

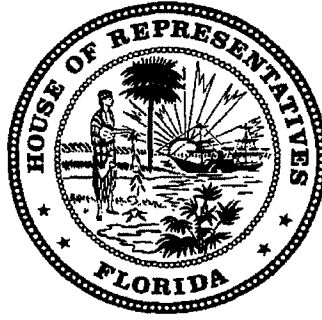


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# **Health Care Appropriations Committee**

## **Meeting Packet**

**March 10, 2010  
3:00 p.m. – 6:00 p.m.  
212 Knott**



## **AGENDA**

Health Care Appropriations Committee

March 10, 2010

3:00 p.m. – 6:00 p.m.

212 Knott

- I. Call to Order/Roll Call
- II. Opening Remarks
- III. Budget Workshop—Agency 15% Reduction Proposals
  - Department of Veterans' Affairs, Christina R. Porter, Director of Administration
  - Department of Children & Families, George Sheldon, Secretary and Nevin Smith, Director of Budget Services
  - Agency for Health Care Administration, Karen Zeiler, Deputy Secretary and Roberta Bradford, Deputy Secretary for Medicaid
  - Agency for Persons with Disabilities, Jim DeBeaugrine, Director
- IV. Closing Remarks/Adjournment



HOUSE HEALTH CARE APPROPRIATIONS COMMITTEE

FISCAL YEAR 2010-2011

FLORIDA DEPARTMENT OF VETERANS' AFFAIRS  
15% BUDGET REDUCTION PROPOSAL

FY 2010-2011 REDUCTION														
LINE	DEPT	D3A Issue	D3A Issue Title	FTE	SALARY RATE	GENERAL REVENUE	TOBACCO	STATE TF	FEDERAL TF	ALL FUNDS	MOE	MATCH	DESCRIPTION	LINE
1	Florida Department of Veterans' Affairs													1
2	FDVA	3400300	Realignment of O&M TF/GR Approp - Add - Salaries and Benefits	7.00				284,859	146,746	431,605			Represents 7 FTE Salaries and Benefits associated with Start Up for the Clyde Lassen SVNH.	2
3	FDVA	3400300	Realignment of O&M TF/GR Approp - Add - Expense					712,678	367,137	1,079,815			Represents expense appropriation associated with Start Up for the Clyde Lassen SVNH.	3
4	FDVA	3400300	Realignment of O&M TF/GR Approp - Add - Contracted Service					388,080	199,920	588,000			Represents contracted services appropriation associated with Start Up for the Clyde Lassen SVNH.	4
5	FDVA	3400300	Realignment of O&M TF/GR Approp - Add - Risk Management Insurance					99,451	51,233	150,684			Represents Risk Management Appropriation associated with the State Veterans Homes Program	5
6	FDVA	3400300	Realignment of O&M TF/GR Approp - Add - TR/DMS/HR Svcs/STW Contract					1,843	950	2,793			associated with Start Up for the Clyde Lassen SVNH.	6
7														7
8	FDVA	3400400	Realignment of O&M TF/GR Approp - Deduct - Salaries and Benefits	(7.00)		(431,605)				(431,605)			Represents 7 FTE Salaries and Benefits associated with Start Up for the Clyde Lassen SVNH.	8
9	FDVA	3400400	Realignment of O&M TF/GR Approp - Deduct - Expense			(1,079,815)				(1,079,815)			Represents expense appropriation associated with Start Up for the Clyde Lassen SVNH.	9
10	FDVA	3400400	Realignment of O&M TF/GR Approp - Deduct - Contracted Service			(588,000)				(588,000)			Represents contracted services appropriation associated with Start Up for the Clyde Lassen SVNH.	10
11	FDVA	3400400	Realignment of O&M TF/GR Approp - Deduct - Risk Management Insurance			(150,684)				(150,684)			Represents Risk Management Appropriation associated with the State Veterans Homes Program	11
12	FDVA	3400400	Realignment of O&M TF/GR Approp - Add - TR/DMS/HR Svcs/STW Contract			(2,793)				(2,793)			Represents fee for 7 FTE (\$399 x 7) associated with Start Up for the Clyde Lassen SVNH.	12
13	TOTAL: FDVA			0.00	0	(2,252,897)	0	1,486,912	765,985	0				13



**DEPARTMENT OF CHILDREN & FAMILIES  
FISCAL YEAR 2010-2011  
15% BUDGET REDUCTION PROPOSAL**

**FY 2010-2011 REDUCTION**

LINE	DEPT	D3A Issue	D3A Issue Title	FTE	SALARY RATE	GENERAL REVENUE	TOBACCO	STATE TF	FEDERAL TF	ALL FUNDS	MATCH	DESCRIPTION	LINE
1	<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES</b>												1
2	DCF	33V7000	Mental Health Services-Mental Health Institution Efficiencies	(30.00)	(1,297,072)	(3,400,000)	0	0	0	(3,400,000)	Y	Lines 47-68 Match for this program is used by the Agency for Health Care Administration as a component of the Disproportionate Share Medicaid Calculation	2
3	DCF	33V7010	Family Safety and Preservation Services-State Employee Adoption Benefits Program	0.00	0	(917,978)	0	0	0	(917,978)	N	Line 44	3
<b>2-3 Subtotal</b>				<b>(30.00)</b>	<b>(1,297,072)</b>	<b>(4,317,978)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(4,317,978)</b>			
4	DCF	33V7300	Executive Direction and Support Services-District Administration	(83.00)	(4,332,361)	(2,300,366)	0	(4,213,048)	0	(6,513,414)	N	Lines 1-15	4
5	DCF	33V7030	Family Safety and Preservation Services-Executive Leadership and Support Services	(17.00)	(681,788)	(1,552,175)	0	0	(139,933)	(1,692,108)	Y	Lines 27-46 General Revenue includes match for the Agency for Workforce Innovation's Child Care Discretionary Fund program	5
6	DCF	33V7040	Mental Health Services-Executive Leadership and Support Services	(17.00)	(735,007)	(1,301,453)	0	(1,491)	(248,366)	(1,551,310)	Y	Lines 47-68 15% Reduction Mental Health and Substance Abuse MOE	6
7	DCF	33V7050	Substance Abuse Services-Executive Leadership and Support Services	(12.00)	(562,577)	(466,676)	0	(2,878)	(777,966)	(1,247,520)	Y	Lines 69-78 15% Reduction Mental Health, Substance Abuse MOE	7
8	DCF	33V7060	Economic Self Sufficiency Services-Executive Leadership and Support Services	(30.00)	(1,204,522)	(3,410,004)	0	0	(2,978,869)	(6,388,873)	Y	Lines 79-97 15% Reduction	8
<b>4-8 Subtotal</b>				<b>(159.00)</b>	<b>(7,516,255)</b>	<b>(9,030,674)</b>	<b>0</b>	<b>(4,217,417)</b>	<b>(4,145,134)</b>	<b>(17,393,225)</b>			
9	DCF	33V7080	Mental Health Services-Adult Community Mental Health-County Criminal Justice (CJ) Grants	0.00	0	(2,000,000)	0	(1,000,000)	0	(3,000,000)	N	Line 52 Eliminate for One Year	9
10	DCF	33V7100	Family Safety and Preservation Services-Adult Protection (Investigations, Emergency Services, and Protective Services)	(46.00)	(1,844,838)	(1,855,618)	0	0	(654,418)	(2,510,036)	Y	Lines 27-46 7.5% Reduction	10
11	DCF	33V7110	Substance Abuse Services-Adult Substance Abuse	0.00	0	(9,107,950)	(1,365,401)	(368,387)	(1,643,007)	(12,484,745)	Y	Lines 74 Substance Abuse MOE	11
12	DCF	33V7120	Mental Health Services-Adult Community Mental Health	0.00	0	(74,423,178)	(31,016)	(584,435)	(8,687,218)	(83,725,847)	Y	Lines 54 Mental Health MOE	12
13	DCF	33V7250	Reduce Civil Commitment Program	(118.50)	(3,736,491)	(10,193,066)				(10,193,066)	Y	Line 47-68	13
14	DCF	33V7260	Reduce PRTS Surplus	0.00	0	(3,000,000)				(3,000,000)	Y	Line 59	14
<b>9-14 Subtotal</b>				<b>(164.50)</b>	<b>(5,581,329)</b>	<b>(100,579,812)</b>	<b>(1,396,417)</b>	<b>(1,952,822)</b>	<b>(10,984,643)</b>	<b>(114,913,694)</b>			
<b>2-14 Subtotal</b>				<b>(353.50)</b>	<b>(14,394,656)</b>	<b>(113,926,464)</b>	<b>(1,396,417)</b>	<b>(6,170,239)</b>	<b>(15,129,777)</b>	<b>(136,624,897)</b>		<b>Lines 2-14 equal an 8.89% reduction</b>	
15	DCF	33V7200	Executive Direction and Support Services	(30.00)	(1,565,913)	(2,062,175)	0	(260,744)	(199,287)	(2,522,206)	Y	Lines 1-15	15

