul style="list-style-type: none"> A maximum of 120 days of inpatient psychiatric services for persons age 17 years or younger; services include utilization management and aftercare and community referrals to reduce relapses and to reduce acute inpatient psychiatric admissions 	<i>All states provide this benefit</i>	Nevada – added medical necessity criteria

¹ While these services are optional for adults, under federal Medicaid rules, children must receive all medically necessary services.

² Under the federal Patient Protection and Affordable Care Act, each state Medicaid program will receive a one percentage point increase in its FMAP for certain preventative services recommended by the U.S. Preventive Services Task Force and for recommended adult immunizations if offered without copayments, starting January 1, 2013.

³ In Florida's Medicaid Program, the assistive care optional benefit uses beneficiaries' general revenue-funded Optional State Supplemental (OSS) payments as the state funding to qualify for federal matching funds. Florida received permission from the federal government to limit this benefit to certain individuals who reside in certain settings. Generally, when states offer personal care services as an optional benefit, the benefit must be available to all qualifying beneficiaries regardless of their residential setting.

⁴ While other states offer these services, a comprehensive list of all states that do or do not offer this benefit was not available.

⁵ Other states offer between one and nine of the following support services: prenatal risk assessment, smoking cessation, substance abuse treatment, targeted care management, home visiting, psychological counseling, health education, nutritional counseling, and dental care. Under the federal Patient Protection and Affordable Care Act, by October 1, 2010, states must provide smoking cessation services to pregnant women and cannot require a co-payment.

⁶ See *Profile of Florida's Medicaid Home and Community-Based Services Waivers*, OPPAGA [Report No. 10-10](#), January 2010, for a summary of each of Florida's home and community-based waiver services programs.

⁷ Under the federal Patient Protection and Affordable Care Act, birth center services became a mandatory Medicaid service as of March 2010.

Source: OPPAGA analysis of Kaiser Family Foundation's Medicaid Benefits On-Line Database, Kaiser Family Foundation's 2010 *Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2010 and 2011*, and other research on state Medicaid program's optional benefits.

2009



**BlueCross BlueShield
of Florida**

Employee Group Health Benefit Renewal Proposal

Group Name: JOYTECH CONSTRUCTION INC

Renewal Date: 06/01/2009

Agency Name: ROGERS BENEFIT GRP GAINESVILLE

Agency Phone: (904) 399-4059

Agent Name: SCOTT FJELSTAD

BCBSF Group Number: 72598

BCBSF Current Benefit BlueOptions Predictable Cost Plan 1664

Plan:

Rates for BlueOptions Predictable Cost Plan 1664

Age Band	Male Ee	Female Ee	Male Ee+Sp	Female Ee+Sp	Male Ee+Ch	Female Ee+Ch	Male Ee+Family	Female Ee+Family
00-24	\$133.86	\$332.74	\$466.50	\$466.60	\$528.59	\$727.47	\$861.33	\$861.33
25-29	\$172.96	\$380.34	\$553.30	\$553.30	\$559.84	\$767.22	\$940.18	\$940.18
30-34	\$221.40	\$386.29	\$607.69	\$607.69	\$619.28	\$784.17	\$1,005.57	\$1,005.57
35-39	\$230.33	\$396.06	\$626.39	\$626.39	\$620.39	\$786.12	\$1,016.45	\$1,016.45
40-44	\$325.52	\$441.53	\$767.05	\$767.05	\$679.15	\$795.16	\$1,120.68	\$1,120.68
45-49	\$412.21	\$471.28	\$883.49	\$883.49	\$749.02	\$808.09	\$1,220.30	\$1,220.30
50-54	\$548.62	\$582.20	\$1,130.82	\$1,130.82	\$658.72	\$892.30	\$1,440.92	\$1,440.92
55-59	\$704.16	\$676.96	\$1,381.12	\$1,381.12	\$1,026.16	\$998.96	\$1,703.12	\$1,703.12
60-64	\$966.36	\$830.80	\$1,797.16	\$1,797.16	\$1,186.18	\$1,050.62	\$2,016.98	\$2,016.98
65+P	\$270.70	\$251.58	\$522.28	\$522.28	\$342.99	\$323.87	\$594.57	\$594.57



