



Healthcare Council

**Tuesday, February 13, 2007
9:00 AM
Morris Hall**

**Marco Rubio
Speaker**

**Aaron Bean
Chair**

Council Meeting Notice

HOUSE OF REPRESENTATIVES

Speaker Marco Rubio

(AMENDED 2/9/2007 8:16:46AM)

Amended(1)

Healthcare Council

Start Date and Time: Tuesday, February 13, 2007 09:00 am

End Date and Time: Tuesday, February 13, 2007 04:00 pm

Location: Morris Hall (17 HOB)

Duration: 7.00 hrs

9:00 a.m. - 12:00 p.m.

Presentation on Governor's Recommended Budget

Review of HHS Base Budget

Agency for Health Care Administration

Agency for Persons with Disabilities

12:00 p.m. - 1:00 p.m. - Break for lunch

1:00 p.m. - 4:00 p.m.

Public Input on Budget Priorities

*Members of the public who want to address the Council at the February 13th meeting must sign up before the meeting. Please call the Healthcare Council at (850) 414-5600 by 12:00 noon on Monday, February 12, 2007, to identify the speaker, the projects/topics to be discussed, and the amount of the funding requested.

NOTICE FINALIZED on 02/09/2007 08:16 by BAI

Presentation on Governor's
Recommended Budget

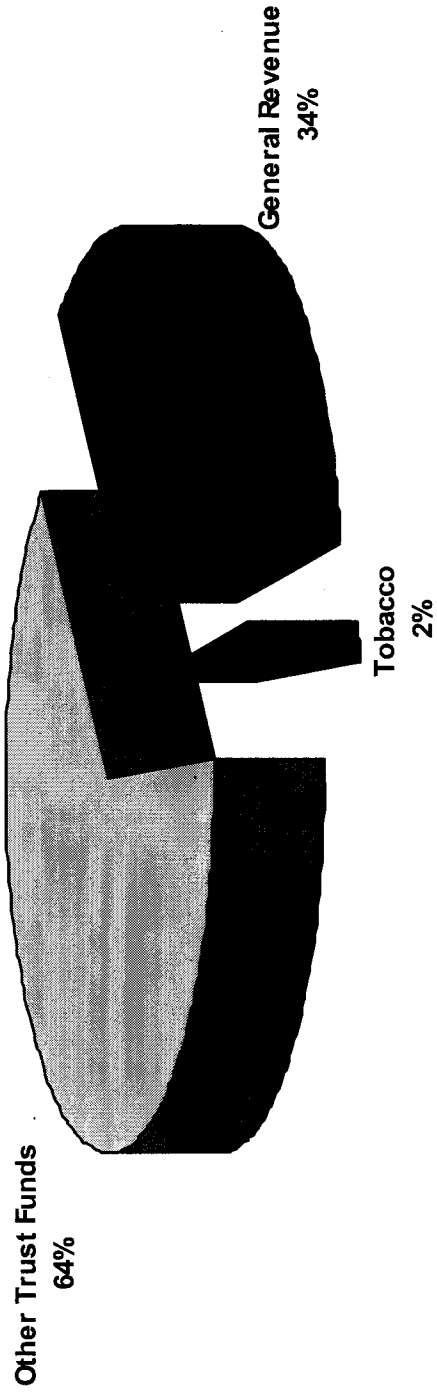
Bob Brown-Barrios
Policy Coordinator
Health & Human Services

**Fiscal Year 2007-08
Governor's Recommended Budget**

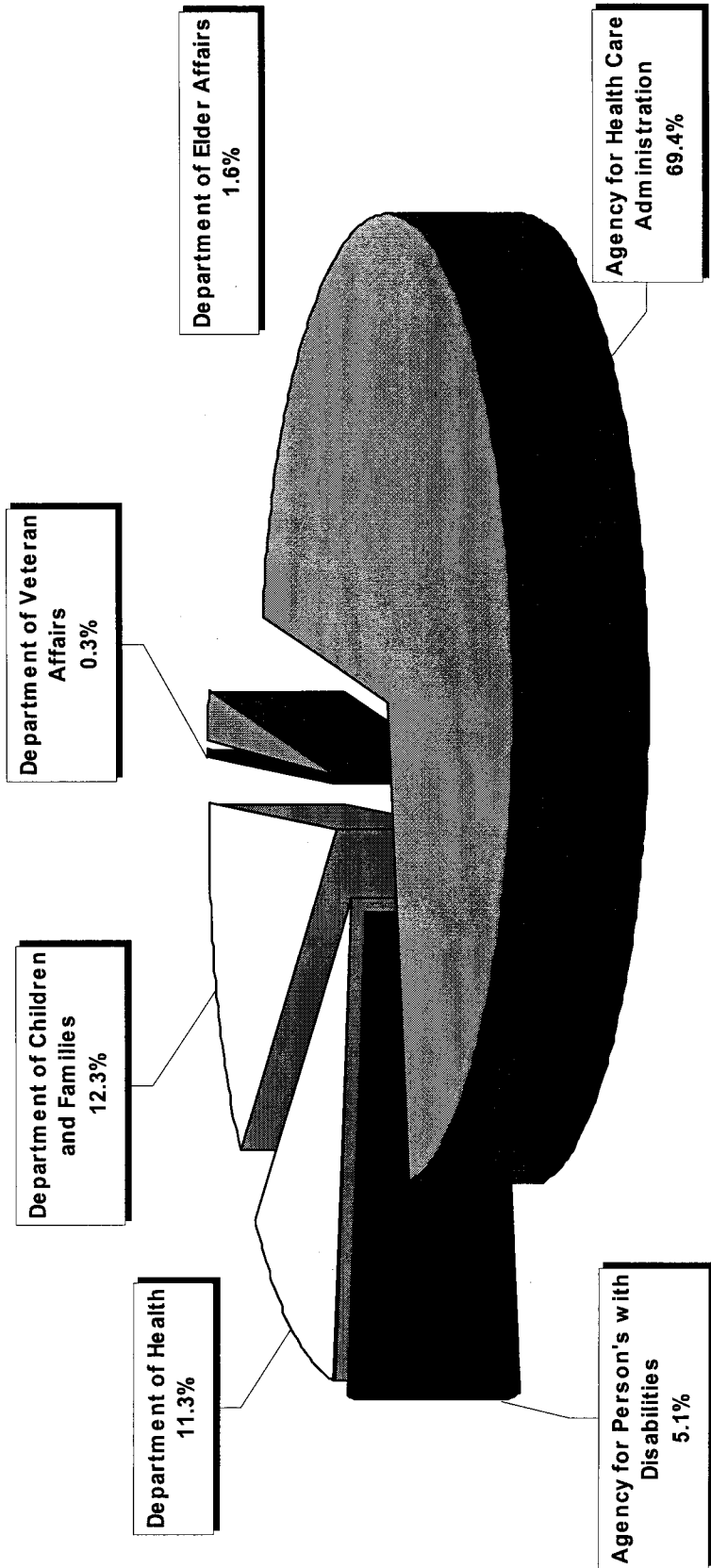
**Presented by:
The Office of Policy and Budget**

HEALTH AND HUMAN SERVICES

Health and Human Services \$24.4 Billion



Allocation of Health and Human Services FY 2007-08 Governor's Recommended Budget



- Agency for Health Care Administration
- Department of Health
- Department of Veteran Affairs
- Agency for Person's with Disabilities
- Department of Children and Families
- Department of Elder Affairs

Health and Human Services

Allocation of Budget

	Appropriations		Recommended Budget FY 2007-08	Percent Change	Allocation of Total Budget
	FY 2006-07				
Agency for Health Care Administration	\$16,608,059,966		\$16,950,161,745	2.1%	69.4%
Agency for Person's with Disabilities	\$1,098,803,085		\$1,243,344,059	13.2%	5.1%
Department of Health	\$2,566,533,279		\$2,766,390,352	7.8%	11.3%
Department of Children and Families	\$2,957,917,718		\$3,004,387,625	1.6%	12.3%
Department of Veteran Affairs	\$76,147,463		\$63,875,765	-16.1%	0.3%
Department of Elder Affairs	\$388,113,511		\$393,288,267	1.3%	1.6%
Total	\$23,695,575,022		\$24,421,447,813	3.1%	100%

Health and Human Services

Increase in Workforce

	Appropriations FY 2006-07	Recommended Budget FY 2007-08	Percent Change	Increase in Positions
Agency for Health Care Administration	1,710.5	1,717.5	0.4%	7
Agency for Person's with Disabilities	3,703	3,703	0.0%	0
Department of Health	3,145.5	3,198.5	1.7%	53
Department of Children and Families	13,528	13,647	0.9%	119
Department of Veteran Affairs	646.5	670.5	3.7%	24
Department of Elder Affairs	411.5	411.5	0.0%	0
Total	23,145	23,348	0.9%	203

FY 2007-08 Governor's Recommended Budget

Health and Human Services Priorities

- **Adoption Awareness and Abuse Prevention \$22.6 million**
Provides \$1.0 million for the Office of Adoption and Child Protection in EOG; \$1.5 million for a public awareness campaign to promote adoptions; and \$20 million to increase the adoption subsidy for children adopted from state care to \$5,000 annually until the child turns 18 and a \$3,000 annual subsidy for private adoptions for the first 3 years following the adoption.
- **Stem Cell Research \$20 million**
Provides nonrecurring funding for the establishment of a Stem Cell Research Grant Program. Grants will be made to medical research facilities, institutions and universities for the development of finding treatments and cures through regenerative medicine, including adult and embryonic stem cell research.
- **Physical Fitness and Obesity Prevention \$1.3 million**
Provides funding for a commission and a statewide community awareness campaign that targets all ages and promotes physical activity, healthy nutrition, and reduced screen time (television and computer).

Agency for Health Care Administration

Major Funding Initiatives

- **Medicaid Services \$281 million**
Provides funding for price increases in reimbursement rates paid to institutional facilities, rural health clinics, federally qualified health centers, clinics and prescribed medicine providers that provide service to Medicaid recipients. In addition, funding is provided for changes in enrollment and utilization of Medicaid services.
- **Children's Special Health Care \$44 million**
Provides funding for the KidCare program as a result of increases in enrollment and increases in price as projected in the November 2006 Social Services Estimating Conference.
- **Fiscal Agent Transition \$22.3 million**
Provides funding to replace the current Medicaid Management Information System and Decision Support System. The current system is out-dated and the increased volume of transactions has made it difficult to process claims timely.
- **Florida Health Information Network \$3.8 million**
Provides funding for the continuation of the Florida Health Information Network Grants Program. The network is intended to improve communications between practitioners and providers by utilizing electronic health records.

Agency for Persons with Disabilities

Major Funding Initiatives

- **Service Utilization Increase \$38.8 million**
Provides funding for a utilization increase due to an increase in the provision of medically necessary services for current recipients enrolled in the Developmental Disabled waiver.
- **Home and Community Based Service Waiver \$77.4 million**
Provides funding for a projected shortfall in funding in the Developmental Disabled waiver due to increased utilization of services by existing recipients.
- **Fiscal Year 2007-08 Crisis Cases \$7.2 million**
Provides funding for 500 people waiting to be enrolled in either the Family Supported Living or Developmental Disabled waiver.
- **Mentally Retarded Defendant Program \$6.6 million**
Provides funding for a 32 additional beds to admit adults found incompetent to proceed into a secure facility within the statutory timeframes.

Department of Children and Families

Major Funding Initiatives

- **Mental Health Forensic Treatment Services \$78.9 million**
Provides funding for community services to support jail diversion efforts for individuals with serious mental illness who were charged with misdemeanors or non-violent felony offenses; and increases the number of forensic mental health treatment beds.
- **Adoption Subsidies \$20 million**
Provides funding to increase the adoption subsidy rate to \$5,000 from an average of \$3,700 annually for children adopted out of state care until the children reaches age 18, and creates an adoption subsidy rate of \$3,000 annually for all other adoptions for up to the first three years of adoption.
- **Independent Living \$9.3 million**
Provides funding for pre-independent living services to 13 to 17 year olds and independent living services to 18 to 23 year olds.
- **Fixed Capital Outlay \$8.9 million**
Provides funding for safety upgrades and building renovations to state owned facilities.

Department of Children and Families Major Funding Initiatives - Continued

- **Domestic Violence \$4 million**
Provides \$3 million for the expansion and repair of existing domestic violence centers and \$1 million for prevention services.
- **Sexually Violent Predator Program \$3.7 million**
Provides funding for additional contract staff to address a projected workload increase in screenings, referrals, record management, quality improvement, and additional commitments.
- **Adult Protective Investigators \$3.2 million**
Provides 35 additional staff to address increased workload and technological supports.
- **Sheriffs Protective Investigations \$3.8 million**
Provides \$2.7 million for salary increases for sheriffs who conduct child protective investigations and \$1.1 million for the transition of child protective investigations to the Citrus County Sheriff's office.

Department of Elder Affairs

Major Funding Initiatives

- **Florida Senior Centers \$10 million**
Provides \$10 million to construct, repair and maintain Florida's 240 senior centers through a competitive grant process.
- **Community Based Care \$5 million**
Provides funding to allow home bound elders to remain in their homes and in their communities. Services include adult day care, case management, counseling, emergency support, meals, personal and therapeutic care.

Department of Health

Major Funding Initiatives

- **Tobacco Constitutional Amendment \$54 million**
Provides additional funding for the Tobacco education and prevention program as required by the constitutional amendment that was passed in fiscal year 2006 and provided funding of \$3 million.
- **Influenza Preparedness \$36.7 million**
This issue provides funding to establish a state stockpile of \$2.3 million antiviral courses to treat influenza.
- **Stem Cell Research \$20 million**
Provides funding for the establishment of a Stem Cell Research Grant Program. Grants will be made to medical research facilities, institutions and universities for the development of finding treatments and cures through regenerative medicine, including adult and embryonic stem cell research.

Department of Health Major Funding Initiatives - Continued

- **Fixed Capital Outlay \$5 million**
Provides funding to repair and renovate Department of Health laboratories located in Jacksonville, Miami and Lantana.
- **Physical Fitness and Obesity Prevention \$1.3 million**
Provides funding for a statewide awareness campaign that targets all ages and promotes physical activity and nutrition.
- **AIDS Insurance \$1.3 million**
Provides funding for the AIDS Insurance Continuation Program. This program pays health insurance premiums and associated costs for individuals living with AIDS/HIV.

Department of Veteran Affairs Major Funding Initiatives

- **Nursing Home Renovation \$5 million**
Provides funding for the nursing home renovation project in the Daytona area.

Questions?