DEPARTMENT OF CHILDREN & FAMILIES  
FISCAL YEAR 2010-2011  
15% BUDGET REDUCTION PROPOSAL

FY 2010-2011 REDUCTION

LINE	DEPT	D3A Issue	D3A Issue Title	FTE	SALARY RATE	GENERAL REVENUE	TOBACCO	STATE TF	FEDERAL TF	ALL FUNDS	MATCH	DESCRIPTION	LINE
16	DCF	33V7210	Family Safety and Preservation Services	(133.00)	(5,333,990)	(29,276,914)	(1,216,814)	(1,934,103)	(22,337,474)	(54,765,305)	Y	Lines 27-46 General Revenue includes match for the Agency for Workforce Innovation's Child Care Discretionary Fund program	16
17	DCF	33V7220	Mental Health Services	(834.00)	(36,054,623)	(29,916,244)	(13,176)	(2,136,487)	(6,901,024)	(38,966,931)	Y	Lines 47-68 less MHI Efficiencies Mental Health and Substance Abuse MOE	17
18	DCF	33V7230	Substance Abuse Services	0.00	0	(2,999,385)	(580,033)	(1,743,959)	(814,912)	(6,138,289)	Y	Lines 69-78 Mental Health, Substance Abuse MOE	18
19	DCF	33V7240	Economic Self Sufficiency Services	(235.00)	(9,435,432)	(11,695,547)	0	(117,998)	(8,569,642)	(20,383,187)	Y	Lines 79-97	19
16-19 Subtotal				(1,232.00)	(52,389,958)	(75,950,265)	(1,810,023)	(6,193,291)	(38,822,339)	(122,775,918)		Lines 16-19 equal a 6.11% reduction	
20	TOTAL DCF			(1,586.50)	(66,784,614)	(189,878,729)	(3,206,440)	(12,363,530)	(53,952,116)	(259,400,815)		Lines 2-19 equal a 15.00% reduction	20

Target Reduction for Total State Funds (205,448,699)





AGENCY FOR HEALTH CARE ADMINISTRATION  
15% BUDGET REDUCTION PROPOSAL

FY 2010-2011 REDUCTION																	FY 2011-2012 ANNUALIZATION				
LINE	DEPT	D3A Issue Title	FTE	SALARY RATE	GENERAL REVENUE	STATE TF	Total GR/State TF	FEDERAL TF	ALL FUNDS	GENERAL REVENUE	STATE TF	Total GR/State TF	FEDERAL TF	ALL FUNDS	MOE	MATCH	DESCRIPTION	Start Date	Source		
1		AGENCY FOR HEALTH CARE ADMINISTRATION																			
2	AHCA	Delete 7 Program/Administrative Positions	(\$7.00)	(\$245,374)		(\$413,847)	(\$413,847)		(\$413,847)			\$0		\$0			Delete 7 FTEs due to efficiencies				
3	AHCA	State Operation of Facilities Call Center	10.00	\$290,500		(\$354,273)	(\$354,273)		(\$354,273)		(\$71,001)	(\$71,001)		(\$71,001)			Bring the operation of the Agency Call Center utilized for facility, Health Maintenance Organization, Medicaid Fraud Complaints and Medicaid information in-house. We would reduce contracted services and add 10 FTEs. Bringing operation of call center in-house will increase the quality of complaint intake, improve efficiency and reduce costs to the state.	7/1/2010	VIII B		
4	AHCA	Delete Quality of Long-Term Care Facility Improvement TF budget authority and corresponding cash				(\$1,000,000)	(\$1,000,000)		(\$1,000,000)			\$0		\$0			Delete quality of Long-Term Care Facility Improvement Trust Fund authority and corresponding cash		VIII B		
5	AHCA	Decrease the Emergency Alternative Placement allocation				(\$470,091)	(\$470,091)		(\$470,091)			\$0		\$0			Given historical use of funds from emergency alternative placements, a reduction of \$470,091 could be taken. Remaining \$806,629 would allow for approximately four nursing home receiverships and exceeds any previous year's spending		VIII B		
6	AHCA	Enhanced FMAP for Medicare Part D (N/R)			(\$66,411,604)		(\$66,411,604)		(\$66,411,604)										VIII B		
7	AHCA	Increased Family Planning FMAP retro-active (N/R)			(\$800,000)		(\$800,000)		(\$800,000)												
8	AHCA	Plus Long Term Quality Care TF sweep (N/R)				(\$2,000,000)	(\$2,000,000)		(\$2,000,000)												
9	AHCA	Plus HCTF sweep (N/R)				(\$12,700,000)	(\$12,700,000)		(\$12,700,000)												
10	AHCA	Transfer to DOEA Nursing Home Transition			(\$1,859,046)		(\$1,859,046)	\$ (3,885,842.00)	(\$5,744,888)			\$0		\$0		Y	Savings associated with transitioning 400 eligible beneficiaries from skilled nursing facilities to community based alternatives.				
11	AHCA	Fiscal Agent Contract			(\$683,661)		(\$683,661)	(\$1,642,971)	(\$2,326,632)			\$0		\$0		Y	Savings to be achieved by deleting unnecessary budget authority as determined during the Social Services Estimating Conference.		Gov Rec		
12	AHCA	Managed Care Expansion for Areas with two or more Plans with Capacity for Expansion (12 month Phase-in)			(\$22,488,209)		(\$22,488,209)	(\$36,195,750)	(\$58,683,959)					\$0		Y	Savings associated with the transitioning of populations from MediPass including voluntary, into managed care plans in counties with two or more HMOs with capacity for expansion. These populations would be phased-in beginning 7/1/10 and have a 12 month phase-in.		Gov Rec		
13	AHCA	Managed Care Expansion for Areas with less than two or two or more Plans without Capacity for Expansion (18 month Phase-in)			(\$5,594,790)		(\$5,594,790)	(\$9,005,055)	(\$14,599,845)					\$0		Y	transitioning of populations from MediPass including voluntary, into managed care plans in counties with less than two or two or more HMOs	7/1/2010	IPC		
14	AHCA	Managed Care Fraud and Abuse Adjustment for Miami-Dade			(\$8,731,766)		(\$8,731,766)	(\$13,971,733)	(\$22,703,499)	(\$1,746,353)		(\$1,746,353)	(\$2,794,347)	(\$4,540,700)		Y	Savings from reducing the HMOs by 4.5% in Miami-Dade County due to a Fraud and Abuse Adjustment.	7/1/2010	IPC		
15	AHCA	Collection on Manufacturer Rebates on Injectable Drugs			(\$734,881)		(\$734,881)	(\$914,684)	(\$1,649,565)	(\$734,881)	\$0	(\$734,881)	(\$914,684)	(\$1,649,565)		Y	Savings associated with additional manufacturer drug rebate collection on injectable drugs reimbursed through physician services claims. Would need TF authority to expend collections.	9/1/2010	New		