BlueCross BlueShield
of Florida

Employee Group Health Benefit Renewal Proposal

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Renewal Date: 06/01/2009

Agency Name: ROGERS BENEFIT GRP GAINESVILLE

Agency Phone: (904) 399-4059

Agent Name: SCOTT FJELSTAD

BCBSF Group Number: 72598

BCBSF Current Benefit BlueOptions Predictable Cost Plan 1664

Plan:

Employee Group Health Benefits (current plans)

Benefit	Current	
	In Network	Out of Network
Plan Name / #	BlueOptions Predictable Cost Plan 1664	
Office Services	In Network	Out of Network
Family Physician Copay	\$20 Copayment	DED + Coinsurance
Specialist Copay	\$35 Copayment	DED + Coinsurance
Hospital Services	In Network	Out of Network
Inpatient Copay	Option 1 - \$750 Option 2 - \$1,000	\$2,000
Outpatient Copay	Option 1 - \$150 Option 2 - \$200	\$400
Emergency Room Copay	\$100/\$200	\$100/\$200
Physician Services at Copay	DED + Coinsurance	DED + In-network Coins
RX	In Network	Out of Network
Copay	\$15/\$30/\$50	Covered
Mail Order	\$30/\$60/\$100	Not Covered
Cost Share	In Network	Out of Network
Deductible	\$250 / \$750	\$500 / \$1,500
Coinsurance	80% / 20%	60% / 40%
Lifetime Maximum	\$5,000,000	Combined w/In-Network
Out of Pocket Maximum	\$2,500 / \$5,000	\$5,000 / \$10,000
Total Premium	Current Group Premium = \$1,814.33 / Renewal Group Premium = \$2,038.11	
Employer Contribution	50%	
Approximate % Change	12.3%	

Note: This only provides a summary of benefits offered with each plan. To obtain a formal proposal with a complete benefits summary detail select the "View/Print Proposed Rates" option on the Group summary Screen.



BlueCross BlueShield
of Florida

Employee Group Health Benefit Renewal Proposal

Group Name: JOYTECH CONSTRUCTION INC

Renewal Date: 06/01/2009

Agency Name: ROGERS BENEFIT GRP GAINESVILLE

Agency Phone: (904) 399-4059

Agent Name: SCOTT FJELSTAD

BCBSF Group Number: 72598

BCBSF Current Benefit BlueOptions Predictable Cost Plan 1664

Plan:

Employee Group Health Benefits (suggested alternate plans)

Benefit	Stand Alone Alternate 1		Stand Alone Alternate 2		Stand Alone Alternate 3	
Plan Name / #	BlueOptions Predictable Cost Plan 3262		BlueOptions Predictable Cost Plan 3462		BlueOptions Lower Cost Plan 3801	
Office Services	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Family Physician Copay	\$20 Copayment	DED + Coinsurance	\$15 Copayment	DED + Coinsurance	\$35 Copayment	DED + Coinsurance
Specialist Copay	DED + Coinsurance	DED + Coinsurance	\$35 Copayment	DED + Coinsurance	DED + Coinsurance	DED + Coinsurance
Hospital Services	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Inpatient Copay	Option 1 - \$600 Option 2 - \$1,000	DED + Coinsurance	Option 1 - \$600 Option 2 - \$1,000	DED + Coinsurance	Option 1 - \$2,000 Option 2 - \$3,000	DED + Coinsurance
Outpatient Copay	Option 1 - \$200 Option 2 - \$300	DED + Coinsurance	Option 1 - \$250 Option 2 - \$350	DED + Coinsurance	Option 1 - \$300 Option 2 - \$400	DED + Coinsurance
Emergency Room Copay	\$200/\$300	\$200/\$300	\$100/\$200	\$100/\$200	DED + Coinsurance	DED + Coinsurance
Physician Services at Copay	\$0	\$0	\$0	\$0	DED + Coinsurance	DED + In-network Coins
RX	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Copay	\$15/\$50/\$80/NA	Covered	\$15/\$35/\$55/20%	Covered	\$15/\$0/\$0/NA	Covered
Mail Order	\$40/\$125/\$200	Not Covered	\$40/\$90/\$140	Not Covered		Not Covered
Cost Share	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible	\$500 / \$1,500	\$1,000/\$3,000	\$500 / \$1,500	\$1,000/\$3,000	\$1,500 / Not Applicable	\$4,500 / Not Applicable
Coinsurance	80% / 20%	50% / 50%	80% / 20%	50% / 50%	50% / 50%	50% / 50%
Lifetime Maximum	\$5,000,000	Combined w/In-Network	\$5,000,000	Combined w/In-Network	\$1,000,000	Combined w/In-Network
Out of Pocket Maximum	\$2,500 / \$5,000	\$5,000 / \$10,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$10,000 / \$10,000	\$20,000 / \$20,000