Comparison of Agency Legislative
Budget Requests to Governor's
Recommendations for FY 2007-2008

Stephanie Massengale, Budget Chief
Healthcare Council

FISCAL YEAR 2007-2008 AGENCY REQUESTS AND GOVERNOR'S RECOMMENDATIONS COMPARISON

Line #	Issue	D3A Issue Title	AGENCY REQUEST 2007-2008				GOV RECS 2007-2008																		
			FTE	GENERAL REVENUE	NR GEN TOBACCO	OTHER TF	ALL FUNDS	FTE	GENERAL REVENUE	NR GEN TOBACCO	OTHER TF	ALL FUNDS													
1		Agency for Health Care Administration																							
2	1100000	Startup (recurring Law And Policy) - Operating	1,710.50	4,848,867,470	170,114,108	11,576,312,637	16,595,294,215	1,710.50	4,848,867,470	170,114,108	11,576,312,637	16,595,294,215	1,710.50	4,848,867,470	170,114,108	11,576,312,637	16,595,294,215								
3	160S160	Correct Funding Source Identifier For Position Moved From Administration To Medicaid For Reform - Deduct																							
4	160S170	Correct Funding Source Identifier For Position Moved From Administration To Medicaid For Reform - Add																							
5	1601420	Transfer Health Care Regulation Position To Administration And Support - Deduct	(1.00)			(63,771)	(63,771)																		
6	1601430	Transfer Health Care Regulation Position To Administration And Support - Add	1.00			63,771	63,771																		
7	1604500	Reallocation Of Human Resources Outsourcing																							
8	1801020	Transfer Health Care Regulation Position To Administration And Support - Deduct	(1.00)																						
9	1801030	Transfer Health Care Regulation Position To Administration And Support - Add																							
10	1801040	Transfer Position From Administration And Support To Medicaid For Reform - Deduct	(1.00)			(75,548)	(75,548)																		
11	1801050	Transfer Position From Administration And Support To Medicaid For Reform - Add	1.00			75,548	75,548																		
12	1801060	Transfer License Fee For Document Management From Health Care Regulation To Administration - Information Technology - Deduct																							
13	1801070	Transfer License Fee For Document Management From Health Care Regulation To Administration - Information Technology - Add																							
14	2301510	Institutional And Prescribed Drug Providers																							
15	2503080	Direct Billing For Administrative Hearings																							
16	3000030	Behavioral Health Managed Care Staff Increase	3.00	122,369	4,500	122,370	244,739																		
17	3000050	Florida Healthy Kids Third Party Administrator Cost		1,570,949		3,859,228	5,430,177																		
18	3000060	External Quality Review For Medicaid Managed Care		50,000		150,000	200,000																		
19	3002610	Medicaid Health Systems Development Staff Increase	3.00	90,126	4,500	90,129	180,255																		
20	3004500	Medicaid Services																							
21	3001780	Children's Special Health Care																							
22	3632100	Quality Indicator Survey Process				298,790	298,790																		

FISCAL YEAR 2007-2008 AGENCY REQUESTS AND GOVERNOR'S RECOMMENDATIONS COMPARISON

Line #	Issue	AGENCY REQUEST 2007-2008					GOV RECS 2007-2008						
		FTE	GENERAL REVENUE	NR GEN REVENUE	TOBACCO	OTHER TF	ALL FUNDS	FTE	GENERAL REVENUE	NR GEN REVENUE	TOBACCO	OTHER TF	ALL FUNDS
23	36340C0 Fiscal Agent Transition		2,225,308			20,027,768	22,253,076					20,027,768	22,253,076
24	36350C0 Florida Regulatory Administration Enforcement System (fraes) Enhancements					109,000	109,000					109,000	109,000
25	36360C0 Interventional Cardiology Program Outcome Reporting System											505,000	505,000
26	36370C0 Data Collection Enhancements											200,000	200,000
27	4206A10 Medicaid Audit Services Staff Increase											37,472	74,942
28	4300800 Health Choice Counseling For Senior Adults											649,384	1,298,768
29	4305060 Florida Health Information Network		7,700,000	7,700,000			7,700,000						3,800,000
30	53R0000 Casualty Insurance Premium Deficit FY 2007-08												120,157
31	Agency for Health Care Administration	1,716.50	4,860,626,222	7,709,000	170,114,108	11,600,969,922	16,631,710,252	1,717.50	5,192,800,977	6,035,808	170,114,108	11,587,246,660	16,950,161,745
32													
33	Agency for Persons with Disabilities												
34	1100000 Startup (recurring Law And Policy) - Operating	3,703.00	438,643,219		22,609,461	618,929,891	1,080,182,571	3,703.00	438,643,219		22,609,461	618,929,891	1,080,182,571
35	1604500 Reallocation Of Human Resources Outsourcing								27,426			22,340	49,766
36	1800050 Transfer To Cover Home And Community Base Services (hcbs) Waiver Deficit - Deduct								(10,000,000)			(12,678,951)	(22,678,951)
37	1800060 Transfer To Cover Home And Community Base Services (hcbs) Waiver Deficit - Add								10,000,000			12,678,951	22,678,951
38	1800310 Transfer To Serve Additional Clients In The Community (brown V Bush) - Add		1,051,620			1,498,381	2,550,001		1,051,620			1,498,381	2,550,001
39	1800330 Transfer To Serve Additional Clients In The Community (brown V Bush) - Deduct		(1,051,620)			(1,498,381)	(2,550,001)		(1,051,620)			(1,498,381)	(2,550,001)
40	24010C0 Information Technology Infrastructure Replacement								1,059,487			475,650	1,535,137
41	2503080 Direct Billing For Administrative Hearings								2,772,978			4,173	4,173
42	2600610 Annualization Of FY 06-07 Crises Cases		2,772,978			3,951,022	6,724,000		2,772,978			3,951,022	6,724,000
43	3401310 Realign Tobacco/general Revenue Funds - Add								22,609,461				22,609,461
44	3401340 Realign Tobacco/general Revenue Funds - Deduct										(22,609,461)		(22,609,461)
45	36210C0 Allocation, Budget And Contract Control (ABC) System Redesign											200,000	200,000
46	36206C0 Staff Augmentation		1,198,800				1,198,800		1,198,800				1,198,800
47	4000520 Change In Medicaid Federal Financial Participation								20,433,868			(1,701,823)	18,732,045

FISCAL YEAR 2007-2008 AGENCY REQUESTS AND GOVERNOR'S RECOMMENDATIONS COMPARISON

Line #	Issue	D3A Issue Title	AGENCY REQUEST 2007-2008				GOV RECS 2007-2008								
			FTE	GENERAL REVENUE	NR GEN REVENUE	TOBACCO	OTHER TF	ALL FUNDS	FTE	GENERAL REVENUE	NR GEN REVENUE	TOBACCO	OTHER TF	ALL FUNDS	
48	4000610	De-institutionalization And Community Placements		1,051,620		1,498,380						1,498,380		2,550,000	48
49	4000640	Mentally Retarded Defendant Program (MRDP) Bed Expansion												6,644,282	49
50	4000650	Supported Living - In Home Subsidies		720,000										720,000	50
51	4000660	Supported Employment In Individual And Family Supports (IFS)		1,480,657										500,000	51
52	4000680	Utilization Increase For Medically Necessary Services To Current Clients		16,000,000		22,797,284						22,797,284		38,797,284	52
53	4000720	Additional Funding For The Home And Community Based Services Waiver Deficit										44,097,725		77,486,777	53
54	4005100	Phase-in Of Additional Crisis Cases		2,950,668		4,204,200						4,204,200		7,154,868	54
55	53R0000	Casualty Insurance Premium Deficit FY 2007-08										(49,302)		(135,644)	55
56	990M000	FCO - Maintenance And Repair											1,000,000	1,000,000	56
57		Agency for Persons with Disabilities	3,703.00	464,817,942	0	22,609,461						694,429,540		1,243,344,059	57
58															58
59															59
60	1100000	Children and Family Services Startup (recurring Law And Policy) - Operating	13,500.00	1,494,669,695	146,766,210	1,234,103,505						1,234,103,505	146,766,210	2,375,539,400	60
61	160S010	Adjustment To Funding Source Identifier - Add										4,288,984		4,288,984	61
62	160S020	Adjustment To Funding Source Identifier - Deduct										(4,288,984)		(4,288,984)	62
63	1600310	Continue Title IV-E Waiver												7,320,548	63
64	1600320	Budget Authority For The Batterers Intervention Program											90,000	90,000	64
65	1600420	Transfer Budget To Community Based Care - add												51,808	65
66	1600430	Transfer Budget To Community Based Care - deduct												(51,808)	66
67	1604500	Reallocation Of Human Resources Outsourcing											(314,705)	(695,309)	67
68	1800270	Technical Adjustment Between Institutional Facilities Program Components - Add		1,253,184										1,253,184	68
69	1800280	Technical Adjustment Between Institutional Facilities Program Components - Deduct		(1,253,184)										(1,253,184)	69
70	1802000	Transfer Positions To Implement HB 7173 - Add	4.00											4.00	70
71	1802100	Transfer Positions To Implement HB 7173 - Deduct	(4.00)											(4.00)	71
72	2301580	Contracted Mental Health Institution - Cost Of Living Adjustment											1,008,725	1,008,725	72
73	2503080	Direct Billing For Administrative Hearings											(102,243)	(102,243)	73

FISCAL YEAR 2007-2008 AGENCY REQUESTS AND GOVERNOR'S RECOMMENDATIONS COMPARISON

Line #	Issue	AGENCY REQUEST 2007-2008					GOV RECS 2007-2008													
		FTE	GENERAL REVENUE	NR GEN REVENUE	TOBACCO	OTHER TF	ALL FUNDS	FTE	GENERAL REVENUE	NR GEN REVENUE	TOBACCO	OTHER TF	ALL FUNDS							
74	2600650 Adult Protection Workload Increase Annualization		(337,080)			(112,360)						(449,440)								
75	3000020 Adjustment For Temporary Assistance For Needy Families (tanf) Estimating Conference																			(25,260,739)
76	3000600 Independent Living Services Program Workload Increase			18,653,869																9,326,935
77	3003100 Maintenance Adoption Subsidy		1,773,030			1,397,057														
78	3006A10 Adult Protective Investigators Workload Increase	35.00	2,238,472	344,145		746,157														801,420
79	3007000 Reduce Forensic Waiting List		9,552,367																	
80	3007020 Convert Contracted Services To Salaries For Additional Forensic Capacity	83.00																		
81	3007050 Juvenile Incompetent To Proceed		359,996																	359,996
82	3007100 Sexually Violent Predator Program Workload Increase		3,721,094	13,331																3,721,094
83	3007200 Florida Abuse Hotline Counselor Workload Increase In Reports	26.00	1,377,814	122,876																1,377,814
84	3007250 Florida Abuse Hotline Crime Intelligence Unit Workload Increase	17.00	772,558	87,159																772,558
85	3007300 Child Welfare Legal Services - Contracted Professional Services																			354,986
86	3303000 Transition Adoption Services And Subsidy To Community Based Care - Add		1,012,793			177,825														1,318,483
87	3303310 Transition Adoption Services And Subsidy To Community Based Care - Deduct		(1,012,793)			(177,825)														(2,509,101)
88	3306400 Child Protective Investigations - Sheriff Grants (Citrus) - Add		233,583			662,624														896,207
89	3306500 Child Protective Investigations - Sheriff Grants (citrus) - Deduct	(15.00)	(233,583)			(662,624)														(896,207)
90	3306300 Program Reductions Due To The Department Of Revenue					(750,000)														(750,000)
91	3301010 Eliminate Unfunded Budget																			
92	3400050 Change In Medicaid Federal Financial Participation - Add																			249,966
93	3400060 Change In Medicaid Federal Financial Participation - Deduct																			(249,966)
94	3401370 Replace Child/adolescent Substance Abuse Trust Fund With General Revenue - Add																			11,362,645
95	3401360 Replace Child/adolescent Substance Abuse Trust Fund With General Revenue - Deduct																			(11,362,645)
96	3401500 Replace Unfunded Trust Fund Budget With General Revenue - Add		8,217,426																	8,217,426

FISCAL YEAR 2007-2008 AGENCY REQUESTS AND GOVERNOR'S RECOMMENDATIONS COMPARISON

Line #	Issue	D3A Issue Title	AGENCY REQUEST 2007-2008				GOV RECS 2007-2008							
			FTE	GENERAL REVENUE	NR GEN REVENUE	TOBACCO	OTHER TF	ALL FUNDS	FTE	GENERAL REVENUE	NR GEN REVENUE	TOBACCO	OTHER TF	ALL FUNDS
97	3401510	Replace Unfunded Trust Fund Budget With General Revenue - Deduct				(8,217,426)	(8,217,426)					(8,217,426)	(8,217,426)	97
98	3600000	Department Of Management Services Support						200,000		200,000			200,000	98
99	3610700	Completion Of Florida State Automated Child Welfare Information System (sacwis)		4,336,498	4,336,498	13,009,494	13,009,494			4,336,498		13,009,494	17,345,992	99
100	4400100	Nova Settlement Monitoring				30,000	30,000					30,000	30,000	100
101	4000510	Restore Nonrecurring Homeless Housing Assistance Trust Fund Budget Authority				2,000,000	2,000,000							101
102	4000520	Restore Nonrecurring General Revenue For The Homeless Coalition Staffing		319,019	319,019		319,019							102
103	4000530	Change In Medicaid Federal Medical Assistance Percentage (fmap)								2,035,871			2,035,871	103
104	4002180	Child Protective Investigations - Sheriff Grants (citrus)		1,088,508	1,088,508		1,088,508						1,088,508	104
105	4002190	Refugee E-learning And Data Base	1.00				513,179					513,179	513,179	105
106	4006200	Replace Nonrecurring Funds For The Florida Abuse Hotline		20,972	20,972					20,972			20,972	106
107	4007021	South Florida Evaluation And Treatment Center Increased Bed Capacity		2,017,981	2,017,981									107
108	4007050	Sexually Violent Predator Program - Geo Construction Contract Performance Incentive								3,079,653			3,079,653	108
109	4007200	Budget Authority For The Battersers Intervention Program				90,000	90,000							109
110	4007210	Additional Federal Grants Trust Fund Authority To Implement The Title Iv-e Foster Care Waiver				7,320,548	7,320,548							110
111	4008010	Restoration Of Non-recurring Funding For The Mental Health Forensic Bed Capacity		380,927	380,927									111
112	4000080	Adoption Promotion						15,521,115				4,456,385	19,977,500	112
113	4006090	Sheriffs Protective Investigations Price Level Increase						2,738,731					2,738,731	113
114	4403080	Domestic Violence Prevention And Education Program						1,000,000					1,000,000	114
115	4703020	Performance Path To Excellence For Protective Investigators						1,829,421					1,829,421	115
116	53R0000	Casualty Insurance Premium Deficit FY 2007-08						(978,044)				(98,662)	(1,076,706)	116
117	9905000	FCO - Grants And Aids - Fixed Capital Outlay						3,000,000		3,000,000			3,000,000	117
118	990M000	FCO - Maintenance And Repair						8,949,068		8,949,068			8,949,068	118
119		Children and Family Services	13,647.00	1,549,163,136	4,904,009	1,250,130,154	2,946,059,500			13,647.00		1,227,852,305	3,004,387,625	119
120														120
121		Elder Affairs												121