**AGENCY FOR HEALTH CARE ADMINISTRATION  
15% BUDGET REDUCTION PROPOSAL**

AGENCY FOR HEALTH CARE ADMINISTRATION																				
15% BUDGET REDUCTION PROPOSAL																				
FY 2010-2011 REDUCTION										FY 2011-2012 ANNUALIZATION										
LINE	DEPT	D3A Issue Title	FTE	SALARY RATE	GENERAL REVENUE	STATE TF	Total GR/State TF	FEDERAL TF	ALL FUNDS	GENERAL REVENUE	STATE TF	Total GR/State TF	FEDERAL TF	ALL FUNDS	MOE	MATCH	DESCRIPTION	Start Date	Source	
1		AGENCY FOR HEALTH CARE ADMINISTRATION																		
16	AHCA	Reduce Nurse Staffing Requirements from 2.9 hours to 2.6			(\$11,544,516)		(\$11,544,516)	(\$18,472,427)	(\$30,016,943)			\$0		\$0		Y	Savings to be achieved by reducing nurse staffing requirements from 2.9 hours to 2.6 hours.	1/1/2011	VIII B/IPC	
17	AHCA	Hospital Inpatient Rate Reduction of 1.0%			(\$29,605,304)		(\$29,605,304)	(\$47,482,605)	(\$77,087,909)	(\$1,321,930)		(\$1,321,930)	(\$2,128,733)	(\$3,450,663)		Y	Savings from reducing the FY 2010-11 Hospital Inpatient Rates by 1.88%.	7/1/2010	IPC	
18	AHCA	Hospital Outpatient Rate Reduction of 1.0%			(\$7,869,622)		(\$7,869,622)	(\$12,683,631)	(\$20,553,253)	(\$388,042)		(\$388,042)	(\$624,870)	(\$1,012,912)		Y	Savings from reducing the FY 2010-11 Hospital Outpatient Rates by 1.88%. Includes the impact on Managed Care.	7/1/2010	VIII B/IPC	
19	AHCA	Reduce Clinic Services by 1.0%			(\$1,104,391)		(\$1,104,391)	(\$1,785,655)	(\$2,890,046)	(\$40,967)		(\$40,967)	(\$65,971)	(\$106,938)		Y	Savings from reducing the FY 2010-11 County Health Department Rates by 1.88%.	7/1/2010	VIII B/IPC	
20	AHCA	Nursing Home Rate Reduction of 1.0%			(\$22,409,276)		(\$22,409,276)	(\$35,857,173)	(\$58,266,449)			\$0		\$0		Y	Savings from reducing the FY 2010-11 Nursing Home Rates by 1.88%. Includes the impact on Hospice.	7/1/2010	VIII B/IPC	
21	AHCA	ICF/DD Rate Reduction of 1.0%			(\$1,431,648)		(\$1,431,648)	(\$2,290,786)	(\$3,722,434)	(\$477,216)		(\$477,216)	(\$763,595)	(\$1,240,811)		Y	Savings from reducing the FY 2010-11 ICF/DD Rates by 1.88%.	7/1/2010	VIII B/IPC	
22	AHCA	Pharmaceutical Expense Assistance			(\$400,000)		(\$400,000)	\$0	(\$400,000)			\$0		\$0			Savings to be achieved by deleting excess budget authority in this GR only funded program.	10/1/2009	VIII B/IPC	
23	AHCA	Hospice Payments			(\$4,390,678)		(\$4,390,678)	(\$7,025,541)	(\$11,416,219)	(\$2,195,339)		(\$2,195,339)	(\$3,512,771)	(\$5,708,110)		Y	Savings with limiting hospice payments to the Medicare annual hospice aggregate amount (\$23,015) for each individual. Does not assume limitations in room and board in Nursing Homes.	7/1/2010	IPC	
24	AHCA	Nursing Home/Hospice Assessment			(\$32,985,961)		(\$32,985,961)		(\$32,985,961)			\$0		\$0			Savings associated with increasing the assessment percentage to the maximum allowable amount of 5.5%. Would need TF authority to expend additional assessments collected.	11/1/2010	IPC	
25	AHCA	ICF/DD Assessment			(\$1,552,432)		(\$1,552,432)		(\$1,552,432)	(\$517,477)		(\$517,477)		(\$517,477)			Savings associated with increasing the assessment percentage to the maximum allowable amount of 5.5%. Would need TF authority to expend additional assessments collected.	7/1/2010	IPC	
26	AHCA	Hospital Inpatient Assessment Increase			(\$225,850,835)		(\$225,850,835)		(\$225,850,835)			\$0		\$0			Savings associated with increasing the PMATF assessment percentage by 1.05%. Would need TF authority to expend the additional assessments collected.	10/1/2010	IPC	
27	AHCA	Hospital Outpatient Assessment Increase			(\$122,676,614)		(\$122,676,614)		(\$122,676,614)			\$0		\$0			Savings associated with increasing the PMATF assessment percentage by 1.1%. Would need TF authority to expend the additional assessments collected.	7/1/2010	IPC	
28	AHCA	HMO Assessment			(\$93,241,609)		(\$93,241,609)		(\$93,241,609)			\$0		\$0			Savings associated with adding a 1.25% assessment on HMO premiums. Currently do not have a assessment on HMOs.	7/1/2010	IPC	
29	AHCA	FHK Rate Freeze			(\$3,186,287)		(\$3,186,287)	(\$7,006,570)	(\$10,192,857)	(\$1,062,096)		(\$1,062,096)	(\$2,335,523)	(\$3,397,619)		Y	Savings if the Florida Healthy Kids capitation rates are frozen at the June 30, 2010 level.	7/1/2010	IPC	
30	AHCA	Increased FMAP for Family Planning Services			(\$800,000)		(\$800,000)	\$800,000	\$0	(\$266,667)		(\$266,667)	\$266,667	\$0		Y	Savings from increasing the FMAP to 90%.	10/1/2010		
31	AHCA	Expansion of Post-Service Prepayment Review of Claims			(\$5,769,000)		(\$5,769,000)	(\$9,231,000)	(\$15,000,000)			\$0		\$0		Y	Estimated savings from either through contract or increasing current staffing levels.			