Note: This only provides a summary of benefits offered with each plan. To obtain a formal proposal with a complete benefits summary detail select the "View/Print Proposed Rates" option on the Group summary Screen.

2010

RATE SHEET

Blue Cross and Blue Shield of Florida
Health Rate Calculation

Date: 6/3/2010 Time: 9:42 AM

Anniversary Date: 6/1
Effective Date: 6/1/2010
Group Name: JOYTECH CONSTRUCTION INC
Quote Id: 1-UJQRL7
Package: BlueOptions Health Plan 5022/5023

Plan Name: BlueOptions HSA-Compatible Plan 80% - 5023 Rx: \$10/\$50/\$80 after INN DED

Age Band	ME	FE	MS	FS	MC	FC	MF	FF
0-24	N/A	N/A	270.43	270.43	306.36	421.63	499.21	499.21
25-29	N/A	N/A	320.68	320.68	324.47	444.67	544.91	544.91
30-34	N/A	N/A	352.21	352.21	356.92	454.49	582.81	582.81
35-39	N/A	N/A	363.04	363.04	369.56	455.62	589.11	589.11
40-44	N/A	N/A	444.58	444.58	393.63	460.87	649.54	649.54
45-49	N/A	N/A	512.06	512.06	434.12	468.36	707.27	707.27
50-54	N/A	N/A	655.4	655.4	497.7	517.16	835.13	835.13
55-59	N/A	N/A	800.48	800.48	594.75	578.99	987.11	987.11
60-64	N/A	N/A	1041.61	1041.61	687.49	608.92	1169.01	1169.01
65+P	N/A	N/A	302.7	302.7	198.79	187.71	344.6	344.6

Final premiums, benefits, and effective dates are subject to approval by BCBSF corporation headquarters.
Issuance of the Group Plan by BCBSF/HOI will be deemed acceptance of this application.

Date Signature of Applicant Print/Type Name and Title

Date Blue Cross and Blue Shield of Florida, Inc./Health Options, Inc./Licensed Agent (Print)

Signature of Agent Agent License Identification Number

Health Options and its Parent, Blue Cross and Blue Shield of Florida, Inc. are Independent Licensees of Blue Cross and Blue Shield Association.

RATE SHEET

Blue Cross and Blue Shield of Florida
Health Rate Calculation

Date: 6/3/2010 Time: 9:42 AM

Anniversary Date: 6/1
Effective Date: 6/1/2010
Group Name: JOYTECH CONSTRUCTION INC
Quote Id: 1-UJQRL7
Package: BlueOptions Health Plan 5022/5023

Plan Name: BlueOptions HSA-Compatible Plan 80% - 5022 Rx: \$10/\$50/\$80 after INN DED