FISCAL YEAR 2007-2008 AGENCY REQUESTS AND GOVERNOR'S RECOMMENDATIONS COMPARISON

Line #	Issue	D3A Issue Title	AGENCY REQUEST 2007-2008				GOV RECS 2007-2008							
			FTE	GENERAL REVENUE	NR GEN REVENUE	TOBACCO	OTHER TF	ALL FUNDS	FTE	GENERAL REVENUE	NR GEN REVENUE	TOBACCO	OTHER TF	ALL FUNDS
122	1100000	Startup (recurring Law And Policy) - Operating	411.50	132,410,398		24,795,633	220,940,810	378,146,841	411.50	132,410,398		24,795,633	220,940,810	378,146,841
123	1600030	Recurring Approved Budget Amendment - Outside Legal Services - Add		250,000				250,000						
124	1600040	Recurring Approved Budget Amendment - Outside Legal Services - Deduct		(250,000)				(250,000)						
125	1604500	Reallocation Of Human Resources Outsourcing								(491)			(1,096)	(1,587)
126	3301000	State Funding Reduction-special Projects		(217,350)				(217,350)		(217,350)				(217,350)
127	3400010	Realignment Of Funds To Support The Adult Care Food Program - Add		293,267				293,267		293,267				293,267
128	3400020	Realignment Of Funds To Support The Adult Care Food Program - Deduct					(293,267)	(293,267)					(293,267)	(293,267)
129	3401310	Realignment Of Tobacco Settlement Trust Fund/general Revenue Appropriations - Add								22,890,539				22,890,539
130	3401340	Realignment Of Tobacco Settlement Trust Fund/general Revenue Appropriations - Deduct									(22,890,539)			(22,890,539)
131	3401470	Changes To Federal Participation Rate - State Expenses								2,329,983				2,329,983
132	3401480	Changes To Federal Participation Rate - Federal Expenses											(2,329,983)	(2,329,983)
133	4300160	Communities For A Lifetime - Grants And Aids - Contracted Services Category		217,350				217,350		217,350				217,350
134	4300200	Serve Additional Clients In The Community Care For The Elderly (cce) Program								5,000,000				5,000,000
135	53R0000	Casualty Insurance Premium Deficit FY 2007-08								126,168			16,845	143,013
136	990G000	FCO - Grants And Aids - Fixed Capital Outlay								10,000,000		10,000,000		10,000,000
137		Elder Affairs	411.50	132,703,665	0	24,795,633	220,647,543	378,146,841	411.50	173,049,864	10,000,000	1,905,094	218,333,309	393,288,267
138														
139		Health												
140	1100000	Startup (recurring Law And Policy) - Operating	3,145.50	581,560,393		53,314,588	1,885,326,037	2,520,201,018	3,145.50	581,560,393		53,314,588	1,885,326,037	2,520,201,018
141	160S190	Adjustment To Funding Source Identifier - Deduct											(1,257,021)	(1,257,021)
142	160S200	Adjustment To Funding Source Identifier - Add											1,257,021	1,257,021
143	1604500	Reallocation Of Human Resources Outsourcing								1,934			150,911	152,845
144	1800790	Transfer Pharmacy Regulatory Functions From Statewide Health Support Services To Medical Quality Assurance - Deduct					(2,215,307)	(2,215,307)	(25.00)				(2,215,307)	(2,215,307)

FISCAL YEAR 2007-2008 AGENCY REQUESTS AND GOVERNOR'S RECOMMENDATIONS COMPARISON

Line #	Issue	D3A Issue Title	AGENCY REQUEST 2007-2008				GOV RECS 2007-2008								
			FTE	GENERAL REVENUE	NR GEN TOBACCO	OTHER TF	ALL FUNDS	FTE	GENERAL REVENUE	NR GEN TOBACCO	OTHER TF	ALL FUNDS			
145	1800800	Transfer Pharmacy Regulatory Functions From Statewide Health Support Services To Medical Quality Assurance - Add	25.00			2,215,307				2,215,307	25.00				2,215,307
146	2503080	Direct Billing For Administrative Hearings												36,849	36,849
147	36201C0	Information Technology Infrastructure				4,789,824				4,789,824				4,789,824	4,789,824
148	36303C0	Childrens Medical Services Development And Integration Project								1,814,400				1,814,400	1,814,400
149	36305C0	External Access To The Health Management System				391,627				391,627					
150	36306C0	Statewide Pharmacy Inventory Network (SPIN)												1,800,000	1,800,000
151	36308C0	Emergency Medical Services Tracking And Reporting System (EMSTARS)								483,957				483,957	483,957
152	36310C0	Vital Statistics Electronic Death Registration								726,541				726,541	726,541
153	36311C0	Vital Statistics Electronic Birth Registration								227,150				227,150	227,150
154	36312C0	Florida Department Of Health Emergency Notification System (fdens)								362,974				362,974	362,974
155	4100030	Newborn Screening And Hearing Testing				2,600,000				2,600,000				2,600,000	2,600,000
156	4100060	Additional Federal Funding For The Early Steps Program				1,637,760				1,637,760				1,637,760	1,637,760
157	4100070	Children's Medical Services Staffing For Medicaid Reform								39,852				39,852	39,852
158	4208060	Budget Authority For Locally Funded Projects							50,985,796	50,985,796				50,985,796	50,985,796
159	4300050	Obesity Prevention												120,000	120,000
160	4300070	Stem Cell Research								20,000,000				20,000,000	20,000,000
161	4300240	Brain And Spinal Cord Injury Medicaid Waiver Program								498,603				498,603	498,603
162	4307020	AIDS Insurance Continuation Program					1,300,000			1,300,000				1,300,000	1,300,000
163	4309000	Tobacco Constitutional Amendment								54,000,000				54,000,000	54,000,000
164	4400010	Rape Crisis Centers							1,147,417	1,147,417				1,147,417	1,147,417
165	4800020	Child Nutrition Program							15,537,057	15,537,057				15,537,057	15,537,057
166	4806520	Pregnancy Support Services Program					2,000,000			2,000,000				2,000,000	2,000,000
167	4807000	Women, Infant And Children (WIC) Program							5,000,000	5,000,000				5,000,000	5,000,000
168	4500010	Monitor Air Quality Through The Use Of Hydrogen Sulfide Meters And Mercury Vapor Meters												140,000	140,000
169	4600020	Prosecution Of Chapter 499 - Drug And Cosmetic Act Violations								546,588				546,588	546,588
170	4600030	Advanced Registered Nurse Practitioner (ARNP) Protocol Review								51,814				51,814	51,814
171	4600050	Investigative Services Staffing												230,783	230,783
172	4600060	Unlicensed Activity Investigation Staffing												188,081	188,081

FISCAL YEAR 2007-2008 AGENCY REQUESTS AND GOVERNOR'S RECOMMENDATIONS COMPARISON

Line #	Issue	D3A Issue Title	AGENCY REQUEST 2007-2008				GOV RECS 2007-2008							
			FTE	GENERAL REVENUE	NR GEN REVENUE	TOBACCO	OTHER TF	ALL FUNDS	FTE	GENERAL REVENUE	NR GEN REVENUE	TOBACCO	OTHER TF	ALL FUNDS
173	53R0000	Casualty Insurance Premium Deficit FY 2007-08					(57,405)					(10,865)	(68,290)	173
174	5500500	Laboratory Services						2,864,000				2,864,000	2,864,000	174
175	6400170	Scanning Backlog Of Radioactive Materials Files						300,000				300,000	300,000	175
176	6400180	Children's Medical Services - Replace Contract Staff With Full Time Equivalent Positions - Deduct					(936,935)					(856,587)	(1,793,522)	176
177	6400190	Children's Medical Services - Replace Contract Staff With Full Time Equivalent Positions - Add	21.00				936,935					856,587	1,793,522	177
178	6400280	Healthy Start Coalition Appropriation Category Alignment - Deduct					(35,473,755)					(28,390,951)	(63,864,706)	178
179	6400290	Healthy Start Coalition Appropriation Category Alignment - Add					35,473,755					28,390,951	63,864,706	179
180	6400310	Florida Vital Statistics - Replace Flood Damaged Records										90,948	90,948	180
181	6400320	Florida Vital Statistics - Other Personal Services For Registration And Amendment Of Vital Records										123,372	123,372	181
182	6400400	Restore Abstinence Education										1,500,000	1,500,000	182
183	6400500	Restore School Health Services						1,500,000				1,000,000	1,000,000	183
184	6500080	Intervention Program For Nurses										70,000	70,000	184
185	6500200	Influenza Preparedness - Vaccine										36,731,617	36,731,617	185
186	990S000	FCO - Special Purpose										5,000,000	5,000,000	186
187	990M000	FCO - Maintenance And Repair										7,022,900	7,022,900	187
188		Health	3,145.50	594,860,393	0	53,314,588	1,979,102,418	2,617,277,399				61,731,617	2,766,390,352	188
189														189
190		Veterans Affairs												190
191	1100000	Startup (recurring Law And Policy) - Operating	646.50	11,984,349			41,928,483	53,912,832				41,928,483	53,912,832	191
192	160S010	Adjustment To Funding Source Identifier - Deduct										(2,702,255)	(2,702,255)	192
193	160S020	Adjustment To Funding Source Identifier - Add										2,702,255	2,702,255	193
194	1604500	Reallocation Of Human Resources Outsourcing										790	1,032	194
195	2401700	State Nursing Home Replacement Equipment - Operating Capital Outlay (occ) Category					20,000	20,000				20,000	20,000	195
196	2402100	State Nursing Home Additional Equipment - Operating Capital Outlay (occ) Category					73,080	73,080				73,080	73,080	196
197	2402500	State Veterans' Nursing Home Program Purchase Vans Equipped To Transport Handicapped Residents					60,000	60,000				60,000	60,000	197
198	2503080	Direct Billing For Administrative Hearings										585	585	198

FISCAL YEAR 2007-2008 AGENCY REQUESTS AND GOVERNOR'S RECOMMENDATIONS COMPARISON

Line #	Issue	D3A Issue Title	AGENCY REQUEST 2007-2008				GOV RECS 2007-2008							
			FTE	GENERAL REVENUE	NR GEN TOBACCO	OTHER TF	ALL FUNDS	FTE	GENERAL REVENUE	NR GEN TOBACCO	OTHER TF	ALL FUNDS		
199	3000040	Division Of Benefits And Assistance Claims Bureau Staffing Increase	9.00	556,112	42,534		556,112	42,534		9.00	556,112	42,534		556,112
200	3000400	Average 2.9 Hours Staffing Ratio	13.00	937,602	1,144		937,602	1,144		13.00	937,602	1,144		937,602
201	3602500	Annual Information Technology (IT) Recurring Budget Base - Increase		360,855			360,855				360,855			360,855
202	4A00100	Office Of The Inspector General Staffing Increase-audit Findings/ Recommendations					86,192	1,300		1.00	86,192	1,300		86,192
203	4B01000	Fiscal Full Time Equivalent (FTE) Position Increase - Budget Specialist					76,702	1,300		1.00	76,702	1,300		76,702
204	4109000	Initial Staffing/Start-up Funding St. Johns County State Veterans' Nursing Home	9.00	256,376	76,818		256,376							
205	4300010	Certified Nursing Assistant (CNA) Services Contract Escalation		107,900			107,900						277,458	385,358
206	4300020	Housekeeping And Laundry Services Contract Escalation					135,838						135,838	135,838
207	53R0000	Casualty Insurance Premium Deficit FY 2007-08									15,745		57,507	73,252
208	990M000	FCO - Maintenance And Repair											2,196,325	2,196,325
209	990S000	FCO - Special Purpose									1,750,000	1,750,000	3,250,000	5,000,000
210		Veterans Affairs	677.50	14,203,194	120,496	0	15,876,294	1,796,278	0	670.50	15,876,294	1,796,278	47,999,481	63,875,765
211		Healthcare TOTAL	23,301.00	7,666,374,852	12,733,505	417,600,000	8,208,615,748	104,757,102	426,100,000	23,349.00	8,208,615,748	104,757,102	15,786,732,065	24,421,447,813

Review of HHS Base Budget
Agency for Health Care Administration

Tom Arnold
Deputy Secretary for Medicaid

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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ADMINISTRATION & SUPPORT

Executive Direction 40.00 549,219 1,484,444

SPECIFIC AUTHORITY: Section 20.42, Florida Statutes
PURPOSE: To provide leadership and direction for the agency. To plan, formulate, and direct the development of agency policies and rules within the limits of state and federal law and direct their implementation.
TASKS/PROCESSES: To provide advice to the Governor on Florida's health care systems and programs, working to ensure that the agency champions accessible, affordable, quality health care for all Floridians. To represent the Governor before the Legislature, Cabinet, and other state and federal agencies, advisory boards, advocacy groups, the media and the general public. To provide a vital link between the Governor and other interested parties.
ACCOMPLISHMENTS: Provides the leadership and direction for the agency. Ensures that accessible, affordable, and quality health care is provided to all Floridians.
CUSTOMERS/NUMBERS SERVED: Legislators, Legislative Committee Staff, Governor's Office, agency employees and stakeholders.
COUNTIES SERVED: Statewide

General Counsel/Legal 67.50 588,911 4,457,402

SPECIFIC AUTHORITY: Section 20.42, Florida Statutes
PURPOSE: To support, guide and defend Agency mission critical regulatory, prosecutorial and policy making activities for all agency divisions, including Medicaid fraud and abuse and healthcare facility regulation. Legal support is an absolute requisite to effectuating the Agency's statutory mandates; without it, Agency decision making would be subject to constant challenge and rendered ineffective.
TASKS/PROCESSES: Prosecute or defend Agency decisions in all legal for a. Provide day-to-day counseling and legal opinions. Review, draft and make recommendations on new legislation and administrative rules. Review and assist in drafting Agency contracts. Prepare Final Orders that enunciate Agency policy.
ACCOMPLISHMENTS: The activity of the General Counsel's Office is mission critical to the Agency. It effectuates and upholds Agency policy and decisions through the legal process, helps eliminate Medicaid fraud and abuse by obtaining judgments for overpayments or sanctions against abusive providers, and helps protect Florida's vulnerable ill and elderly by prosecuting deficient healthcare facilities.
CUSTOMERS/NUMBERS SERVED: The entire populace of Florida's citizens who may ever receive treatment in a Florida healthcare facility and the entire populace of Medicaid recipients and other poor, elderly and disabled in Florida.
COUNTIES SERVED: Statewide

External Affairs 24.00 463,214 1,475,176

SPECIFIC AUTHORITY: Section 20.42, Florida Statutes
Serve as an agency resource for statutory needs; provide information to legislators, the public and media about health care legislation. Acts as a liaison between agency staff, legislators and legislative committee staff, and industry interests.
TASKS/PROCESSES: Serve as agency contact for all media, legislative, and stakeholders inquiries, provide information to media and legislative representatives, coordinate

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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all interviews, and act as agency liaison between agency staff, consumers, and stakeholders.
ACCOMPLISHMENTS: Provides the state with a proactive program that includes legislative initiatives to advance and accomplish policy affecting the state's healthcare system. Coordination of the agency's activities and objectives, assists federal and state policy makers in making informed decisions relating to Florida's healthcare delivery system and the Governor's healthcare agenda.
CUSTOMERS/NUMBERS SERVED: Legislators, Legislative Committee Staff, Governor's Office, Agency employees and stakeholders.
COUNTIES SERVED: Statewide

Inspector General 12.50 916,892 185,017

SPECIFIC AUTHORITY: Section 20.055, Florida Statutes
PURPOSE: To provide a central point of contact for the coordination of activities that promote accountability, integrity and efficiency throughout the Agency for Health Care Administration.
TASKS/PROCESSES: Activities include conducting internal audits and management reviews, coordinating the Agency's response to external audits and reviews, conducting follow-up, and performing management consulting services.
ACCOMPLISHMENTS: Oversight and evaluation of agency operations provided and relied upon by the Agency's management.
CUSTOMERS/NUMBERS SERVED: Management and staff of the agency, the Governor's Office, and the Florida Legislature.
COUNTIES SERVED: Primarily in Leon County; however, findings and recommendations to improve agency operations generally affect agency area offices and agency stakeholders throughout the state.