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**15% BUDGET REDUCTION PROPOSAL**

FY 2010-2011 REDUCTION																FY 2011-2012 ANNUALIZATION				
LINE	DEPT	D3A Issue Title	FTE	SALARY RATE	GENERAL REVENUE	STATE TF	Total GR/State TF	FEDERAL TF	ALL FUNDS	GENERAL REVENUE	STATE TF	Total GR/State TF	FEDERAL TF	ALL FUNDS	MOE MATCH	DESCRIPTION	Start Date	Source		
1	AGENCY FOR HEALTH CARE ADMINISTRATION																			
32	AHCA	Increasing the Minimum for Provider Fines			(\$384,600)		(\$384,600)	(\$615,400)	(\$1,000,000)			\$0		\$0	Y	Estimated savings associated with setting a higher minimum for fines which should become more of a deterrent factor and increase the diligence of the provider to submit appropriate documentation to support submitted claims.				
33	AHCA	Amend Disease Management Contract			(\$692,280)		(\$692,280)	(\$1,107,720)	(\$1,800,000)			\$0		\$0	Y	Estimated savings from eliminating the Disease Management program incentive payment for the final year of operation.				
34	AHCA	Cost Reduction for Behavioral Health Overlay Services			(\$799,521)		(\$799,521)	(\$995,138)	(\$1,794,659)	(\$799,521)		(\$799,521)	(\$995,138)	(\$1,794,659)	Y	Limits the delivery of BHOS services to six days a week instead of seven days per week.				
35	AHCA	Elimination of the Chiropractic Program			(\$320,786)		(\$320,786)	(\$515,561)	(\$836,347)	(\$106,929)		(\$106,929)	(\$171,854)	(\$278,783)	Y	Eliminates Chiropractic services as a covered Medicaid benefit.	1/1/2011	VIII B/IPC		
36	AHCA	Elimination of the Podiatrist Program			(\$1,032,134)		(\$1,032,134)	(\$1,658,831)	(\$2,690,965)	(\$344,045)		(\$344,045)	(\$552,944)	(\$896,989)	Y	Eliminates Podiatrist services as a covered Medicaid benefit.	10/1/2010	VIII B/IPC		
37	AHCA	Elimination of Adult Vision & Hearing Services			(\$4,390,880)		(\$4,390,880)	(\$7,227,110)	(\$11,617,990)	(\$1,463,627)		(\$1,463,627)	(\$2,409,037)	(\$3,872,664)	Y	Eliminates Adult Vision and Hearing services as a covered Medicaid benefit.	10/1/2010	VIII B/IPC		
38	AHCA	Elimination of Adult Dental Services			(\$6,479,219)		(\$6,479,219)	(\$10,531,867)	(\$17,011,086)	(\$2,159,740)		(\$2,159,740)	(\$3,510,622)	(\$5,670,362)	Y	Eliminates Adult Dental services as a covered Medicaid benefit.	10/1/2010	VIII B/IPC		
39	AHCA	Discontinue Cov of Adult Dental Ser for Partial Dentures			(\$328,994)		(\$328,994)	(\$534,773)	(\$863,767)	(\$109,665)		(\$109,665)	(\$178,258)	(\$287,923)	Y	Eliminates Adult Dental services for Partial Dentures as a covered Medicaid benefit.	10/1/2010	VIII B/IPC		
40	AHCA	Elimination of Eligibility for 19 and 20 year old Kids			(\$8,022,453)		(\$8,022,453)	(\$9,985,297)	(\$18,007,750)	(\$8,022,453)	\$0	(\$8,022,453)	(\$9,985,297)	(\$18,007,750)	Y	Savings from eliminating optional eligibility and coverage for children age 19 and 20.	10/1/2010	VIII B		
41	AHCA	Eliminate Family Planning Waiver			(\$1,527,501)	(\$122,822)	(\$1,650,323)	(\$2,836,695)	(\$4,487,018)	(\$1,527,501)	(\$122,822)	(\$1,650,323)	(\$2,836,695)	(\$4,487,018)	Y	Savings from eliminating the Family Planning eligibility group.				
42	AHCA	Elimination of Medically Needy Preg Women & Kids			(\$27,480,755)	(\$9,286,535)	(\$36,767,290)	(\$34,204,591)	(\$70,971,881)	(\$27,480,755)	(\$9,286,535)	(\$36,767,290)	(\$34,204,591)	(\$70,971,881)	Y	Savings from eliminating optional eligibility and coverage for Medically Needy Pregnant Women and Children.				
43	AHCA	Elimination of Breast & Cervical Cancer Treatment			(\$2,398,491)	(\$278,872)	(\$2,677,363)	(\$2,985,342)	(\$5,662,705)	(\$2,398,491)	(\$278,872)	(\$2,677,363)	(\$2,985,342)	(\$5,662,705)	Y	Savings from eliminating the cancer treatment services for women under age 65 who have been diagnosed with breast or cervical cancer.				
44	AHCA	Eliminate Eligibility for PW with 150-185% FPL			(\$13,091,567)	(\$266,746)	(\$13,358,313)	(\$16,294,667)	(\$29,652,980)	(\$13,091,567)	(\$266,746)	(\$13,358,313)	(\$16,294,667)	(\$29,652,980)	Y	Savings from eliminating optional eligibility and coverage for women with income of 150% up to 185% FPL.				
<b>TOTAL AHCA</b>			<b>3.00</b>	<b>\$45,126</b>	<b>(\$739,071,311)</b>	<b>(\$26,893,163)</b>	<b>(\$765,964,477)</b>	<b>(\$296,144,415)</b>	<b>(\$1,062,108,912)</b>	<b>(\$66,255,262)</b>	<b>(\$10,025,976)</b>	<b>(\$76,281,238)</b>	<b>(\$66,398,272)</b>	<b>(\$183,279,510)</b>						
<b>Target Reduction</b>					<b>\$765,625,759.00</b>															
<b>Total GR/State TF reductions in 2010-11 plus</b>					<b>(\$765,964,497)</b>															