Age Band	ME	FE	MS	FS	MC	FC	MF	FF
0-24	94.79	235.62	N/A	N/A	N/A	N/A	N/A	N/A
25-29	122.47	269.32	N/A	N/A	N/A	N/A	N/A	N/A
30-34	156.78	273.54	N/A	N/A	N/A	N/A	N/A	N/A
35-39	163.1	280.46	N/A	N/A	N/A	N/A	N/A	N/A
40-44	230.5	312.66	N/A	N/A	N/A	N/A	N/A	N/A
45-49	291.89	333.72	N/A	N/A	N/A	N/A	N/A	N/A
50-54	388.49	412.26	N/A	N/A	N/A	N/A	N/A	N/A
55-59	498.62	479.37	N/A	N/A	N/A	N/A	N/A	N/A
60-64	684.29	588.3	N/A	N/A	N/A	N/A	N/A	N/A
65+P	191.69	178.14	N/A	N/A	N/A	N/A	N/A	N/A

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Issuance of the Group Plan by BCBSF/HOI will be deemed acceptance of this application.

Date Signature of Applicant Print/Type Name and Title

Date Blue Cross and Blue Shield of Florida, Inc./Health Options, Inc./Licensed Agent (Print)

Signature of Agent Agent License Identification Number

Health Options and its Parent, Blue Cross and Blue Shield of Florida, Inc. are Independent Licensees of Blue Cross and Blue Shield Association.

Health Product - 5022/5023	BlueOptions	BlueOptions
Plan Number	HSA-Compatible Plan 5022	HSA-Compatible Plan 5023
Office Services		
Physician Office Services		
E-Office Visit In-Network Family Physician / PCP	DED + Coinsurance	DED + Coinsurance
E-Office Visit In-Network Specialist	DED + Coinsurance	DED + Coinsurance
In-Network Family Physician / PCP	DED + Coinsurance	DED + Coinsurance
In-Network Specialist	DED + Coinsurance	DED + Coinsurance
Out-of-Network Provider	DED + Coinsurance	DED + Coinsurance
Medical Pharmacy ⁴ (Does not include immunizations and allergy injections)	Monthly OOP Max does not apply until the In-Network DED is met for H.S.A. Plans	Monthly OOP Max does not apply until the In-Network DED is met for H.S.A. Plans
In-Network Provider (\$200 Monthly Member OOP Max)	DED + 20% Coinsurance	DED + 20% Coinsurance
Out-of-Network Provider	DED + 50% Coinsurance	DED + 50% Coinsurance
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)		
In-Network Family Physician / PCP	DED + Coinsurance	DED + Coinsurance
In-Network Specialist	DED + Coinsurance	DED + Coinsurance
Maternity (due at initial visit only)		
In-Network Specialist	DED + Coinsurance	DED + Coinsurance
Out-of-Network Provider	DED + Coinsurance	DED + Coinsurance
Allergy Injections		
In-Network Family Physician / PCP	DED + Coinsurance	DED + Coinsurance
In-Network Specialist	DED + Coinsurance	DED + Coinsurance
Preventive Care		
Adult Wellness Benefit Maximum (PBP[^]) - In-Network	No Maximum	No Maximum
Adult Wellness Benefit Maximum (PBP[^]) - Out-of-Network	\$150	\$150
Routine Adult Physical Exam and Immunizations (Applies towards Adult Wellness Max, if applicable)		
In-Network Family Physician / PCP	Coinsurance	Coinsurance
In-Network Specialist	Coinsurance	Coinsurance
Out-of-Network Provider	Coinsurance	Coinsurance
Well Woman Exam (e.g. Annual GYN) (Applies towards Adult Wellness Max, if applicable)		
In-Network Family Physician / PCP	Coinsurance	Coinsurance
In-Network Specialist	Coinsurance	Coinsurance
Out-of-Network Provider	Coinsurance	Coinsurance
Mammograms (member cost; In and Out-of-network)	\$0	\$0
Well Child (No PBP [^] Max)		
In-Network Family Physician / PCP	Coinsurance	Coinsurance
In-Network Specialist	Coinsurance	Coinsurance
Out-of-Network Provider	Coinsurance	Coinsurance