Director of Administration 4.00 67,071 298,443

SPECIFIC AUTHORITY: 20.42(7), Florida Statutes
PURPOSE: To plan, organize, and direct the functions for the Agency's Division of Administrative Services.
TASKS/PROCESSES: Direct the development and implementation of uniform policies, procedures and guidelines for human resources, support services, budget and financial management. Direct the development of the Agency's legislative budget request and related budget activities; represent the agency before state, local and federal agencies, the legislature and the general public. Directs the development of the Agency's One Florida and Continuity of Operations plans.
ACCOMPLISHMENTS: Continued day to day operation of the agency through payroll, accounting, budgeting, human resources, and support services.
CUSTOMERS/NUMBERS SERVED: Legislators, Legislative Committee Staff, Governor's Office, Agency employees and stakeholders.
COUNTIES SERVED: Statewide

Planning & Budgeting 4.00 43,061 327,745

SPECIFIC AUTHORITY: Chapter 20.42 (1)(d), Florida Statutes
PURPOSE: Manage all budget services for the agency from initial budget preparation through the legislative process. Represent the agency before state, local and federal agencies, the legislature and the general public. Serve as the Agency's liaison for the Executive Office of the Governor's Office of Planning and Budgeting.

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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TASKS/PROCESSES: Coordinate, monitor and report on the receipt and distribution of the budget appropriated in the General Appropriations Act, supplemental and sub-siantive appropriations, positions, approved rate, and other budget allocations.
ACCOMPLISHMENTS: Furnish the Agency's Legislative Budget Request, Capital Improvement Plan and other budget-related reports.
CUSTOMERS/NUMBERS SERVED: Legislators, Legislative Committee Staff, Governor's Office, Agency employees and stakeholders.
COUNTIES SERVED: Statewide

Finance & Accounting 47.00 407,741 2,059,232

SPECIFIC AUTHORITY: Section 20.42 (7), Chapters 18, 112, 215, and 216, Florida Statutes
PURPOSE: Manage the agency's financial resources through the use of the state's accounting systems.
TASKS/PROCESSES: Payment of all agency invoices on a timely basis, ensuring that revenues are deposited within statutory guidelines, and all inter-agency transactions are completed promptly. Preparing grant reports and cash draws for all grants including Title XIX, Medicaid and Title XXI, Healthy Kids. Record, track, collect, and report accounts.
ACCOMPLISHMENTS: Tracking and processing of all grants, invoices and receipts for the agency, recording payroll information, maintaining financial records and preparing financial statements, federal grant reports and other financial documents for the agency. Federal grant reports are completed by required due dates and grant cash is managed on a timely basis.
CUSTOMERS/NUMBERS SERVED: Legislators, Legislative Committee Staff, Governor's Office, Agency employees and stakeholders.
COUNTIES SERVED: Statewide

Personnel Services/Human Resources 5.00 988 479,248

SPECIFIC AUTHORITY: Section 20.42, Chapters 110 and 112, Florida Statutes
PURPOSE: To provide the Agency's Human Resources functions in support of AHCA staff.
TASKS/PROCESSES: Provide guidance for labor relations, grievances, benefits, disciplinary actions, and collective bargaining. Administer review and performance planning, sick leave transfer program and specialized recruiting. Review and approve organizational changes. Perform payroll accounting functions, including Worker's Compensation. Administer the Agency Affirmative Action Plan and goals. Coordinate training for staff. Develop agency specific policies and procedures.
ACCOMPLISHMENTS: Activities assure that the Agency is in compliance with federal and state laws, and agency specific policies. Activities also support the Agency's objectives and mission in providing services to the citizens of Florida. Ensure staff are knowledgeable about Agency procedures and policies and state and federal laws related to the workplace; provide access to the latest information and training in skill development, education, and managerial classes.
CUSTOMERS/NUMBERS SERVED: Legislators, Legislative Committee Staff, Governor's Office, Agency employees and stakeholders.
COUNTIES SERVED: Statewide

State Center for Health Statistics 39.00 2,031,174 2,535,390

SPECIFIC AUTHORITY: Chapter 408, Florida Statutes
PURPOSE: The State Center for Health Statistics maintains and disseminates patient data collected from acute care hospitals, long and short-term care psychiatric hospitals,

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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comprehensive rehabilitation hospitals, and from ambulatory surgical centers; conducts mandated data analysis, audits and research studies; prepares and publishes health care related technical and consumer reports and informational brochures; and maintains and operates Florida's health website.

TASKS/PROCESSES: Collect and process five million records per year of patient data; develop procedures for the collection of emergency department patient data to include an additional six million records; develop new electronic data system utilizing internal Agency resources; provide data analysis and research; perform data quality and process audits; prepare, publish and disseminate health care information data, reports and brochures through print and the internet.

ACCOMPLISHMENTS: Nationally recognized health care information data set for inpatient care and ambulatory surgery; annually produce a series of technical health related reports which include the Health Outcome Series - annually produce consumer health related information brochures called the Consumer Awareness Series - and nationally recognized health information and data dissemination website.

CUSTOMERS/NUMBERS SERVED: Health care patients, health care industry representatives, universities, legislators, lobbyists, health care researchers; and all Florida residents using health information.

COUNTIES SERVED: Statewide

1.00 33,817 192,012

Information Technology - Executive Direction

SPECIFIC AUTHORITY: Section 408.006 (5) (e), Florida Statutes

PURPOSE: The Chief Information Officer supports the Agency's business systems and operational objectives through executive direction, planning, and coordination of the complete information technology solution with Agency executives. Health and Human Services knowledge domain executives, State Technology Office executives, and information technology activity managers.

TASKS/PROCESSES: This activity consists of meeting with key Agency stakeholders to determine the best way to leverage technology to achieve the Agency's mission. Once the direction is established, plans are made to execute it in a cost-efficient manner. Various coordination activities must be done on a regular basis.

ACCOMPLISHMENTS: Overall AHCA staff/management satisfaction is a key indicator of successful completion of this activity. Additionally, projects that contribute to the Agency's mission, which are delivered on time and on budget, are success indicators. Systems that deliver high availability are important. Friendly, accessible, technical support for the use of technology in the Agency is another key factor.

CUSTOMERS/NUMBERS SERVED: The general public is served directly via the Agency's internet sites and indirectly via the support given to the rest of the Agency. All agency employees are serviced by this activity.

COUNTIES SERVED: Statewide

7.00 35,405 207,412

Information Technology - Administrative Services

SPECIFIC AUTHORITY: Section 408.006 (5) (e), Florida Statutes

PURPOSE: To support the administrative needs of Information Technology (IT) staff, staff of the Agency, and the customers of the Agency and to facilitate the directives of the State Technology Office (STO) within the Agency.

TASKS/PROCESSES: Performs administrative support for information technology, including budgeting, spending plans, procurement, human resource processes, and general support. Manages STO/Agency issue coordination. Manages IT's response to the Long Range Plan, Legislative Budget Request, Agency Annual Reports, Enterprise Resource Planning and Management reports, and other major Agency undertakings.

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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ACCOMPLISHMENTS: IT staff members have successfully completed tasks and met due dates proposed and mandated.
CUSTOMERS/NUMBERS SERVED: All Agency staff as well as Agency customers and stakeholders.
COUNTIES SERVED: Statewide

Information Technology - Application Development/Support 29.00 288,578 1,540,735

SPECIFIC AUTHORITY: Section 408.006 (5) (e), Florida Statutes
PURPOSE: Provide software application review, development and support, web development and Medicaid DSS contract support. The application development team works with Agency end users to identify application and web-based needs, develop automated systems and web pages to meet those needs, and support application and web pages once developed. Agency staff is supported by automation of their manual processes, improving quality of data through enforcement of data standards.
TASKS/PROCESSES: Defining objectives and scope of project; analyzing current systems, business requirements and possible solutions; designing databases, environment interfaces, prototypes, program structure and logic; preparing test plans; constructing new systems including alpha database, programs, screens, and interface controls; testing in beta environment, load-stress testing; implementing new systems or enhancements; and evaluating project and/or program changes.
ACCOMPLISHMENTS: Upgrade of Agency systems to Oracle, database enhancements related to nursing home reform legislation; creation of websites for Agency programs, rewrite of the Provider Participation Program, added overpayment module to Medicaid Sampling and upgraded the DSS to Oracle 9i and added new query functionality.
CUSTOMERS/NUMBERS SERVED: Customers served include AHCA employees, healthcare facilities, and citizens of the State of Florida.
COUNTIES SERVED: Statewide

Information Technology - Computer Operations 5.00 99,056 640,496

SPECIFIC AUTHORITY: Section 408.006 (5) (e), Florida Statutes
PURPOSE: Support and maintain the Agency's mini-computer and file servers located in the computer resource center (CRC). Responsibilities also include data base administration, which supports all data base activity in Information Technology. All Agency staff and customers who access any of the Agency's databases are served by computer operations.
TASKS/PROCESSES: Centralized backups to support the Agency's data, adequate physical plant and power protection, and upgrades/replacement to avoid capacity/obsolescence issues are key activities in this area. Additionally, all of AHCA's vast data stores are managed/protected in this activity.
ACCOMPLISHMENTS: Current backups, testing the disaster recovery plan, adequate physical plant and high availability are key accomplishments of this area. Timely access to Agency data is another key activity.
CUSTOMERS/NUMBERS SERVED: The general public is served directly via the Agency's internet sites, all AHCA employees, consultants, and other state agencies.
COUNTIES SERVED: Statewide

Information Technology - Network Operations 5.00 290,815 751,729

SPECIFIC AUTHORITY: Section 408.006 (5) (e), Florida Statutes
PURPOSE: Provide technical support and maintenance of network file servers, data lines within the Agency's organization, as well as organizations the Agency, i.e., Depart-

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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ment of Management Services and other state agencies. Network operations is also involved in Information Technology's network planning for future growth and activities. All agency staff and customers benefit from this activity.

TASKS/PROCESSES: Monitor key network devices. Plan for and upgrade/replace key network devices to maintain high availability and ensure security and avoid obsolescence.

ACCOMPLISHMENTS: High availability of network services, testing the disaster recovery plan, low number of security intrusions, few limits of capacity, and value for the services performed.

CUSTOMERS/NUMBERS SERVED: The general public is served directly via the Agency's internet sites; all AHCA employees, consultants, and others are also supported in some fashion.

COUNTIES SERVED: Statewide

Information Technology - Desktop Support

23.00 267,220 2,017,001

SPECIFIC AUTHORITY: Section 408.006 (5) (e), Florida Statutes

PURPOSE: This activity includes the Agency's Help Desk and customer support staff, providing end-user support for all Agency offices on an as-needed basis. All Agency staff using personal computers are potentially dependent on desktop support for times when they need assistance.

TASKS/PROCESSES: Evaluation, acquisition, configuration and installation of desktop/laptop computers and peripherals for the Agency. Troubleshooting and repair of computer hardware and software problems. Phone support and hands-on support provided. Manage voice communications including upgrades and changes to the telephone systems and individual phone line needs.

ACCOMPLISHMENTS: Low occurrences of down time for computer systems that supply Agency staff with the applications to accomplish the Agency mission. Strong customer service and very rapid responses to computer and educational problems.

CUSTOMERS/NUMBERS SERVED: The general public is served directly via the Agency's internet sites and indirectly via the support given to the rest of the Agency. All AHCA employees are served. Consultants and other state agencies are also supported in some fashion.

COUNTIES SERVED: Statewide

TOTAL ADMINISTRATION & SUPPORT

313.00 6,083,162 18,651,482

CHILDREN'S SPECIAL HEALTH CARE

Purchase MediKIDS Program Services

920,177 41,369,718

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

PURPOSE: The Agency for Health Care Administration purchases health care coverage for services for children enrolled in the MediKIDS Program through Medicaid managed care. MediKIDS is available for children ages 1-4 throughout the state.

TASKS/PROCESSES: As part of the Agency's contract with Medicaid health maintenance organizations (HMOs), the HMOs are required to provide services to MediKIDS

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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enrollees comparable to Medicaid services. MediKids eligibles may also enroll in MediPass, a primary care case management program.
ACCOMPLISHMENTS: The MediKids program utilizes contracted Medicaid HMOs and the MediPass program to provide services to MediKids beneficiaries. Mandatory assignment has been implemented as a tool to get children enrolled more quickly in the program.
CUSTOMERS/NUMBERS SERVED: 17,301 children was the average monthly enrollment in the MediKids program for FY 2005-06
COUNTIES SERVED: Statewide

Purchase Children's Medical Services Network Services 5,367,382 50,829,440

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: The Agency for Health Care Administration purchases health care coverage for children with special health care needs from birth to age 19 who are enrolled in the Children's Medical Services (CMS) Network. Children must be eligible for the program under Title XXI of the Social Security Act. Eligibility for the CMS Network is determined by the Department of Health.
TASKS/PROCESSES: Appropriate and complete screening of children to determine the presence of special health care needs continues to be an area of focus in the program. KidCare partners updated the KidCare application to better assist in the correct and prompt identification of children with special health care needs.
ACCOMPLISHMENTS: The KidCare application was modified as stated above.
CUSTOMERS/NUMBERS SERVED: 8,008 children was the average monthly enrollment in the CMS program for FY 2005-06
COUNTIES SERVED: Statewide

Purchase Florida Healthy Kids Corporation Services 7,652,232 197,276,926

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: The Agency for Health Care Administration provides the Florida Healthy Kids Corporation with funding for the purchase of health care coverage for children ages 5 to 19 who are enrolled in Florida Healthy Kids. Families are required to contribute to the cost of coverage.
TASKS/PROCESSES: The Agency contracts with the Florida Healthy Kids Corporation to enroll eligible children in Florida Healthy Kids.
ACCOMPLISHMENTS: The primary beneficiaries of services provided through the corporation are children with a family income below 200 percent of the federal poverty level that do not qualify for Medicaid. Without this program, many Florida children would not have health insurance coverage.
CUSTOMERS/NUMBERS SERVED: 194,986 children was the average monthly enrollment in the Healthy Kids program for FY 2005-06.
COUNTIES SERVED: Statewide

TOTAL CHILDREN'S SPECIAL HEALTH CARE 13,939,791 289,476,084

EXECUTIVE DIRECTION AND SUPPORT SERVICES

Executive Direction 17.00 782,553 1,471,502

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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SPECIFIC AUTHORITY: Section 20.42, Florida Statutes
PURPOSE: Direct the Florida Medicaid Program
TASKS/PROCESSES: 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, and other administrative activities.
ACCOMPLISHMENTS: The cost-effective administration of an \$13.08 billion program.
CUSTOMERS/NUMBERS SERVED: 2.9 million beneficiaries (annual unduplicated), 94,271 Medicaid providers, and 11 HMOs.
COUNTIES SERVED: Statewide

Medicaid Field Operations 367.50 7,842,755 12,108,553

SPECIFIC AUTHORITY: Chapter 20 and Chapter 409, Florida Statutes
PURPOSE: Eleven Medicaid Field Offices provide local operational management of the Medicaid provider network; assist beneficiaries to navigate the health care system; 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.
TASKS/PROCESSES: Support an adequate provider network to serve Medicaid beneficiaries; ensure that beneficiaries have access to a full range of resources; information, and affordable quality health care; determine whether correct payment was made for provider services rendered and assist providers with billing and enrollment issues; evaluate provider and beneficiary compliance with program policies and procedures; and determine medical necessity for specific services.
ACCOMPLISHMENTS: In FY 2003-04, Medicaid Field Office staff handled nearly 730,162 beneficiary and provider calls, more than 16,851 service authorizations and more than 1,205 community outreach activities. Also, the number of exceptional claims resolved for 2003-04 was 101,657.
CUSTOMERS/NUMBERS SERVED: 2.9 million beneficiaries (annual unduplicated), 94,271 Medicaid providers, and 11 HMOs.
COUNTIES SERVED: Statewide

Medicaid Program Analysis 56.00 2,735,732 3,740,262

SPECIFIC AUTHORITY: Chapter 20 and Chapter 409, Florida Statutes
PURPOSE: Ensure appropriate provider rates, plan and implement cost controls, conduct provider audits, and ensure that spending remains within appropriations levels.
TASKS/PROCESSES: Cost reimbursement planning, provider audits, provider rate setting, budget forecasting, expenditure analyses, and program data analyses.
ACCOMPLISHMENTS: Cost-effective management of the Florida Medicaid program.
CUSTOMERS/NUMBERS SERVED: 2.9 million beneficiaries (annual unduplicated), 94,271 Medicaid providers, and 11 HMOs.
COUNTIES SERVED: Statewide

Medicaid Program Development 136.00 13,963,589 43,605,826

SPECIFIC AUTHORITY: Chapter 20 and Chapter 409, Florida Statutes

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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PURPOSE: Ensure that services are delivered to Medicaid beneficiaries in the most cost-effective manner within state and federal requirements.