# Medicaid Impact Conference Session 2010

Revisions Post Conference of February 26, 2010

## **ISSUE SUMMARY**

# Medicaid Impact Conference Issues

February 26, 2010

#	Issue	Action	Proposed Savings Date	Annualized General Revenue	Annualized Trust Fund	Annualized Total
1	Payment for Preventable Hospital Errors	Provide an estimate of savings by expanding the policy of no longer reimbursing hospitals for preventable errors to the full Medicare policy.	Pending			Pending
2	Pharmaceutical Expense Assistance	Provide an analysis of estimated savings due to reducing the appropriation for this program to the most recent FY 2010-11 estimates.	7/1/2010	(400,000)		(400,000)
3	Nursing Home/Hospice Rate Reduction	Provide the estimated savings by reducing the FY 2010-11 Nursing Home/Hospice rates by 1%. Provide a mechanism to calculate the reduction. Include impact on Hospice rates.	7/1/2010	(11,919,306)	(19,072,131)	(30,991,437)
4	Hospital Inpatient Rate Reduction	Provide the estimated savings by reducing the FY 2010-11 Hospital Inpatient rates by 1%. Provide a mechanism to calculate the reduction.	7/1/2010	(16,455,039)	(26,396,069)	(42,851,108)
5	Hospital Outpatient Rate Reduction	Provide the estimated savings by reducing the FY 2010-11 Hospital Outpatient rates by 1%. Provide a mechanism to calculate the reduction.	7/1/2010	(4,392,376)	(7,078,989)	(11,471,365)
6	HMO Rate Reduction	Provide the estimated savings by reducing the FY 2010-11 HMO Provider rates by 1%. Provide a mechanism to calculate the reduction.	9/1/2010	(10,141,266)	(16,478,131)	(26,619,397)
7	County Health Department Rates	Provide the estimated savings by reducing the FY 2010-11 County Health Department rates by 1%. Provide a mechanism to calculate the reduction.	7/1/2010	(609,232)	(984,908)	(1,594,140)
8	County Health Department Rates	Provide the estimated savings by reducing the FY 2010-11 County Health Department rates to the same level as the estimated average rate for federally qualified health centers.	7/1/2010	(22,888,967)	(36,984,136)	(59,873,103)
9	ICF/DD Rate Reduction	Provide the estimated savings by reducing the FY 2010-11 ICF-DD Provider rates by 1%. Provide a mechanism to calculate the reduction.	10/1/2010	(1,015,364)	(1,624,687)	(2,640,051)

# Medicaid Impact Conference Issues

February 26, 2010

#	Issue	Action	Proposed Savings Date	Annualized General Revenue	Annualized Trust Fund	Annualized Total
10	Hospice *	Savings associated with limiting hospice payments to the Medicare annual hospice aggregate amount for each facility consistent with federal policy limits by facility.	11/01/2010	(6,586,017)	(10,538,311)	(17,124,328)
11	Adult Vision Services *	Savings associated with eliminating this service based on FY 2010-11 estimate.	10/1/2010	(4,828,402)	(7,985,449)	(12,813,851)
12	Adult Hearing Services *	Savings associated with eliminating this service based on FY 2010-11 estimate.	10/1/2010	(1,026,105)	(1,650,697)	(2,676,802)
13	Adult Dental Services *	Savings associated with eliminating this service based on FY 2010-11 estimate.	10/1/2010	(8,638,959)	(14,042,489)	(22,681,448)
14	Adult Dental Services *	Savings associated with eliminating partial dentures based on the FY 2010-11 estimate.	10/1/2010	(438,658)	(713,031)	(1,151,689)
15	Adult Podiatric Services *	Savings associated with eliminating this service based on FY 2010-11 estimate.	10/1/2010	(1,376,179)	(2,211,774)	(3,587,953)
16	Adult Chiropractic Services *	Savings associated with eliminating this service based on FY 2010-11 estimate.	10/1/2010	(427,715)	(687,415)	(1,115,130)
17	Hospice Services *	Savings associated with eliminating this service based on FY 2010-11 estimate. Provide savings net of add backs such as nursing home care and hospital services.	1/1/2011	(31,855,453)	(39,649,491)	(71,504,944)
18	FHK Rate Freeze	Provide an estimate of the savings if FHK capitation rates were frozen at the June 30, 2009 level.	10/1/2010	(4,248,383)	(9,342,093)	(13,590,475)
19	Limit Medicaid Behavioral Health Overlay Services to six days per week for juvenile justice and child welfare clients *	Savings associated with limiting behavioral health overlay services for youths in juvenile justice and child welfare settings to six days a week.	1/1/2011	(1,599,041)	(1,990,277)	(3,589,318)
20	Expand Medicaid Drug Rebate Collections to Injectable Drugs	Savings associated with additional manufacturer drug rebate collection on injectable drugs.	7/1/2010	(1,268,845)	1,268,845	0
21a	Reduce MediPass Primary Care Case Management Fee **	Savings associated with reducing the per member per month case management fee for beneficiaries served through the Medicaid fee-for-service program to \$1.00. Analysis should discuss any federal or state implementation issues with reducing this fee.	1/1/2011	(4,843,774)	(6,054,889)	(10,898,663)