Health Product - 5022/5023	BlueOptions	BlueOptions
Plan Number	HSA-Compatible Plan 5022	HSA-Compatible Plan 5023
Prescription Drug Program	BlueScript	BlueScript
Deductible	In-Network DED ⁵	In-Network DED ⁵
In-Network		
Generic/Brand/Non-preferred	\$10/\$50/\$80 after In-Nw DED	\$10/\$50/\$80 after In-Nw DED
Mail Order (90 days) - Generic/Brand/Non-preferred	\$25/\$125/\$200	\$25/\$125/\$200
Out-of-Network		
Generic/Brand/Non-preferred	50%/50%/50%	50%/50%/50%
Mail Order (90 days) - Generic/Brand/Non-preferred	50%/50%/50%	50%/50%/50%
Emergency Medical Care		
Urgent Care Centers		
In-Network	DED + Coinsurance	DED + Coinsurance
Out-of-Network	DED + Coinsurance	DED + Coinsurance
Emergency Room Facility Services (per visit; copayment waived if admitted)		
In-Network	DED + Coinsurance	DED + Coinsurance
Out-of-Network	DED + Coinsurance	DED + Coinsurance
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility (includes Provider Services)		
In-Network - Other Diagnostic Services	DED + Coinsurance	DED + Coinsurance
In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	DED + Coinsurance	DED + Coinsurance
Out-of-Network	DED + Coinsurance	DED + Coinsurance
Independent Clinical Lab		
In-Network	DED	DED
Out-of-Network	DED + Coinsurance	DED + Coinsurance
Outpatient Hospital Facility Services (per visit)		
In-Network	Option 1 - DED + Coins Option 2 - DED + Coins	Option 1 - DED + Coins Option 2 - DED + Coins
Out-of-Network	DED + Coinsurance	DED + Coinsurance
Mental Health/Substance Dependency		
Mental Health (PBP⁶ Max; inpatient/outpatient)	30 Days / 20 Visits	30 Days / 20 Visits
Inpatient Hospital Facility Services (per admit)		
In-Network	Option 1 - DED + Coins Option 2 - DED + Coins	Option 1 - DED + Coins Option 2 - DED + Coins
Out-of-Network	DED + Coinsurance	DED + Coinsurance
Outpatient Office Visit		
In-Network Family Physician / PCP	DED + Coinsurance	DED + Coinsurance
In-Network Specialist	DED + Coinsurance	DED + Coinsurance
Out-of-Network Provider	DED + Coinsurance	DED + Coinsurance
Substance Dependency (Lifetime Maximum)		
Inpatient Hospital Facility Services (per admit)	\$2,500	\$2,500
In-Network	Option 1 - DED + Coins Option 2 - DED + Coins	Option 1 - DED + Coins Option 2 - DED + Coins
Out-of-Network	DED + Coinsurance	DED + Coinsurance
Outpatient Office Visit		
In-Network Family Physician / PCP	DED + Coinsurance	DED + Coinsurance
In-Network Specialist	DED + Coinsurance	DED + Coinsurance
Out-of-Network Provider	DED + Coinsurance	DED + Coinsurance

FACTS, ASSUMPTIONS AND COMMENTS ABOUT FLORIDA'S SMALL BUSINESSES AND THEIR HEALTH INSURANCE

1. Percentage of Private Florida Employers by Size (2007)

- a. Less than or equal to 50 employees: 95%
- b. Greater than 50 employees: 5%

(US Department of Labor, Bureau of Labor Statistics)

2. Number and Percentage of Florida Employees Covered by Private Employers (2007)

- a. Less than or equal to 50 employees: 3,006,000 (44%)
- b. Greater than 50 employees: 3,978,000 (56%)

(US Department of Labor, Bureau of Labor Statistics)