TASKS/PROCESSES: 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; incorporate new federal and state legislation into current operations; prepare policies, procedures, and provider manuals; authorize services; monitor for compliance to standards; and research and evaluate programs to improve performance.

ACCOMPLISHMENTS: The cost-effective administration of a \$13.08 billion program.

CUSTOMERS/NUMBERS SERVED: 2.9 million beneficiaries (annual unduplicated), 94,271 Medicaid providers, and 11 HMOs.

COUNTIES SERVED: Statewide

Third Party Liability 5.00 732,554 10,082,148

Unit Cost Measure: N/A

SPECIFIC AUTHORITY: Chapter 20, Florida Statutes

PURPOSE: 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.

TASKS/PROCESSES: The Agency currently contracts with an outside vendor, Health Management Systems, 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.

ACCOMPLISHMENTS: For FY 2003-04, third party recoveries totaled \$66.58 million and over \$1.2 billion in Medicaid claims that were not paid due to cost avoidance measures implemented by the Agency and the contractor.

CUSTOMERS/NUMBERS SERVED: Medicaid beneficiaries, attorneys, insurance companies, and Medicare carriers.

COUNTIES SERVED: Statewide

Medicaid Contracting 47.00 1,609,884 6,086,009

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

PURPOSE: Oversee the contract with the third party administrator (TPA) that is primarily responsible for claims processing for Medicaid and MediKids and provider enrollment. Manage compliance with the TPA contract agreement, federal mandates, state rules, and state regulations.

TASKS/PROCESSES: Manage customer service requests and Florida Medicaid Management Information Systems (FMMS) enhancements; oversee daily operations, cash flow, and audit functions; ensure that the fiscal agent complies with its contractual obligations; oversee the transfer of data between FMMS and the FLORIDA and SSA systems; establish policy and operations associated with provider enrollment/reenrollment; and responsible for overall direction of fiscal agent activities.

ACCOMPLISHMENTS: Processed in excess of 158 million provider claims in FY 2003-04 with an average payment made within 11 days of receipt of the claim.

CUSTOMERS/NUMBERS SERVED: 2.9 million beneficiaries (annual unduplicated), 94,271 Medicaid providers, and 11 HMOs.

COUNTIES SERVED: Statewide

Fiscal Agent Contract 26,042,960 63,976,737

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: The Medicaid fiscal agent is primarily responsible for reimbursing providers for Medicaid services provided to beneficiaries according to state and federal rules and regulations.
TASKS/PROCESSES: Enrolling and re-enrolling Medicaid providers, claims processing and payment, and system maintenance and MMIS enhancements.
ACCOMPLISHMENTS: Processed in excess of 158 million provider claims in FY 2003-04 with an average payment made within eleven (11) days of receipt of the claim.
CUSTOMERS/NUMBERS SERVED: State of Florida, AHCA, Medicaid providers and beneficiaries.
COUNTIES SERVED: Statewide

Medicaid Program Integrity	101.00	109,971	6,904,047
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SPECIFIC AUTHORITY: Section 409.913, Florida Statutes; 42 Code of Federal Regulations
PURPOSE: To 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.
TASKS/PROCESSES: Identify potential fraud, abuse, and waste; recommend change to reduce exposure; audit and investigate Medicaid providers suspected of over-billing Florida's Medicaid program; issue administrative sanctions; and refer cases of suspected fraud for criminal investigation.
ACCOMPLISHMENTS: Medicaid Program Integrity provides an avenue for reporting suspected fraud and abuse. Staff audit and investigate Medicaid providers who show various trends in billing practices. These audits and investigations serve to identify fraudulent and over-billed expenditures; therefore, off-setting some of the costs of the program. In addition to recouping Medicaid costs, Medicaid Program Integrity's functions serve as a deterrent to potential fraud and abuse.
CUSTOMERS/NUMBERS SERVED: Customers include any individual concerned about fraud and abuse in the Florida Medicaid Program, including the Governor's Office, the Legislature, Agency staff, and managers within the Medicaid Program.
COUNTIES SERVED: Statewide

Medicaid Choice Counseling	2.00	676,869	736,049
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SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: The Agency's Title XXI choice counseling initiative provides MediKids beneficiaries with information about the health maintenance organization (HMO) available to them and processes enrollment into the plan of their choice. Beneficiaries may choose MediPass in counties in which there is one HMO and must choose MediPass in counties with no HMOs. The initiative facilitates enrollment into MediPass by referring callers to the appropriate area Medicaid office.
TASKS/PROCESSES: Oversight of the contractor selected to provide choice counseling services for the Agency, provision of information about the different managed care programs to the choice counseling contractor, and monitoring of enrollment trends.
ACCOMPLISHMENTS: MediKids beneficiaries are provided with appropriate, accurate, timely, and unbiased information about the different managed care programs available to them in order to facilitate and ensure the making of an informed choice.
CUSTOMERS/NUMBERS SERVED: Approximately 27,768 MediKids beneficiaries are enrolled in HMOs and are thereby served by the MediKids choice counseling initiative.
COUNTIES SERVED: Statewide

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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KidCare Administration and Support

4.00 101,272 214,430

SPECIFIC AUTHORITY: Chapter 20 and Chapter 409, Florida Statutes
PURPOSE: Ensure that children obtain available health care coverage under Title XXI consistent with state and federal laws and regulations.
TASKS/PROCESSES: Develop and interpret policy for the MediKids program; prepare the Title XXI State Plan to obtain federal Title XXI funds; act as a contract manager for the Florida Healthy Kids Corporation contract; act as contract manager for the Florida KidCare Call Center; chair and monitor the KidCare Grievance Committee that hears unresolved grievances regarding the KidCare program; and provide reports related to the KidCare Program to stakeholders and interested parties.
ACCOMPLISHMENTS: The Annual KidCare Report to the Centers for Medicare and Medicaid Services (CMS) was completed and submitted. Two Title XXI State Plan amendments were completed and submitted to CMS. Ongoing monitoring of Florida Healthy Kids Corporation continues. The KidCare Call Center contract was terminated at the Department of Health and a new contract was developed by the Agency. MediKids staff began providing oversight for the KidCare Call Center contract.
CUSTOMERS/NUMBERS SERVED: Average KidCare monthly caseload was 220, 295 for FY 2005-06.
COUNTIES SERVED: Statewide

EXECUTIVE DIRECTION AND SUPPORT SERVICES

735.50 54,598,139 148,925,563

MEDICAID SERVICES TO INDIVIDUALS

Elderly and Disabled/Fee for Service/MediPass - Hospital Inpatient

152,249,318 1,477,910,271

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To furnish inpatient hospital services to Medicaid beneficiaries statewide when medically necessary.
TASKS/PROCESSES: Inpatient services must be prior authorized by a peer review organization (PRO) or PRO-like entity. This requires hospital providers to request authorization from the PRO for the issuance of a prior authorization number, which, when entered on the hospital claim form, will enable payment of all medically necessary hospital days.
ACCOMPLISHMENTS: Medically necessary inpatient hospital services are furnished to Medicaid beneficiaries who need them. The process of prior authorization ensures that the inpatient services reimbursed by Medicaid are medically necessary.
CUSTOMERS/NUMBERS SERVED: 499,273 potential beneficiaries.
COUNTIES SERVED: Statewide

Elderly and Disabled/Fee for Service/MediPass - Prescribed Medicines

288,654,698 986,454,390

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To reimburse participating pharmacies for prescription drugs dispensed to elderly and disabled beneficiaries enrolled in Medicaid fee for service or MediPass programs statewide. Prescriptions not on the Medicaid preferred drug list must be prior approved.
TASKS/PROCESSES: Negotiate state supplemental rebates with pharmaceutical manufacturers and build a preferred drug list using efficacious, cost effective drugs. Maintain a toll-free call center for prescribers to obtain prior authorization when necessary. Administer a variety of other programs intended to control prescribed drug costs, including benefit management, counter-detailing, prescriber profiling, and other measures.
ACCOMPLISHMENTS: Provide a full range of prescribed medicines at a reduced cost.
CUSTOMERS/NUMBERS SERVED: 556,632 potential beneficiaries.
COUNTIES SERVED: Statewide

Elderly and Disabled/Fee for Service/MediPass - Physician Services **87,723,007** **226,602,762**

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To pay physicians for medically necessary services rendered to Medicaid beneficiaries according to the approved fee schedule. MediPass primary care providers approve most services for their assigned beneficiaries and are additionally paid a case management capitated fee for this utilization control.
TASKS/PROCESSES: Monitoring of MediPass primary care physicians and service referrals; manual review of claims for pricing, if needed; and prior authorization of out-of-state and certain other in-state services.
ACCOMPLISHMENTS: Better control and monitoring of medically necessary services.
CUSTOMERS/NUMBERS SERVED: 499,273 potential beneficiaries.
COUNTIES SERVED: Statewide

Elderly and Disabled/Fee for Service/MediPass - Hospital Outpatient **80,519,142** **176,095,741**

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To furnish medically necessary outpatient hospital services and emergency treatment to Florida Medicaid beneficiaries statewide when such care is needed and the level of care is such that the more costly inpatient setting is not required.
TASKS/PROCESSES: This activity involves policy development to inform hospital providers what is covered and not covered by Medicaid for the outpatient setting. It involves the payment of claims by the fiscal agent contractor in accordance with outpatient hospital policy.
ACCOMPLISHMENTS: Outpatient care and emergency treatment can be accessed by eligible Florida Medicaid beneficiaries who do not need the higher inpatient level of care, but who require single day medically necessary services.
CUSTOMERS/NUMBERS SERVED: 499,273 potential beneficiaries.
COUNTIES SERVED: Statewide

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
Elderly and Disabled/Fee for Service/MediPass - Supplemental Medical Insurance		267,927,674	353,654,390

Elderly and Disabled/Fee for Service/MediPass - Supplemental Medical Insurance

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To pay the Medicare Part B Supplemental Medical insurance premium for individuals eligible for both Medicare and Medicaid.
TASKS/PROCESSES: To ensure Medicaid/Medicare eligibles have access to Medicare Part B coverages.
ACCOMPLISHMENTS: This activity involves payment of claims for Part B premiums sent to the state by the federal government.
CUSTOMERS/NUMBERS SERVED: 447,178 potential beneficiaries.
COUNTIES SERVED: Statewide

Elderly and Disabled/Fee for Service/MediPass - Early Periodic Screening Diagnosis and Treatment

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: Medicaid Child Health Check-Ups provide a comprehensive, preventive health check-up on a regularly scheduled basis; identification and correction of medical conditions before the condition becomes serious and disabling; and an entry into the health care system and access to a medical home.
TASKS/PROCESSES: A Child Health Check-Up includes the assessment and documentation of a comprehensive health and developmental history; nutritional and developmental assessment; physical examination; dental screening; vision and hearing screening; laboratory tests; appropriate immunizations; health education; diagnosis and treatment; and referral and follow-up.
ACCOMPLISHMENTS: The Child Health Check-Up program continues to increase each year the number of children who have had a check-up. Ongoing outreach activities have helped to increase the awareness of the importance of regular check-ups. The Child Health Check-Up Program has disseminated some 20 different media materials statewide on the importance of the health and safety of children.
CUSTOMERS/NUMBERS SERVED: 66,847 potential beneficiaries.
COUNTIES SERVED: Statewide

Elderly and Disabled/Fee for Service/MediPass - Patient Transportation

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To furnish transportation to beneficiaries who require Medicaid covered services but have no means to get to the place of service.
TASKS/PROCESSES: All transportation, except for emergencies, must be prior authorized and provided by an enrolled provider that is under contract with the Community Transportation Coordinator, and must be the least expensive and the most appropriate method of transportation available. Beneficiaries must pay a \$1 co-payment for each one-way trip, unless the beneficiary is exempt.
ACCOMPLISHMENTS: Ensures that beneficiaries without individual or communal means of transportation may continue to access medically necessary services covered by Medicaid.

267,927,674

353,654,390

4,214,836

6,042,573

11,329,597

42,620,866

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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CUSTOMERS/NUMBERS SERVED: 499,273 potential beneficiaries.
COUNTIES SERVED: Statewide

Elderly and Disabled/Fee for Service/MediPass - Case Management

42,061,161 54,861,966

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To reimburse eligible providers for the assessment of the need for services, development of the plan of care, and arrangement for the delivery of needed services.
TASKS/PROCESSES: Provider submits a claim and is reimbursed for care provided.
ACCOMPLISHMENTS: Beneficiaries receive assistance from care manager in planning and obtaining Medicaid services.
CUSTOMERS/NUMBERS SERVED: 499,273 potential beneficiaries.
COUNTIES SERVED: Statewide

Elderly and Disabled/Fee for Service/MediPass - Home Health Services

12,759,142 47,998,679

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To reimburse participating home health agencies for medically necessary nursing and home health aide services provided to eligible beneficiaries whose medical condition, illness or injury requires the care to be delivered in the beneficiary's place of residence.
TASKS/PROCESSES: Services must be provided in accordance with Medicaid policy as presented in the Medicaid Home Health Services and Limitations Handbook that is incorporated into rule. Services must be authorized as medically necessary by the Medicaid Peer Review Organization.
ACCOMPLISHMENTS: Provides access to medically necessary home health services for persons who meet Medicaid eligibility requirements.
CUSTOMERS/NUMBERS SERVED: 499,273 potential beneficiaries.
COUNTIES SERVED: Statewide

Elderly and Disabled/Fee for Service/MediPass - Therapeutic Services for Children

12,763,307 24,018,591

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To provide 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.
TASKS/PROCESSES: 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.