# Medicaid Impact Conference Issues

February 26, 2010

#	Issue	Action	Proposed Savings Date	Annualized General Revenue	Annualized Trust Fund	Annualized Total
21b	Eliminate MediPass Primary Care Case Management Fee **	Savings associated with eliminating the per member per month case management fee for beneficiaries served through the Medicaid fee-for-service program. Analysis should discuss any federal or state implementation issues with eliminating this fee.	1/1/2011	(9,687,565)	(12,109,798)	(21,797,363)
22	Reduce Children's Medical Services (CMS) Primary Care Center Targeted Case Management Fee	Savings associated with reducing the per member per month case management fee for CMS individuals to \$1.00. Analysis should discuss any federal or state implementation issues with reducing this fee.	10/1/2010	(969,994)	(1,552,092)	(2,522,086)
23	Eliminate Medicaid Eligibility for 19 & 20 Year Olds	Savings associated with eliminating Optional Medicaid coverage for children aged 19 and 20 effective January 1, 2011 due to MOE requirements for AARA stimulus funds. Analysis should include number of beneficiaries impacted as well as annualized savings and numbers impacted.	1/1/2011	(16,044,905)	(19,970,595)	(36,015,500)
24	Reduce Medicaid Eligibility for Pregnant Women to 150% of Poverty *	Savings associated with the elimination of optional Medicaid coverage for pregnant women with incomes of 150-185% of the federal poverty level effective January 1, 2011 due to MOE requirements for AARA stimulus funds. Analysis should include number of beneficiaries impacted as well as annualized savings and numbers impacted.	1/1/2011	(26,183,135)	(33,122,825)	(59,305,962)
25	Eliminate the Medicaid Breast and Cervical Cancer Treatment Program *	Savings associated with the elimination of Optional Medicaid Coverage for women currently eligible for Medicaid services due to a diagnosis of breast or cervical cancer through the Mary Brogan Breast and Cervical Cancer program administered through the DOH. Savings amounts should have an effective date of January 1, 2011 due to MOE requirements for AARA stimulus funds. Analysis should include number of beneficiaries impacted as well as annualized savings and numbers impacted.	1/1/2011	(4,796,982)	(6,528,428)	(11,325,410)

# Medicaid Impact Conference Issues

February 26, 2010

#	Issue	Action	Proposed Savings Date	Annualized General Revenue	Annualized Trust Fund	Annualized Total
26	Disease Management Contracts	Provide an estimate of savings if provisions of OPPAGA Research Memorandum-Options to Reduce Disease Management Program Costs-January 15, 2009 were implemented.	7/1/2010	(692,280)	(1,107,720)	(1,800,000)
27	Nursing Home Diversion	Provide an estimate of savings associated with increasing nursing home diversion slots by the number of new nursing home slots agreed upon for the FY 2010-11 estimate. Analysis should include estimated resource needs.	7/1/2010	(6,501,794)	(10,311,239)	(16,813,033)
28	Home & Community Based Services Waivers	Provide an estimate of the savings associated with consolidating the smaller waivers that operate in limited areas of the state into existing larger waivers that operate statewide. Provide a mechanism for calculating the savings. Discuss any federal approval or implementation issues in your analysis.	7/1/2010	(1,132,870)	(1,812,709)	(2,945,579)
29	Home & Community Based Services Waivers	Provide an estimate of the savings associated with aligning clients with the most cost effective waiver for which the individual has met the criteria. Provide a mechanism for calculating the savings. Discuss any federal approval or implementation issues in your analysis.	Pending			Pending
30	Home & Community Based Services Waivers	Provide an estimated average cost for an individual in a waiver, including the Medicaid state plan costs compared to the average nursing home diversion cost. Provide a mechanism for calculating the savings.	Pending			Pending
31	Reduce the Maximum Daily Number of Home Health Aide Visits from 4 to 3 *	Provide an estimate of the savings associated with reducing home health aide visits to 3 visits per day. Provide a mechanism for calculating the savings.	1/1/2011	(436,941)	(543,848)	(980,789)
32	Limit Private Duty Nursing Services	Provide an estimate of the savings associated with holding private duty nursing services to 12 continuous hours. Provide a mechanism for calculating the savings.	1/1/2011	(5,393,107)	(6,712,633)	(12,105,740)



# Medicaid Impact Conference Issues

February 26, 2010

#	Issue	Action	Proposed Savings Date	Annualized General Revenue	Annualized Trust Fund	Annualized Total
33	Medically Needy	Provide an estimate of savings from reducing the benefits covered under the Medically Needy program. Analysis should discuss any federal or state implementation issues and identify whether premiums could be imposed for adults as approved under the Deficit Reduction Act (DRA).	4/1/2011	(103,980,266)	(129,421,003)	(233,401,268)
34	Risk Adjusted HMO Rates Statewide	Provide an estimate of savings if risk adjusted rates were implemented for HMOs based on the FY 2010-11 estimate.	9/1/2010	195,614	195,615	391,229
35	Managed Care Expansion – MediPass ***	Provide the estimated savings by mandating MediPass recipients, excluding voluntary eligibles, transition to managed care plans in counties where there are 2 or more HMO plans. Analysis should discuss any federal or state implementation issues, utilize the appropriate discount rate, and identify intergovernmental transfer (IGT) issues.	7/1/2010	(25,389,396)	(34,241,407)	(59,630,803)
36	Managed Care Expansion – MediPass ***	Provide the estimated savings by mandating MediPass recipients, including voluntary eligibles, transition to HMOs in counties where there are 2 or more HMO plans. Analysis should discuss any federal or state implementation issues, utilize the appropriate discount rate, and identify intergovernmental transfer (IGT) issues.	7/1/2010	(42,153,627)	(56,024,498)	(98,178,125)
35a	Managed Care Expansion – MediPass ***	Provide the estimated savings by mandating MediPass recipients, excluding voluntary eligibles, transition to managed care plans in counties where there are 2 or more managed care plans with no capacity or in counties with less than 2 managed care plans. Analysis should discuss any federal or state implementation issues, utilize the appropriate discount rate, and identify intergovernmental transfer (IGT) issues.	7/1/2010	(9,032,188)	(12,987,191)	(22,019,379)

# Medicaid Impact Conference Issues

February 26, 2010

#	Issue	Action	Proposed Savings Date	Annualized General Revenue	Annualized Trust Fund	Annualized Total
36a	Managed Care Expansion – MediPass ***	Provide the estimated savings by mandating MediPass recipients, including voluntary eligibles, transition to managed care plans in counties where there are 2 or more managed care plans with no capacity or in counties with less than 2 managed care plans. Analysis should discuss any federal or state implementation issues, utilize the appropriate discount rate, and identify intergovernmental transfer (IGT) issues.	7/1/2010	(11,399,964)	(16,063,829)	(27,463,793)
37	Managed Care Organizations - Medical Loss Ratios	Provide the estimated savings from the establishment of a minimum medical loss ratio of 85% for all Medicaid HMOs similar to behavioral health sciences. Analysis should discuss estimated resource needs, impacts to plan performance, and measures required to maintain plan performance.	9/1/2010	(1,230,186)	(1,981,960)	(3,212,146) Non-recurring
38	Managed Care Organizations - Fraud Detection	Provide the estimated savings by expanding efforts to monitor for potentially abusive or fraudulent corporate practices. Analysis should discuss estimated resource needs, impacts to plan performance, and measures required to maintain plan performance.	7/1/2010		718,116	718,116
39	Managed Care Organizations	Provide the estimated savings by making managed care organizations at risk for all Medicaid services, including long term care, and enrollment growth within geographic areas.	7/1/2011			Pending
40	Statewide Contracting - Medicaid HMO	Provide the estimated savings by limiting the number of Medicaid HMO providers to further leverage the state's purchasing power. Analysis should discuss state and federal implementation issues.	Pending			Pending
41	Statewide Contracting - Pharmacy	Provide the estimated savings by limiting the number of pharmacy providers to further leverage the state's purchasing power. Analysis should discuss state and federal implementation issues.	Pending			Pending
42	Statewide Contracting - Durable Medical Equipment	Provide the estimated savings by limiting the number of durable medical equipment providers to further leverage the state's purchasing power. Analysis should discuss state and federal implementation issues.	Pending			Pending