3. Florida Population Statistics:

- a. 15.1 Floridians under age 65 (2007)
- b. 3.7 million uninsured (2007; most likely much higher in 2010)
- c. 1.4 million uninsured (38%) at 200% or higher of Federal Poverty Level (again, most likely higher by 2010)
- d. 2.3 million uninsured (62%) less than 200% of Federal Poverty Level

(Federal Poverty Level defined as a family of 4 earning less than \$21,203 annually)

(Kaiser Family Foundation)

4. Percentage of Florida Employers Sponsoring Group Health Insurance By Size (2006)

- a. Less than or equal to 50: 39% (and most likely lower in 2009)
- b. Greater than 50: 95%

(US Department of Health and Human Resources, Agency for Healthcare Research and Quality, 2006 Medical Expenditure Survey)

5. Number of Florida Small Employers (50 or less employees)
Sponsoring Small Group Health Plan for their Employees:

- a. 1996: 265,825
- b. 2007: 142,139 (a 46% drop in 11 years)
- c. 2010: Estimated 125,000 (no recent data from OIR/GAP)

(Florida Office of Insurance Regulation GAP Reports 1996-2007. [GAP reports are the required filings by every carrier regarding employee and dependent enrollment and premiums collected])

6. Health Affairs Journal (a peer-reviewed policy journal) estimated that between 2008 and 2010, another 556,000 Floridians will lose their coverage.

7. Florida's Income Levels

- a. Median Wage (2007): \$14.70
- b. Half of all working Floridians earn less than \$30,576 a year
- c. Median Household Income (2007): \$45,794

Coupled with Florida's very high small group health insurance premiums, our low wages have earned us the dubious honor of having the most expensive small group health insurance in the country, when indexed against our average wages.

(The State of Working Florida 2008, RISEP/Florida International University, Bruce Nissen)

8. Florida has the 3rd Highest Percentage of Residents without health insurance of all 50 states. This is driven by three industries that are traditionally low wage:

- a. Hospitality
- b. Retail
- c. Tourism/Leisure

(The State of Working Florida 2008, RISEP/Florida International University, Bruce Nissen)

So, what does all this mean?

- Florida has the highest small business health insurance premiums when indexed against average wages
- Premiums for families of employees working for small businesses can exceed \$2,500 a month (\$30,000 a year) depending on a variety of factors
- The small group health insurance market is in a death spiral as more and more healthy folks are priced out of the insurance (unhealthy people, those with chronic or expensive illnesses or injuries, almost never gamble and go without health insurance)
- An ever-dwindling number of insureds are paying for an ever-increasing number of people (themselves, and the uninsureds – whose unpaid bills are ultimately paid by insured people through the negotiated fees between providers and insurance carriers)
- Small group rating laws (allowing small businesses to be rated up or down by as much as 15% either way depending on the health status of their employees and dependents) have crippled the market and led to higher premiums
- There has been a huge erosion of covered employers and covered lives since the implementation of modifications to small group rating law (2000, and 2002)
- Consumer Directed Health Care (CDHC) is considered a cruel joke by most low-wage and middle-income employees and their dependents
- To many employees, employers and dependents, CDHC simply translates to “The Consumer Pays More”
- Many low-wage and middle-income small businesses consist almost exclusively of employees with coverage only for themselves, because there is no way they can afford to cover their dependents
- Our industry (insurance) doesn’t give low-wage and middle income folks enough credit for understanding that health care costs money. Most of the folks who cannot afford to purchase insurance now just want an affordable option (they’re not expecting a “free ride”)

In 1994, I was selling health insurance plans that mostly looked like this:

- Average monthly family premium for 45 y.o. employee: \$550
- No deductible
- No coinsurance
- Primary Care Physician Copay: \$10
- Specialist Copay: \$15
- Prescription Drugs 30 day supply: \$7 generic, \$14 brand name
- In-patient Hospitalization: \$100 per day, capped at \$500
- Emergency Room: \$50
- Lifetime Benefit: Unlimited

In 2010, the most popular plans I sell look like this:

- High Deductible Health Plan (HDHP) with average monthly family premium for 45 y.o. employee: \$1100
- \$3000 individual, \$6000 family deductible
- 10% or 20% coinsurance
- Primary Care Physician: Subject to Deductible
- Specialist: Subject to Deductible
- Prescription Drugs: Subject to Deductible
- In-patient Hospitalization: Subject to Deductible
- Emergency Room: Subject to Deductible
- Lifetime Benefit: \$2 million or \$5 million (changing with PPACA to unlimited)
- Availability for Health Savings Account? Yes
- Discretionary funds available from employee to fund Health Savings Account? Usually not.