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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ACCOMPLISHMENTS: Treatments are provided to beneficiaries statewide to enhance the beneficiary's quality of life and provide medically necessary therapy.
CUSTOMERS/NUMBERS SERVED: 66,847 potential beneficiaries.
COUNTIES SERVED: Statewide

Elderly and Disabled/Fee for Service/MediPass - Hospital Insurance Benefit 44,000,983 63,031,327

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To pay for the cost of Medicare Part A deductible, Hospital Insurance, for Medicare and Medicaid beneficiaries for Medicare coverage for inpatient hospital care, limited skilled nursing care, some home health services, some outpatient hospital services, and other services.
TASKS/PROCESSES: Processing crossover claims received from federal government/Medicare carriers.
ACCOMPLISHMENTS: Enrollment in and diversion of state costs to the federal Medicare program.
CUSTOMERS/NUMBERS SERVED: 440,930 potential beneficiaries.
COUNTIES SERVED: Statewide

Elderly and Disabled/Fee for Service/MediPass - Hospice 36,669,082 110,939,435

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To reimburse hospice agencies for palliative health care services to terminally ill beneficiaries who choose to elect hospice. Terminally ill is defined as having a medical diagnosis with a life expectancy of six months or less if the disease runs its normal course.
TASKS/PROCESSES: Services must be provided in accordance with Medicaid policy as presented in the Medicaid Hospice Services and Limitations Handbook that is incorporated into rule.
ACCOMPLISHMENTS: Provides access to hospice services for terminally ill persons who meet Medicaid eligibility requirements.
CUSTOMERS/NUMBERS SERVED: 499,273 potential beneficiaries, and approximately 12,610 receiving Hospice Services.
COUNTIES SERVED: Statewide

Elderly and Disabled/Fee for Service/MediPass - Private Duty Nursing 47,538,300 68,104,053

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To reimburse home health agencies for medically necessary skilled nursing services provided to beneficiaries under age 21 who have complex medical problems and require more individual care than can be provided through a home health nurse visit.
TASKS/PROCESSES: Services must be provided in accordance with Medicaid policy as presented in the Medicaid Home Health Services and Limitations Handbook that is incorporated into rule. Services must be authorized as medically necessary by the Area Medicaid Nurse Consultant or the Medicaid Peer Review Organization (PRO).
ACCOMPLISHMENTS: Provides access to medically necessary private duty nursing services for Medicaid beneficiaries who meet coverage requirements.

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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CUSTOMERS/NUMBERS SERVED: 66,847 potential beneficiaries, and approximately 1,673 receiving services.
COUNTIES SERVED: Statewide

Elderly and Disabled/Fee for Service/MediPass - Other

70,328,201 365,542,395

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

PURPOSE: To reimburse enrolled providers for other medically indicated services for elderly and disabled Medicaid beneficiaries. Services include: emergency adult dental; community mental health; family planning; freestanding dialysis centers; nurse practitioners; physician assist; other lab and x-ray; physical, speech, occupational and respiratory therapies for disabled children; and developmental evaluation and early intervention for children.

TASKS/PROCESSES: Providers submit claims for beneficiaries who receive services that are authorized by the primary care physician.

ACCOMPLISHMENTS: Eligible beneficiaries receive medically necessary services.

CUSTOMERS/NUMBERS SERVED: 499,273 potential beneficiaries.

COUNTIES SERVED: Statewide

Women and Children/Fee for Service/MediPass - Hospital Inpatient

106,817,162 1,036,892,533

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

PURPOSE: To furnish inpatient hospital services to Medicaid beneficiaries statewide when medically necessary.

TASKS/PROCESSES: Inpatient services must be prior authorized by a peer review organization (PRO) or PRO-like entity. This requires hospital providers to request authorization from the PRO for the issuance of a prior authorization number, which, when entered on the hospital claim form, will enable payment of all medically necessary hospital days.

ACCOMPLISHMENTS: Medically necessary inpatient hospital services are furnished to Medicaid beneficiaries when needed. The process of prior authorization ensures that the inpatient services reimbursed by Medicaid are medically necessary.

CUSTOMERS/NUMBERS SERVED: 828,104 potentially beneficiaries.

COUNTIES SERVED: Statewide

Women and Children/Fee for Service/MediPass - Prescribed Medicines

218,550,747 302,034,755

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

PURPOSE: To reimburse participating pharmacies for prescription drugs dispensed to women and children beneficiaries enrolled in Medicaid fee for service or MediPass programs statewide. Prescriptions not on the Medicaid preferred drug list must be prior approved. A limit of four brand name drugs per month is in effect for adults age 21 or older with some exceptions.

TASKS/PROCESSES: Negotiate state supplemental rebates with pharmaceutical manufacturers and build a preferred drug list using efficacious, cost effective drugs. Main-

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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tain a tool-free call center for prescribers to obtain prior authorization when necessary. Administer a variety of other programs intended to control prescribed drug costs, including benefit management, counter-detailing, prescriber profiling, and other measures.
ACCOMPLISHMENTS: Provide a full range of prescribed medicines at a reduced cost.
CUSTOMERS/NUMBERS SERVED: 828,104 potential beneficiaries.
COUNTIES SERVED: Statewide

Women and Children/Fee for Service/MediPass - Physician Services 204,542,837 292,053,559

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To pay physicians for medically necessary services rendered to Medicaid beneficiaries according to the approved fee schedule. MediPass primary care providers approve most services for their assigned beneficiaries and are additionally paid a case management capitated fee for this utilization control.
TASKS/PROCESSES: Monitoring of MediPass primary care physicians and service referrals; manual review of claims for pricing, if needed; and prior authorization of out-of-state and certain other in-state services.
ACCOMPLISHMENTS: Better control and monitoring of medically necessary services.
CUSTOMERS/NUMBERS SERVED: 828,104 potential beneficiaries.
COUNTIES SERVED: Statewide

Women and Children/Fee for Service/MediPass - Hospital Outpatient 104,487,724 228,515,142

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To furnish medically necessary outpatient hospital services and emergency treatment to Florida Medicaid beneficiaries statewide when such care is needed and the level of care is such that the more costly inpatient setting is not required.
TASKS/PROCESSES: This activity involves policy development to inform hospital providers what is covered or not covered by Medicaid for the outpatient setting. It involves the payment of claims by the fiscal agent contractor in accordance with outpatient hospital policy.
ACCOMPLISHMENTS: Outpatient care and emergency treatment can be accessed by eligible Florida Medicaid beneficiaries who do not need the higher inpatient level of care, but who require single day medically necessary services.
CUSTOMERS/NUMBERS SERVED: 828,104 potential beneficiaries.
COUNTIES SERVED: Statewide

Women and Children/Fee for Service/MediPass - Supplemental Medical Insurance 48,960,270 64,625,704

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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PURPOSE: To pay the Medicare Part B Supplemental Medical insurance premium for individuals eligible for both Medicare and Medicaid.

TASKS/PROCESSES: To ensure Medicaid/Medicare eligibles have access to Medicare Part B coverages.

ACCOMPLISHMENTS: This activity involves payment of claims for Part B premiums sent to the state by the federal government.

CUSTOMERS/NUMBERS SERVED: 4,165 potential beneficiaries.

COUNTIES SERVED: Statewide

Women and Children/Fee for Service/MediPass - Early Periodic Screening Diagnosis and Treatment

50,517,585

72,424,218

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

PURPOSE: Medicaid Child Health Check-Ups provide a comprehensive, preventive health check-up on a regularly scheduled basis; identification and correction of medical conditions before the condition becomes serious and disabling; and an entry into the health care system and access to a medical home.

TASKS/PROCESSES: A Child Health Check-Up includes the assessment and documentation of a comprehensive health and developmental history; nutritional and developmental assessment; physical examination; dental screening; vision and hearing screening; laboratory tests; appropriate immunizations; health education; diagnosis and treatment; and referral and follow-up.

ACCOMPLISHMENTS: The Child Health Check-Up program continues to increase each year the number of children who have had a check-up. Ongoing outreach activities have helped to increase the awareness of the importance of regular check-ups. The Child Health Check-Up program has disseminated some 20 different media materials statewide on the importance of the health and safety of children.

CUSTOMERS/NUMBERS SERVED: 675,361 potential beneficiaries.

COUNTIES SERVED: Statewide

Women and Children/Fee for Service/MediPass - Patient Transportation

28,143,039

30,552,524

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

PURPOSE: To furnish transportation of beneficiaries who require Medicaid covered services but have no means to get to the place of service.

TASKS/PROCESSES: All transportation, except for emergencies, must be prior authorized and provided by an enrolled provider that is under contract with the Community Transportation Coordinator, and must be the least expensive and the most appropriate method of transportation available. Beneficiaries must pay a \$1 co-payment for each one-way trip, unless the beneficiary is exempt.

ACCOMPLISHMENTS: Ensures that beneficiaries without individual or communal means of transportation may continue to access medically necessary services covered by Medicaid.

CUSTOMERS/NUMBERS SERVED: 828,104 potential beneficiaries.

COUNTIES SERVED: Statewide

Women and Children/Fee for Service/MediPass - Case

5,119,239

6,677,217

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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Management

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To reimburse eligible providers for the assessment of the need for services, development of the plan of care, and arrangement for the delivery of needed services.
TASKS/PROCESSES: Providers submit claims and are reimbursed for care provided.
ACCOMPLISHMENTS: Beneficiaries receive assistance from care manager in planning and obtaining Medicaid services.
CUSTOMERS/NUMBERS SERVED: 828,104 potential beneficiaries.
COUNTIES SERVED: Statewide

Women and Children/Fee for Service/MediPass - Home Health Services 8,600,617 101,660,709

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To reimburse participating home health agencies for medically necessary nursing and home health aide services provided to eligible beneficiaries whose medical condition, illness or injury requires the care to be delivered in the beneficiary's place of residence.
TASKS/PROCESSES: Services must be provided in accordance with Medicaid policy as presented in the Medicaid Home Health Services and Limitations Handbook that is incorporated into rule. Services must be authorized as medically necessary by the Medicaid Peer Review Organization.
ACCOMPLISHMENTS: Provides access to medically necessary home health services for persons who meet Medicaid eligibility requirements.
CUSTOMERS/NUMBERS SERVED: 828,104 potential beneficiaries.
COUNTIES SERVED: Statewide

Women and Children/Fee for Service/MediPass - Therapeutic Services for Children 38,142,219 71,777,822

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To provide 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.
TASKS/PROCESSES: 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.
ACCOMPLISHMENTS: Treatments are provided to beneficiaries statewide to enhance the beneficiary's quality of life and provide medically necessary therapy.
CUSTOMERS/NUMBERS SERVED: 675,361 potential beneficiaries.
COUNTIES SERVED: Statewide

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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Women and Children/Fee for Service/MediPass - Clinic 33,019,868 47,310,694

Services

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To reimburse Medicaid authorized services rendered to eligible recipients in hospital-owned clinic settings, excluding primary care services or physician office type of services.
TASKS/PROCESSES: Process includes the submittal of claims by eligible providers and fiscal agent reimbursement of such as directed by program policy.
ACCOMPLISHMENTS: Provides access to outpatient/clinic care.
CUSTOMERS/NUMBERS SERVED: 828,104 potential beneficiaries.
COUNTIES SERVED: Statewide

Women and Children/Fee for Service/MediPass - Other 183,117,507 138,572,211

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To reimburse enrolled providers for other medically indicated services for women and children Medicaid beneficiaries. Services include: emergency adult dental; community mental health; family planning; Healthy Start; birth centers; nurse practitioner; physician assistant; other lab and x-ray; physical, speech, occupational and respiratory therapies for children; and developmental evaluation and early intervention for children.
TASKS/PROCESSES: Services must be provided in accordance with Medicaid policy as presented in the appropriate services' Coverage and Limitations Handbook that is incorporated into rule. Payment is made according to the service-specific fee schedule. Suspended claims are manually reviewed by agency claims resolution staff.
ACCOMPLISHMENTS: The cost-effective administration of the Florida Medicaid program.
CUSTOMERS/NUMBERS SERVED: 828,104 potential beneficiaries.
COUNTIES SERVED: Statewide

Medically Needy - Hospital Inpatient 19,829,505 192,488,405

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To furnish inpatient hospital services to Medicaid beneficiaries statewide when medically necessary.
TASKS/PROCESSES: Inpatient services must be prior authorized by a peer review organization (PRO) or PRO-like entity. This requires hospital providers to request authorization from the PRO for the issuance of a prior authorization number, which, when entered on the hospital claim form, will enable payment of all medically necessary hospital days.
ACCOMPLISHMENTS: Medically necessary inpatient hospital services are furnished to Medicaid beneficiaries who need them. The process of prior authorization ensures that the inpatient services reimbursed by Medicaid are medically necessary.
CUSTOMERS/NUMBERS SERVED: 38,375 potential beneficiaries.
COUNTIES SERVED: Statewide

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
		41,097,176	140,446,317

Medically Needy - Prescribed Medicines

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To reimburse participating pharmacies for prescription drugs dispensed to Medically Needy Medicaid beneficiaries enrolled in Medicaid fee for service or MediPass programs statewide. Prescriptions not on the Medicaid preferred drug list must be prior approved. A limit of four brand name drugs per month is in effect for adults ages 21 or older with some exceptions.
TASKS/PROCESSES: Negotiate state supplemental rebates with pharmaceutical manufacturers and build a preferred drug list using efficacious, cost effective drugs. Maintain a toll-free call center for prescribers to obtain prior authorization when necessary. Administer a variety of other programs intended to control prescribed drug costs, including benefit management, counter-detailing, prescriber profiling, and other measures.
ACCOMPLISHMENTS: Provide a full range of prescribed medicines at a reduced cost.
CUSTOMERS/NUMBERS SERVED: 38,375 potential beneficiaries.
COUNTIES SERVED: Statewide

Medically Needy - Physician Services

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To pay physicians for medically necessary services rendered to Medicaid beneficiaries according to the approved fee schedule. MediPass primary care providers approve most services for their assigned beneficiaries and are additionally paid a case management capitated fee for this utilization control.
TASKS/PROCESSES: Monitoring of MediPass primary care physicians and service referrals; manual review of claims for pricing, if needed; and prior authorization of out-of-state and certain other in-state services.
ACCOMPLISHMENTS: Better control and monitoring of medically necessary services.
CUSTOMERS/NUMBERS SERVED: 38,375 potential beneficiaries.
COUNTIES SERVED: Statewide

Medically Needy - Hospital Outpatient

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To furnish medically necessary outpatient hospital services and emergency treatment to Florida Medicaid beneficiaries statewide when such care is needed and the level of care is such that the more costly inpatient setting is not required.
TASKS/PROCESSES: This activity involves policy development to inform hospital providers what is covered and not covered by Medicaid for the outpatient setting. It involves the payment of claims by the fiscal agent contractor in accordance with outpatient hospital policy.
ACCOMPLISHMENTS: Outpatient care and emergency treatment can be accessed by eligible Florida Medicaid beneficiaries who do not need the higher inpatient level of care, but who require single day medically necessary services.
CUSTOMERS/NUMBERS SERVED: 38,375 potential beneficiaries.
COUNTIES SERVED: Statewide

12,136,436

31,350,382

16,240,677

35,518,436

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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Medically Needy - Supplemental Medical Insurance

1,656,431 2,186,426

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

PURPOSE: To pay the Medicare Part A and Part B Supplemental Medical insurance premium for individuals eligible for both Medicare and Medicaid.

TASKS/PROCESSES: To ensure Medicaid/Medicare eligibles have access to Medicare Part A and Part B coverages.