# Medicaid Impact Conference Issues

February 26, 2010

#	Issue	Action	Proposed Savings Date	Annualized General Revenue	Annualized Trust Fund	Annualized Total
43	Statewide Contracting - Home Health Services	Provide the estimated savings by limiting the number of home health services providers to further leverage the state's purchasing power. Analysis should discuss state and federal implementation issues.	7/1/2011			Pending
44	Statewide Contracting - Hospital Services	Provide the estimated savings by limiting the number of hospital service providers to further leverage the state's purchasing power. Analysis should discuss state and federal implementation issues.	Pending			Pending
45	Pharmacy Reimbursement	Provide the estimated savings from lowering the Average Wholesale Price (AWP) component in the pharmacy reimbursement methodology from AWP minus 16.4% to minus 17.4%; and lowering the Wholesale Acquisition Cost (WAC) pricing component from WAC plus 4.75% to 3.75% and alternative WAC based pricing.	7/1/2010			N/A
46	Prepaid Dental Program	Provide the estimated savings from expanding the prepaid dental program statewide.	7/1/2011	(2,471,737)	(3,083,120)	(5,554,857)
47	HIV/AIDS Specialty Plan	Provide the estimated savings from expanding the specialty plan to include home and community based services.	7/1/2010			Pending
48	Nursing Home - Intermediate Care II	Provide the estimated savings from transferring Intermediate Care II clients to Assisted Living Facilities.	7/1/2010	(21,532,069)	(34,453,550)	(55,985,619)
49	ICF/DD Assessment	Provide an estimate of revenue generated by requiring an assessment of net revenue to ICF/DD facilities up to the maximum allowable amount of 5.5%. Estimate should include the amount of state funds that could be eliminated from this service and hold the providers harmless.	10/1/2010	(2,069,910)	3,363,519	
50	Nursing Home/Hospice Assessment	Provide an estimate of revenue generated by requiring an assessment of net revenue to Nursing Home/Hospice facilities up to the maximum allowable amount of 5.5%. Estimate should include the amount of state funds that could be eliminated from this service and hold the providers harmless.	7/1/2010	(32,985,961)	53,600,846	

# Medicaid Impact Conference Issues

February 26, 2010

#	Issue	Action	Proposed Savings Date	Annualized General Revenue	Annualized Trust Fund	Annualized Total
51	HMO Assessment	Provide an estimate of revenue generated by requiring an assessment of net revenue to managed care organizations. Include the maximum allowable amount of 5.5% and a mechanism to calculate a lower amount.	7/1/2010	(410,263,079)	410,263,079	0
52	Hospital IP Assessment Increase	Provide an estimate of revenue generated from increasing the inpatient hospital assessment by 1%. Provide a mechanism to calculate the assessment.	7/1/2010	(215,096,033)	215,096,033	0
53	Hospital OP Assessment Increase	Provide an estimate of revenue generated from increasing the outpatient hospital assessment by 1%. Provide a mechanism to calculate the assessment.	7/1/2010	(111,524,195)	111,524,195	0
54	Nursing Home County Billing	Provide an estimate of revenue generated from increasing the county contribution for nursing home and intermediate care facilities from \$55 per month per person to \$202.	1/1/2011	(66,682,221)	66,682,221	0
55	Kidcare	Provide estimated costs of providing dental services in accordance with the provisions of the Children's Health Insurance Program Reauthorization Act (CHIRPA) of 2009.	7/1/2010	692,125	1,504,399	2,196,524
56	Medicaid Waiver	Provide estimated savings from the approval of a waiver that would limit Medicaid expenditures to legislative appropriations. Analysis should include recommended level of funding that would be necessary to obtain such waiver.	1/1/2011			N/A
57	Medically Needy	Provide estimated savings if the agency considered "split billings" in the share of cost calculation. Please discuss any federal implementation issues.	7/1/2010	(8,131,982)	(13,012,018)	(21,144,000)
58	Medicare Special Needs Plan (SNPs)	Provide estimated savings if persons eligible for both Medicare and Medicaid (dual eligibles), were mandatorily enrolled in SNPs. Please discuss any federal or state implementation issues.	1/1/2011	(23,304,289)	(29,006,124)	(52,310,413)

# Medicaid Impact Conference Issues

February 26, 2010

#	Issue	Action	Proposed Savings Date	Annualized General Revenue	Annualized Trust Fund	Annualized Total
59	Expand Coverage of Disposable Incontinence Products	Provide an estimate of cost to expand coverage of disposable incontinence products for Medicaid beneficiaries 21 and under. Analysis should include the amount of funding that should be moved from the HCBS waiver for this service in APD.	1/1/2011	8,689,780	10,815,900	19,505,680
60	Statewide Implementation of Hospitalist Programs	Provide estimated savings associated with statewide expansion of the Hospitalist program. Analysis should include savings with full implementation to all hospitals and savings associated with full implementation, but exempting teaching hospitals. Analysis should discuss any federal and state implementation issues.	7/1/2011	(8,001,832)	(9,959,631)	(17,961,463)
61	Supplemental Nursing Home payments for AIDS Care.	Provides estimated savings from eliminating the supplemental payment for AIDS patients served in Nursing Homes. Analysis should include providers claiming the supplemental payment and reporting the off-set on cost reports as well as providers claiming the care cost and not reporting the off-set.	7/1/2010	(154,218)	(246,765)	(400,983)
62	Capitated Incontinence Supplies	Provide estimated savings from implementing a statewide capitated incontinence supply program. Analysis should discuss any federal or state implementation issues.	7/1/2012	(492,980)	(613,596)	(1,106,576)
63a	Eliminate/Reduce Nursing Home Bed Hold Days	Savings associate with eliminating nursing home bed hold days or limiting to four days instead of eight. Analysis should show savings at 85 percent occupancy rates.	7/1/2010	(4,749,765)	(7,600,119)	(12,349,884)
63b	Eliminate/Reduce Nursing Home Bed Hold Days	Savings associate with eliminating nursing home bed hold days or limiting to four days instead of eight. Analysis should show savings at 90 percent occupancy rates.	7/1/2010	(2,384,737)	(3,815,827)	(6,200,564)
64a	Eliminate/Reduce ICF-DD Bed Hold Days	Savings associate with eliminating ICF-DD bed hold days or limiting to four days instead of eight. Analysis should show savings at 85 percent occupancy rates.	10/1/2010	(67,788)	(108,467)	(176,255)