So, in 17 years, premiums have doubled, but out-of-pocket exposure has increased almost 10 fold. During the same time, wages increased a fraction of this percentage for the bottom 50% of wage earners in Florida.

So, what do small employers and their employees really want?

They want health care that is:

- **Affordable** – nobody expects to get it for free, but everyone expects it to be provided at a fair and affordable price.
- **Accessible** – nobody gets denied coverage; nobody has to worry about portability when they change jobs; nobody has to worry about pre-existing conditions
- **User-Friendly** – easy to understand and use
- **Comprehensive** – no “stripped out” plans, no plans with benefits limited at some unreasonably low amount, no plans that are purposely designed to protect the carrier instead of the consumer
- **No Hidden “Gotchas”** – no fine print that cannot be deciphered by an average consumer. No plans designed specifically to confuse consumers, to place unreasonable obstacles in the path of medical recovery, to provide anything less than what is necessary for consumers to get well when they become ill or injured

Consumers want the above, and they don't care anymore who provides it. Uncle Sam? Bring it on. Insurance industry? Sure, as long as they're honest about it and are truly trying to help. The Florida Legislature? One could only hope. Little green men from Mars? Absolutely, if they'll provide affordable, accessible, user-friendly comprehensive health care for everyone.

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John Sinibaldi Insurance, Inc.

Over the past fifteen years, John has built an employee-benefits agency in the greater Tampa Bay area of Florida that is recognized for its attention to detail, customer service and understanding of both state and federal legislation and regulation. He has been actively involved in legislative and regulatory issues relating to health insurance for the past ten years; spent four years as the Legislative Chair of the Tampa Bay Association of Health Underwriters; and has served on several working groups for the National Association of Health Underwriters. John has testified in Tallahassee on numerous occasions regarding legislative changes to Florida's health insurance laws. In June of 2002, John was selected by Florida Insurance Commissioner Tom Gallagher to serve on the decennial task force analyzing and redesigning the required Basic and Standard health plan offerings for small businesses, and he continues to advocate on behalf of small businesses with regard to their group health insurance. In 2003, John served on an expert panel debating the issue of health insurance affordability at the Florida Health Insurance Symposium, a forum created through the combined efforts of the Office of the Governor, the Department of Financial Services/Office of Insurance Regulation, and members of the House Select Committee on Insurance. During Governor Bush's tenure, he was asked to make recommendations to the Governor's Task Force on Access to Affordable Health Insurance. Most recently, John was a panelist in a statewide forum on National Health Care Reform and the potential impact in Florida, held by the National Coalition on Health Care and the Collins Center for Public Policy.

In addition, the Department of Financial Services and the Office of Insurance regulation have often asked John to testify on legislation supported by both entities, much of it specifically regarding unlicensed and/or unregulated/partially regulated carriers, and to consumer protection issues related to carriers operating in Florida under the Out-of-State Association Group Exemption.

John is frequently asked to speak to a wide variety of business and civic groups – educating them on Florida's history of well-intentioned but often misguided health care and health insurance reforms and their impact on affordability and accessibility, as well as future changes needed to strengthen the employer-sponsored/third-party health care financing system. He has been quoted in the Wall Street Journal, St. Petersburg Times, Tampa Tribune, Business Journal, and the Kiplinger Letter among others. John continues to advocate for meaningful and intelligent health insurance and health care reform in all markets in Florida.

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