ACCOMPLISHMENTS: This activity involves payment of claims for Part A and Part B premiums sent to the state by the federal government.

CUSTOMERS/NUMBERS SERVED: 27,897 potential beneficiaries.

COUNTIES SERVED: Statewide

Medically Needy - Early Periodic Screening Diagnosis and Treatment

219,809 315,128

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

PURPOSE: Child Health Check-Ups provide a comprehensive, preventive health check-up on a regularly scheduled basis; identification and correction of medical conditions before the condition becomes serious and disabling; and an entry into the health care system and access to a medical home.

TASKS/PROCESSES: A Child Health Check-Up includes the assessment and documentation of a comprehensive health and developmental history; nutritional and developmental assessment; physical examination; dental screening; vision and hearing screening; laboratory tests; appropriate immunizations; health education; diagnosis and treatment; and referral and follow-up.

ACCOMPLISHMENTS: The Child Health Check-Up program continues to increase each year the number of children who have had a check-up. Ongoing outreach activities have helped to increase the awareness of the importance of regular check-ups. The Child Health Check-Up program has disseminated some 20 different media materials statewide on the importance of the health and safety of children.

CUSTOMERS/NUMBERS SERVED: 3,698 potential beneficiaries.

COUNTIES SERVED: Statewide

Medically Needy - Patient Transportation

914,135 1,036,288

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

PURPOSE: To furnish transportation of beneficiaries who require Medicaid covered services but have no means to get to the place of service.

TASKS/PROCESSES: All transportation, except for emergencies, must be prior authorized and provided by an enrolled provider that is under contract with the Community Transportation Coordinator, and must be the least expensive and the most appropriate method of transportation available. Beneficiaries must pay a \$1 co-payment for each one-way trip, unless the beneficiary is exempt.

ACCOMPLISHMENTS: Ensures that beneficiaries without individual or communal means of transportation may continue to access medically necessary services covered by Medicaid.

CUSTOMERS/NUMBERS SERVED: 38,375 potential beneficiaries.

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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COUNTIES SERVED: Statewide

Medically Needy - Case Management

981,576

752,547

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

PURPOSE: To reimburse eligible providers for the assessment of the need for services, development of the plan of care, and arrangement for the delivery of needed services.
 TASKS/PROCESSES: Providers submit claims and are reimbursed for services.

ACCOMPLISHMENTS: Beneficiaries receive assistance from care manager in planning and obtaining Medicaid services.

CUSTOMERS/NUMBERS SERVED: 38,375 potential beneficiaries.

COUNTIES SERVED: Statewide

Medically Needy - Home Health Services

914,135

689,610

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

PURPOSE: To reimburse participating home health agencies for medically necessary nursing and home health aide services provided to eligible beneficiaries whose medical condition, illness or injury requires the care to be delivered in the beneficiary's place of residence.

TASKS/PROCESSES: Services must be provided in accordance with Medicaid policy as presented in the Medicaid Home Health Services and Limitations Handbook that is incorporated into rule. Services must be authorized as medically necessary by the Medicaid Peer Review Organization.

ACCOMPLISHMENTS: Provides access to medically necessary home health services for persons who meet Medicaid eligibility requirements.

CUSTOMERS/NUMBERS SERVED: 38,375 potential beneficiaries.

COUNTIES SERVED: Statewide

Medically Needy - Therapeutic Services for Children

47,922

25,465

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

PURPOSE: To provide 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.

TASKS/PROCESSES: 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.

ACCOMPLISHMENTS: Treatments are provided to beneficiaries statewide to enhance the beneficiary's quality of life and provide medically necessary therapy.

CUSTOMERS/NUMBERS SERVED: 3,698 potential beneficiaries.

COUNTIES SERVED: Statewide

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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15,201,151
10,067,280

Medically Needy - Other

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To reimburse enrolled providers for other medically indicated services for women and children Medicaid beneficiaries. Services include: emergency adult dental; community mental health; family planning; Healthy Start; birth centers; nurse practitioner; physician assistant; other lab and x-ray; physical, speech, occupational and respiratory therapies for children; and developmental evaluation and early intervention for children.
TASKS/PROCESSES: Services must be provided in accordance with Medicaid policy as presented in the appropriate services' Coverage and Limitations Handbook that is incorporated into rule. Payment is made according to the service-specific fee schedule. Suspended claims are manually reviewed by agency claims resolution staff.
ACCOMPLISHMENTS: The cost-effective administration of the Florida Medicaid program.
CUSTOMERS/NUMBERS SERVED: 38,375 potential beneficiaries.
COUNTIES SERVED: Statewide

Refugees - Hospital Inpatient

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To furnish inpatient hospital services to Medicaid beneficiaries statewide when medically necessary.
TASKS/PROCESSES: Inpatient services must be prior authorized by a peer review organization (PRO) or PRO-like entity. This requires hospital providers to request authorization from the PRO for the issuance of a prior authorization number, which, when entered on the hospital claim form, will enable payment of all medically necessary hospital days.
ACCOMPLISHMENTS: Medically necessary inpatient hospital services are furnished to Medicaid beneficiaries who need them. The process of prior authorization ensures that the inpatient services reimbursed by Medicaid are medically necessary.
CUSTOMERS/NUMBERS SERVED: 6,031 potential beneficiaries.
COUNTIES SERVED: Statewide

Refugees - Prescribed Medicines

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To reimburse participating pharmacies for prescription drugs dispensed to Medically Needy Medicaid beneficiaries enrolled in Medicaid fee for service or MediPass programs statewide. Prescriptions not on the Medicaid preferred drug list must be prior approved. A limit of four brand name drugs per month is in effect for adults ages 21 or older with some exceptions.
TASKS/PROCESSES: Negotiate state supplemental rebates with pharmaceutical manufacturers and build a preferred drug list using efficacious, cost effective drugs. Maintain a toll-free call center for prescribers to obtain prior authorization when necessary. Administer a variety of other programs intended to control prescribed drug costs, including benefit management, counter-detailing, prescriber profiling, and other measures.
ACCOMPLISHMENTS: Provide a full range of prescribed medicines at a reduced cost.
CUSTOMERS/NUMBERS SERVED: 6,031 potential beneficiaries.

2,410,421

4,832,672

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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3,480,146

COUNTIES SERVED: Statewide

Refugees - Physician Services

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To reimburse physicians for medically necessary services rendered to Medicaid beneficiaries.
TASKS/PROCESSES: Medical review of claims, prior authorization of services, provider assistance with eligibility updates, and collaboration with the Department of Children and Families/Eligibility.
ACCOMPLISHMENTS: Better control and monitoring of medically necessary services.
CUSTOMERS/NUMBERS SERVED: 6,031 potential beneficiaries.
COUNTIES SERVED: Statewide

1,220,187

Refugees - Hospital Outpatient

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To furnish medically necessary outpatient hospital services and emergency treatment to Florida Medicaid beneficiaries statewide when such care is needed and the level of care is such that the more costly inpatient setting is not required.
TASKS/PROCESSES: This activity involves policy development to inform hospital providers what is covered and not covered by Medicaid for the outpatient setting. It involves the payment of claims by the fiscal agent contractor in accordance with outpatient hospital policy.
ACCOMPLISHMENTS: Outpatient care and emergency treatment can be accessed by eligible Florida Medicaid beneficiaries who do not need the higher inpatient level of care, but who require single day medically necessary services.
CUSTOMERS/NUMBERS SERVED: 6,031 potential beneficiaries.
COUNTIES SERVED: Statewide

295,515

Refugees - Early Periodic Screening Diagnosis and Treatment

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: Child Health Check-Ups provide a comprehensive, preventive health check-up on a regularly scheduled basis; identification and correction of medical conditions before the condition becomes serious and disabling; and an entry into the health care system and access to a medical home.
TASKS/PROCESSES: A Child Health Check-Up includes the assessment and documentation of a comprehensive health and developmental history; nutritional and developmental assessment; physical examination; dental screening; vision and hearing screening; laboratory tests; appropriate immunizations; health education; diagnosis and treatment; and referral and follow-up.
ACCOMPLISHMENTS: The Child Health Check-Up program continues to increase each year the number of children who have had a check-up. Ongoing outreach activities have helped to increase the awareness of the importance of regular check-ups. The Child Health Check-Up program has disseminated some 20 different media materials

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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statewide on the importance of the health and safety of children.
CUSTOMERS/NUMBERS SERVED: 1,017 potential beneficiaries.
COUNTIES SERVED: Statewide

Refugees - Patient Transportation 72,706

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To furnish transportation of beneficiaries who require Medicaid covered services but have no means to get to the place of service.
TASKS/PROCESSES: All transportation, except for emergencies, must be prior authorized and provided by an enrolled provider that is under contract with the Community Transportation Coordinator, and must be the least expensive and the most appropriate method of transportation available. Beneficiaries must pay a \$1 co-payment for each one-way trip, unless the beneficiary is exempt.
ACCOMPLISHMENTS: Ensures that beneficiaries without individual or communal means of transportation may continue to access medically necessary services covered by Medicaid.
CUSTOMERS/NUMBERS SERVED: 6,031 potential beneficiaries.
COUNTIES SERVED: Statewide

Refugees - Case Management 6,334

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To reimburse eligible providers for the assessment of the need for services, development of the plan of care, and arrangement for the delivery of needed services.
TASKS/PROCESSES: Providers submit claims and are reimbursed for care according to established fee schedules.
ACCOMPLISHMENTS: Beneficiaries receive assistance from care manager in planning and obtaining Medicaid services.
CUSTOMERS/NUMBERS SERVED: 6,031 potential beneficiaries.
COUNTIES SERVED: Statewide

Refugees - Home Health Services 143,002

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To reimburse participating home health agencies for medically necessary nursing and home health aide services provided to eligible beneficiaries whose medical condition, illness or injury requires the care to be delivered in the beneficiary's place of residence.
TASKS/PROCESSES: Services must be provided in accordance with Medicaid policy as presented in the Medicaid Home Health Services and Limitations Handbook that is incorporated into rule. Services must be authorized as medically necessary by the Medicaid Peer Review Organization.
ACCOMPLISHMENTS: Provides access to medically necessary home health services for persons who meet coverage requirements.
CUSTOMERS/NUMBERS SERVED: 6,031 potential beneficiaries.
COUNTIES SERVED: Statewide

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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14,825

Refugees - Therapeutic Services for Children

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To provide 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.
TASKS/PROCESSES: Outpatient mental health services for children, including psychiatric evaluations and assessments; individual, group and family therapy; in-home therapies; day treatment and targeted case management to assist children in accessing needed services. For children in state custody, this activity includes assessment services and placement, if indicated, in specialized therapeutic foster homes with trained foster parents, supervised by licensed clinicians.
ACCOMPLISHMENTS: These services help children and adolescents function more successfully in their home, schools and communities and avoid placements in restrictive residential treatment settings. For children in state custody, these services are helpful in maintaining the stability of foster home placement. Therapeutic foster care services have resulted in a number of adoptions of special needs children who have been placed in specialized therapeutic foster homes.
CUSTOMERS/NUMBERS SERVED: 1,018 potential beneficiaries.
COUNTIES SERVED: Statewide

Refugees - Other **2,691,907**

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To reimburse enrolled providers for other medically indicated services for women and children Medicaid beneficiaries. Services include: emergency adult dental; community mental health; family planning; Healthy Start; birth centers; nurse practitioner; physician assistant; other lab and x-ray; physical, speech, occupational and respiratory therapies for children; and developmental evaluation and early intervention for children.
TASKS/PROCESSES: Services must be provided in accordance with Medicaid policy as presented in the appropriate services' Coverage and Limitations Handbook that is incorporated into rule. Payment is made according to the service-specific fee schedule. Suspended claims are manually reviewed by agency claims resolution staff.
ACCOMPLISHMENTS: The cost-effective administration of the Florida Medicaid program.
CUSTOMERS/NUMBERS SERVED: 6,031 potential beneficiaries.
COUNTIES SERVED: Statewide

TOTAL MEDICAID SERVICES TO INDIVIDUALS **2,292,386,333 6,832,628,408**

MEDICAID LONG TERM CARE

Nursing Home Care **1,030,871,955 1,499,784,787**

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To provide 24-hour per day care in a skilled nursing facility for beneficiaries in need of more intensive and adequate care than can be provided in the community. A Medicaid per diem rate is established for each facility according to the Medicaid reimbursement plan and Medicaid also pays a supplemental rate to facilities providing care for children who are medically complex and individuals with AIDS.
TASKS/PROCESSES: Nursing facilities are reimbursed a per diem rate based on annual cost reports provided to the Agency by the facility. Beneficiaries are placed in facilities after they are determined to meet certain financial eligibility standards determined by the Department of Children and Families and certain medical level of care standards determined by the Department of Elder Affairs, Comprehensive Assessment and Review for Long-Term Services Program (CARES).
ACCOMPLISHMENTS: Accomplishments are that beneficiaries who need 24-hour skilled nursing care due to their physical condition are provided this type of care in this type of facility, reimbursed by Medicaid. These services will ensure they receive care that will stabilize or rehabilitate their illness.
CUSTOMERS/NUMBERS SERVED: Average number of beneficiaries per month is 51,154. Total of annual beneficiaries served is 77,576.
COUNTIES SERVED: Statewide

Home and Community Based Services 12,706,002 802,722,255

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: This activity provides payment for a wide range of home and community-based services throughout Florida, provided to elderly and other disabled Medicaid beneficiaries who would otherwise require institutional care. Services are authorized by federal waiver.
TASKS/PROCESSES: Services are coordinated, monitored and are provided under a plan of care for each recipient.
ACCOMPLISHMENTS: Services are offered under waivers, which must be periodically approved by the federal agency that oversees Medicaid, thus, the number who can be served may be limited.
CUSTOMERS/NUMBERS SERVED: Approximately 45,659
COUNTIES SERVED: Statewide

Intermediate Care Facilities for the Developmentally Disabled - Sunland Centers 127,438,179

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To provide payment for continuous active treatment to beneficiaries with developmental disabilities who meet Medicaid Institutional Care Program eligibility requirements and level of care criteria.
TASKS/PROCESSES: 24-hour-a-day medical, habilitative and health related services are provided in certified facilities that have a provider agreement with the Agency.
ACCOMPLISHMENTS: Services provided in this setting are those that cannot be rendered more safely or economically in another setting.
CUSTOMERS/NUMBERS SERVED: 1,260 potential beneficiaries.
COUNTIES SERVED: Statewide

Mental Health Disproportionate Share Program 60,998,692

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: Distribute funding for Florida Medicaid Mental Health Hospitals that participate in the Disproportionate Share Program (DSH).
TASKS/PROCESSES: Based upon the General Appropriations Act for each fiscal year, Program Analysis determines which hospitals are eligible to participate in the Mental Health DSH program in accordance with s. 409.911 and 409.915, F.S.
ACCOMPLISHMENTS: Mental health hospitals receive the maximum amount of annual DSH funding allocated for mental health DSH programs.
CUSTOMERS/NUMBERS SERVED: Three (3) mental health hospitals in Florida receive mental health DHS funding.
COUNTIES SERVED: Gadsden, Broward, and Baker