# Medicaid Impact Conference Issues

February 26, 2010

#	Issue	Action	Proposed Savings Date	Annualized General Revenue	Annualized Trust Fund	Annualized Total
64b	Eliminate/Reduce ICF-DD Bed Hold Days	Savings associate with eliminating ICF-DD bed hold days or limiting to four days instead of eight. Analysis should show savings at 90 percent occupancy rates.	10/1/2010	(40,673)	(65,080)	(105,753)
65	Reduce Nurse Staffing Requirements to 2.6 Hours	Savings associated with reducing required nursing staffing ratios to 2.6 hours from the current 2.9 average hours.	7/1/2010	(11,544,516)	(18,472,427)	(30,016,943)
66	Hospice	Savings associated with implementation of a federal waiver to limit Medicaid Hospice services to a maximum of 210 days	7/1/2010	(3,329,797)	(5,328,020)	(8,657,817)
67	Fraud and Abuse	Savings associated with reducing the managed care discount factor by 4.5% in Miami-Dade County due to a Fraud and Abuse Adjustment.	9/1/2010	(\$10,478,119)	(\$16,766,080)	(\$27,244,199)

\* Savings identified for this issue may be reduced due to unforeseen shifts in behavioral or service needs. These shifts cannot be identified or anticipated at this point; therefore the potential impact to the savings is not included in the analysis provided.

\*\* The reduction or elimination of the MediPass fee may result in an unintended impact to the Managed Care Waiver and may risk the ability to mandatorily assign recipients to a health plans in counties where there is only one plan other than MediPass. Choice must be provided in order to mandatorily assign recipients to a plan.

\*\*\* The same level of funding contributions from all payers (IGTs) is assumed.



AGENCY FOR PERSONS WITH DISABILITIES

FISCAL YEAR 2010-2011

**15% BUDGET REDUCTION OPTIONS**

LINE	DEPT	D3A Issue	D3A Issue Title	FY 2010-2011 REDUCTION					FY 2010-2011 ANNUALIZATION			TOTAL	MOE	MATCH	DESCRIPTION	
				FTE	SALARY RATE	GENERAL REVENUE	FEDERAL TF	ALL FUNDS	GENERAL REVENUE	FEDERAL TF	ALL FUNDS					
AGENCY FOR PERSONS WITH DISABILITIES																
1	APD		Medicaid Waiver Administration			(156,040)	-	(156,040)	-	-		(156,040)				Central Office-Medicaid Administration. Effective July 1, 2010.
2	APD		Gulf Coast Closure	(332.00)	(8,807,807)	(2,032,958)	(8,035,032)	(10,067,990)	-	-		(10,067,990)				Closure of Gulf Coast Developmental Disability Center in Fort Myers. Effective July 1, 2010.
3	APD		Administrative Reduction in Operations	(1.00)	(35,000)	(33,071)	(20,179)	(53,250)	-	-		(53,250)				1 administrative FTE in budget entity Program Management and Compliance. Effective July 1, 2010.
4	APD		Reduce Geographic Differential for Southeast Florida and the Keys to 3.5% Budget in Waiver Category - Cap Tier 1 at \$120,000			(1,287,000)	(2,013,000)	(3,300,000)	-	-		(3,300,000)				Affects providers in Palm Beach, Broward, Miami-Dade and Monroe counties. Approximately 220 residents.
5	APD		Budget in Waiver Categories - Eliminate behavior assistance services in standard and behavior focus group homes			(2,422,980)	(3,877,020)	(6,300,000)	(4,845,960)	(7,754,040)	(12,600,000)	(18,900,000)			Y	Affects approximately 354 clients and institutional care may be necessary for some clients. Assumes implementation by Jan 01, 2011.
6	APD		Budget in Waiver Categories - Reduce CDC+ Accounts by 10%			(769,200)	(1,230,800)	(2,000,000)	(1,538,400)	(2,461,600)	(4,000,000)	(6,000,000)			Y	Directs the behavior analysts to train direct care staff funded through Residential Habilitation. Assumes implementation by Jan 01, 2011.
7	APD		Budget in Waiver Categories - Consolidate and Reduce Meaningful Day Activity Services			(638,364)	(1,021,448)	(1,659,812)	(1,276,726)	(1,021,448)	(2,298,174)	(3,957,986)			Y	Affects approximately all 960 enrolled clients. Funding for this program is automatically reduced by other policy decisions that do not specifically target this program. Assumes implementation by Jan 01, 2011.
8	APD		Savings assumed by 8.4% reduction in provider service rates			(16,112,400)	(25,781,516)	(41,893,916)	(16,112,400)	(51,563,032)	(67,675,432)	(109,569,348)			Y	This reduction could potentially affect as many as 24,144 clients. This may result in increased utilization of institutional and other congregate care settings. Assumes implementation by Jan. 1, 2011.
9	APD		Reduction - Transfer State Intermediate Care Facilities			(25,735,758)	(40,253,365)	(65,989,123)	-	-		(65,989,123)			Y	These savings are dependent on implementation effective July 1, 2010 and will need conforming language associated with the reduction in the appropriation.
10	APD		General Revenue Budget in the Individual and Family Supports Category			(4,961,003)	(4,500,000)	(7,038,462)	(11,538,462)	-	-	(11,538,462)			Y	Additional appropriation provided to APD in FY2009-2010. Effective July 1, 2010.
11	APD		Room and Board Category			(1,000,000)	-	(1,000,000)	-	-	-	(1,000,000)			N	These services are funded by General Revenue and can not be funded by the Social Services Block Grant. Implementation date July 1, 2010.
12	APD		Eliminate Budget Related to Reversions of FY 2008-09			(200,000)	-	(200,000)	-	-	-	(200,000)			N	This reduction reduces a portion of the appropriation category that will not be fully utilized. Effective July 1, 2010.
13	APD					(733,648)	-	(733,648)	-	-	-	(733,648)			Y	This amount represents a portion of the General Revenue appropriation that was not fully utilized in FY 08-09. Effective July 1, 2010.
<b>TOTAL: APD</b>				<b>(333.00)</b>	<b>(13,803,810)</b>	<b>(55,621,419)</b>	<b>(89,270,822)</b>	<b>(144,892,241)</b>	<b>(23,773,486)</b>	<b>(62,800,120)</b>	<b>(86,573,606)</b>	<b>(231,465,847)</b>				

TARGET GR 15%

FMAP Rate = 61.54%

55,621,419

**These options are not proposed or recommended by the Agency for Persons with Disabilities.  
These options were provided at the request of the Legislature.**