Long Term Care - Other 169,782,013 348,332,436

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To provide payments for long term care activities including: nursing facility, home health, hospice, and case management. Home health services are provided to Medicaid beneficiaries requiring nursing care. Hospice care is provided to beneficiaries who are terminally ill. Nursing facility care is provided to beneficiaries who meet level of care and financial requirements.
TASKS/PROCESSES: Hospice and nursing facilities receive per diem payment for services to beneficiaries. Providers receive fee-for-service payments for services rendered to beneficiaries.
ACCOMPLISHMENTS: Medicaid beneficiaries receive appropriate long-term care services. Home health services, in many instances, are a less expensive alternative to necessary facility placement.
CUSTOMERS/NUMBERS SERVED: 14,532 potential beneficiaries.
COUNTIES SERVED: Statewide

TOTAL MEDICAID LONG TERM CARE 1,213,359,970 2,839,276,349

MEDICAID PREPAID HEALTH PLANS
Prepaid Health Plans - Elderly and Disabled 359,729,513 515,236,833

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To provide prepayment of the monthly cost for elderly and disabled individuals enrolled in a Medicaid health maintenance organization and provide prepayment of mental health services to the elderly and disabled. The behavioral health plans improve access to mental health and substance abuse services and the HMOs provide managed health care to Medicaid beneficiaries.
TASKS/PROCESSES: Providers are paid a capitated rate to provide behavioral health services for eligible beneficiaries.
ACCOMPLISHMENTS: Beneficiaries participating in the pre-paid plan receive medical and behavioral health services. Beneficiaries have quicker and easier access to

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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services.
 CUSTOMERS/NUMBERS SERVED: 135,562 elderly and disabled beneficiaries for HMOs and 28,578 elderly and disabled beneficiaries for prepaid mental health plans.
 COUNTIES SERVED: Statewide

Prepaid Health Plans - Families 412,532,258 598,321,519

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes
PURPOSE: To pre-pay the monthly cost for families enrolled in a Medicaid health maintenance organization (HMO) and provide prepayment of mental health services to the adults and children. The behavioral health plans improve access to mental health and substance abuse services and the HMOs provide managed health care to Medicaid recipients.
TASKS/PROCESSES: Providers are paid a capitated rate to provide behavioral health services for eligible beneficiaries.
ACCOMPLISHMENTS: Beneficiaries participating in the pre-paid plan receive medical and behavioral health services. Beneficiaries have quicker and easier access to services.
 CUSTOMERS/NUMBERS SERVED: 886,706 adult and child beneficiaries for HMOs and 118,823 adult and child beneficiaries for prepaid mental health plans.
 COUNTIES SERVED: Statewide

TOTAL MEDICAID PREPAID HEALTH PLANS 772,261,771 1,113,558,352

HEALTH CARE REGULATION 16.00 1,009,930

Certificate of Need/Financial Analysis

SPECIFIC AUTHORITY: Sections 408.031-408.045, Florida Statutes
PURPOSE: The CON program is a health planning process that directs new hospital, nursing home, hospice and ICF-DD facilities and services to areas of greatest need according to established need formulas. The financial analysis programs evaluate audited financial statements submitted by hospitals using the information to contribute to CON reviews as well as other activities such as calculating provider contributions to the PMATF and Health Care Responsibility Act (HCRA) programs.
TASKS/PROCESSES: Forecasts need for regulated health care services twice yearly; completes health planning and accounting reviews of CON applications; monitors conditions that apply to existing CONs; and participates in legal appeals of CON decisions. The financial analysis programs analyze audited financial statements and provide the results of these analyses for use in different processes that require health care financial information.
ACCOMPLISHMENTS: The CON program completed 96 full comparative CON reviews, 5 expedited reviews, processed 42 exemption requests and conducted 762 condition compliance reviews. They completed 230 CON monitoring reviews. The financial analysis program completed 617 financial analysis reviews.
 CUSTOMERS/NUMBERS SERVED: Customers are the state's 1,100 hospitals, nursing homes, hospices and ICF-DDs; and Florida citizens being served by these facilities.
 COUNTIES SERVED: Statewide

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
Health Facility Regulation (Compliance, Licensure, Complaints) - Tallahassee	105.50	1,581,429	7,650,738

Health Facility Regulation (Compliance, Licensure, Complaints) - Tallahassee

SPECIFIC AUTHORITY: Chapters 381, 383, 390, 393, 394, 395, 400, and 483, Florida Statutes.

PURPOSE: All of these responsibilities are geared to serve the users of health care facilities and services and to ensure consumer safety through provider compliance with minimum standards. If the activity did not exist, facilities would be free to treat customers based upon numerous different and possibly unacceptable standards. The state has both a statutory and moral obligation to its citizens to ensure compliance with minimum standards of health and safety.

TASKS/PROCESSES: Health Facility Regulation provides protection throughout Florida to health care customers and stakeholders by regulating activities including policy and minimum standards development, facility licensure, federal Medicare-Medicaid certification, facility compliance history analysis, and response to consumers about numbers of facility complaints.

ACCOMPLISHMENTS: Two bureaus, Health Facility Regulation and Long Term Care Services, administer state licensure, federal certification and/or state registration programs for 34 different types of health care providers. There were 21,846 licensure actions, either for initial applications or renewals.

CUSTOMERS/NUMBERS SERVED: Direct customers are 21,901 regulated health care providers. An untold number of health care patients and their families were served by this regulatory activity.

COUNTIES SERVED: Statewide

Facility Field Operations (Compliance, Complaints) - Field Offices Survey Staff	372.00	400,078	22,203,011
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SPECIFIC AUTHORITY: Chapters 381, 383, 390, 393, 394, 395, 400, and 483. The following federal codes also apply: 42 Code of Federal Regulations 405.2100; 42 Code of Federal Regulations 416; 42 Code of Federal Regulations 485, Subpart B & H; 42 Code of Federal Regulations 486, Subpart C

PURPOSE: 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.

TASKS/PROCESSES: A count of the number of surveys and complaint investigations conducted under state, federal or combined regulatory authority, inclusive of the following survey types: licensure, certification, complaint investigations, validation, and risk management for over 30 different types of health care facilities, providers/suppliers or programs.

ACCOMPLISHMENTS: Ensure these health care entities are providing the level of services mandated by the pertinent operational guidelines.

CUSTOMERS/NUMBERS SERVED: Number of surveys and complaint investigations during FY 2003-2004: 22,485 in response to serving Florida's residents and other individuals treated by our health care providers.

COUNTIES SERVED: Statewide

Health Standards and Quality	41.50	511,257	2,202,629
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SPECIFIC AUTHORITY: Section 400.19 (4), Florida Statutes; 42 Code of Federal Regulations 483.344; 42 Code of Federal Regulations 4009; 42 Code of Federal Regulations 483.315; Social Security Act Sections 1864, 1902, 1904

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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PURPOSE: To assure the protection of the rights, welfare, health and safety of consumers receiving care in licensed 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 surveyor and provider training, and conducting nursing home quality-of-care monitoring visits.

TASKS/PROCESSES: The number of Minimum Data Set (MDS) and Outcome Assessment Information Set (OASIS) assessment records received and successfully deposited in the database. The number of individuals (surveyors and providers) who completed training sessions. The number of nursing home quality-of-care monitoring visits conducted.

ACCOMPLISHMENTS: Survey activities are more focused on specific needs of the individual Floridian through the use of Quality Improvement Reports generated from 1,880,233 MDS/OASIS data transactions. Training of 2,449 persons ensures the skills necessary to evaluate health outcomes and promotes uniform enforcement of health facility standards. 2,939 quality-of-care monitoring visits provided early warning detection of conditions potentially detrimental to the health of residents.

CUSTOMERS/NUMBERS SERVED: Customers include all individuals served by Florida's health care facilities.
COUNTIES SERVED: Statewide

Plans and Construction

45.00 3,552,127

SPECIFIC AUTHORITY: Chapters 395 and 400, Florida Statutes

PURPOSE: This activity exists to assure the health and safety of health care patients through the review of the physical plants of hospitals, nursing homes, ambulatory surgical centers, hospices, ICF/DDs, and birthing centers.

TASKS/PROCESSES: The review of plans and the on-site inspection of construction for all new and renovated facilities and the physical plant on-site review of existing facilities to insure consistent compliance with applicable codes, rules, and standards.

ACCOMPLISHMENTS: Without this activity, 25-30 percent of these facilities would have serious physical plant defects, such as fire safety deficiencies that can cause injury from fire and smoke inhalation, health safety deficiencies that can cause nosocomial infections, and electrical and mechanical deficiencies that can cause catastrophic patient injury through electrical shock, dirty air filter systems, and incorrectly installed medical gas systems.

CUSTOMERS/NUMBERS SERVED: Customers include over 1,500 health care facilities and individuals served by those facilities. During FY 2003-04, 4,871 reviews were conducted.

COUNTIES SERVED: Statewide

Organ and Tissue Donor

1.00

210,159

SPECIFIC AUTHORITY: Chapter 765, Part V Florida Statutes

PURPOSE: Provide Organ & Tissue donation information to encourage donor registrations for use by hospitals, organ procurement organizations, tissue banks & eye banks to provide life-saving or life-enhancing transplants. Encourages donor registration.

TASKS/PROCESSES: Developed state donor brochures and distributed to Department of Highway Safety and Motor Vehicles (DHSMV) and other interested parties. Maintained the automated donor registry, including receipt of DHSMV donor registration data and scanned donor registrants.

ACCOMPLISHMENTS: Continuously increased numbers of registered donors, thereby increasing the number of potential organ transplant recipients. The database now includes 3.6 million donors and 1,075,374 cumulative donor registrations that are electronically linked to donor wills.

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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CUSTOMERS/NUMBERS SERVED: District customers are hospitals and organ procurement organizations. 3,013 Floridians are on organ transplant waiting lists.
COUNTIES SERVED: Statewide

Background Screening 8.00 45,907 423,493

SPECIFIC AUTHORITY: Chapters 400 and 435, Florida Statutes
PURPOSE: Process requests from health care facilities and providers throughout Florida to prevent individuals with criminal histories from being hired to care for patients. Selected employees and operators of health care facilities, primarily those that are involved with the care of the elderly, are subject to screening. The Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) process the background screenings.
TASKS/PROCESSES: The program conducts Level 1 in-state background checks in cooperation with FDLE, nationwide Level 2 background checks in cooperation with FDLE and the FBI, and administers an exemption process for applications who are initially disqualified.
ACCOMPLISHMENTS: In 2003-04, the program processed 22,446 Level 1 background checks and 25,893 Level 2 background checks for a total of 48,344 screenings plus 480 requests for exemption.
CUSTOMERS/NUMBERS SERVED: Customers include over 13,200 providers, including home medical equipment providers, nursing homes, health care clinics, assisted living facilities, home health agencies and adult day care facilities.
COUNTIES SERVED: Statewide

Managed Health Care 38.00 328,434 2,620,906

SPECIFIC AUTHORITY: Chapters 154, 408, 409, 440, 627, and 641, Florida Statutes
PURPOSE: To monitor the quality of care of commercial and Medicaid HMOs, prepaid health clinics, exclusive provider organizations, and workers' compensation arrangements. The office reviews the adequacy of provider networks and network changes; accompanies accreditation organizations on their reviews, and determines compliance with the Medicaid HMO contract requirements.
TASKS/PROCESSES: Marketing surveys, risk management surveys, accreditation surveys, rate reviews, network service reviews, complaint reviews, Medicaid rate reviews, disenrollment reviews, child health care check up reviews, rate reviews, and workers' compensation network reviews.
ACCOMPLISHMENTS: The workers' compensation program completed 399 surveys during FY 2003-2004, and the commercial and the program compliance unit completed 159 surveys, including desk reviews, for a total number of 558 surveys.
CUSTOMERS/NUMBERS SERVED: The program serves the interests of all 4,287,262 members of managed care plans in Florida.
COUNTIES SERVED: Statewide

Subscriber Assistance Panel 8.00 31,933 535,149

SPECIFIC AUTHORITY: Section 408.7056, Florida Statutes
PURPOSE: To provide an informal, low cost, personal forum for managed care organization subscribers with unresolved grievances. The program is composed of support staff and panel members selected from the Agency for Health Care Administration, Department of Financial Services, a Governor-appointed physician, a Governor-appointed

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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consumer representative, and a specialty physician as appropriate.
TASKS/PROCESSES: Receiving and reviewing information from subscribers and the health plans. Staff members research the issue(s), prepare written case summaries, and distribute these to the panel members. Following the panel hearings staff members closely track the process (hearing, period of objection, final order, compliance) to assure resolution in compliance with Florida Statute.
ACCOMPLISHMENTS: The support staff provides accurate information for the panel members. Subscribers have an opportunity for a personal presentation regarding their unresolved grievances before appropriate professionals. The program received 573 new cases and closed out 593 cases in 2003-2004. Of those cases processed through settlement or by the panel, 50.74% were decided in favor of the subscriber.
CUSTOMERS/NUMBERS SERVED: In FY 2003-2004, 573 cases were received.
COUNTIES SERVED: Statewide

6.00 3,416,548 3,400,505

Health Facilities and Practitioner Regulation - Medicaid Choice Counseling

SPECIFIC AUTHORITY: Section 409.9122 (2) (e), Florida Statutes
PURPOSE: To provide Medicaid beneficiaries with information on their health care plan options prior to enrollment. The Medicaid Options Program is responsible for providing beneficiaries with the required information and enrolling beneficiaries in the plan of their choice. Florida's Medicaid Options Program is operated in compliance with federal and state laws.
TASKS/PROCESSES: The Medicaid Options Program operates a toll free hotline to provide Medicaid beneficiaries with immediate access to information on health plans available in their area of residence. All newly eligible Medicaid beneficiaries receive information packages; beneficiaries enrolling through the program receive confirmation letters; and beneficiaries requesting a change of plans are provided with the necessary assistance.
ACCOMPLISHMENTS: The Medicaid Options Program answered 1,306,522 calls in FY 2003-2004; mailed 580,018 new eligible packages; and enrolled 388,900 beneficiaries.
CUSTOMERS/NUMBERS SERVED: The Medicaid Options Program enrolled 388,900 beneficiaries in HMOs and MediPass during FY 2003-2004 (some beneficiaries may enroll more than once during a year); and assisted 145,772 in making plan changes.
COUNTIES SERVED: Statewide

14.00 5,114 1,577,452

Executive Direction

SPECIFIC AUTHORITY: Section 20.42, Florida Statutes
PURPOSE: To provide direction, policy, coordination, and administrative support to the operations of the Division of Health Quality Assurance.
TASKS/PROCESSES: This activity provides Division policy determinations and management services and is responsible for direction/quality control throughout Health Quality Assurance.
ACCOMPLISHMENTS: Regulatory policy direction and quality control for more than 600 people, nearly 25,000 facilities, and 29 Medicaid and commercial health plans.
CUSTOMERS/NUMBERS SERVED: Customers served include more than 600 people in the Division itself and the more than 16 million citizens of Florida who use the services of health care facilities and managed care organizations.
COUNTIES SERVED: Statewide

BUDGET ENTITY/Activity	FY 2005-06 FTE	FY 2005-06 GR	FY 2005-06 TF
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TOTAL HEALTH CARE REGULATION 655.00 6,320,700 45,386,099

L AGENCY FOR HEALTH CARE ADMINISTRATION 1,703.50 4,358,949,866 11,287,902,337

Review of HHS Base Budget
Agency for Persons with Disabilities

Barney Ray
Interim Director

**Materials will be available to the
Council Members at the Meeting**