

Health Care Appropriations Subcommittee

Wednesday, October 23, 2019 12:30 pm – 2:30 pm Sumner Hall (404 HOB)

ACTION PACKET

Health Care Appropriations Subcommittee 10/23/2019 12:30PM

Location: Sumner Hall (404 HOB)

Summary: No Bills Considered

Health Care Appropriations Subcommittee 10/23/2019 12:30PM

Location: Sumner Hall (404 HOB)

Attendance:

	Present	Absent	Excused
MaryLynn Magar (Chair)	х		
Loranne Ausley	X		
Colleen Burton	Х		
Nicholas Duran	X		
James Grant	Х		
Michael Grieco	X		
Shevrin Jones	X		
Cary Pigman	X		
Spencer Roach	X		
Ana Maria Rodriguez	Х		
Bob Rommel	X		
Cyndi Stevenson	X		
Totals:	12	0	0

Health Care Appropriations Subcommittee 10/23/2019 12:30PM

Location: Sumner Hall (404 HOB)

Presentation/Workshop/Other Business Appearances:

CBC Funding Model Presentation

Lloyd, Tony (State Employee) (At Request of Member, Committee or Staff) - Information Only

Department of Children and Families

Assistant Secretary for Administration

1317 Winewood Blvd. Tallahassee FL 32399

Phone: 850488-9410

CBC Funding Model Presentation

Poppell, Chad (State Employee) (At Request of Member, Committee or Staff) - Information Only

Department of Children and Families

Secretary

1317 Winewood Blvd. Tallahassee FL 32399 Phone: 850488-9410

CBC Funding Model Presentation

Zepp, Victoria (Lobbyist) - Information Only

Florida Coalition for Children

Chief Policy & Research Officer

411 E College Ave 9007

Tallahassee FL 32301

Phone: (850) 561-1102

CBC Funding Model Presentation

Jaacks, Melissa (General Public) (At Request of Member, Committee or Staff) - Information Only

Department of Children and Families

Governor Consultant

1317 Winewood Blvd.

Tallahassee FL 32399

Phone: 850488-9410

Community Based Care Funding Model

Levine, Jack - Information Only

4 Generations Institute

4TN Generation. Distute

P. O. Box 10875

Tallahassee FL 32302

Phone: (850) 222-7140

Title IV-E Waiver/FFPSA

Medlock, Patricia (State Employee) (At Request of Member, Committee or Staff) - Information Only

Department of Children and Families

Assistant Secretary for Child Welfare

1317 Winewood Blvd.

Tallahassee FL 32399

Phone: 850488-9410

Health Care Appropriations Subcommittee 10/23/2019 12:30PM

Location: Sumner Hall (404 HOB)

Presentation/Workshop/Other Business Appearances: (continued)

Title IV-E Waiver/FFPSA

Lloyd, Tony (State Employee) (At Request of Member, Committee or Staff) - Information Only Department of Children and Families
Assistant Secretary for Administration

1317 Winewood Blvd. Tallahassee FL 32399 Phone: 850488-9410

Title IV-E Waiver/FFPSA

Zepp, Victoria Vangalis (Lobbyist) - Information Only Exec. Dir. Gov't Community Affairs/Fl Coalition for Children

Chief Policy & Research Officer

411 E. College Ave Tallahassee Fl 32301 Phone: 850-241-6309



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the $\frac{\text{entire}}{\text{administrative}}$ form and submit two copies to the committee/subcommittee

☐ Bill ☐ Amendment		ill Amendment			
		Bill Number: N/	Α		
		Amendment Ba	rcode Number: N/A		
Name:	Lloyd, Tony				
Representing:	Department of Childre	n and Families			
Title:	Assistant Secretary for	Administration			
Address:	1317 Winewood Blvd.				
City:	Tallahassee	State/Zip: F	L 32399		
Phone Number: 850488-9410 Meeting Date: October 23, 2019 12		October 23, 2019 12:30 PM			
Committee/Sub	committee: Health	Care Appropriations Subcomm	ittee		
Presentation/Wo	orkshop Topic: Other	Business: CBC Funding Model	Presentation		
Registered Lo	obbyist		Bill		
✓ State Employee Info Only		Info Only			
☐ I Wish To Speak Amendment		Amendment			
Appearing in response to subpoena N/A			N/A		
Appearing in	response to an inquir	y for information made by me	ember, committee or staff		
Appearing at	the written request of	the chair			
	ted officer appearing i	1 0			
Lobbyist App	earance Form Submit	Lobbyist Appearance Form Submitted			



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

- Common				
		☐ Bill ☐ Amendment		
		Bill Number:	N/A	
		Amendment E	Barcode Number: N/A	
Name:	Poppell, Chad			
Representing:	Department of Children	and Families		
Title:	Secretary			
Address:	1317 Winewood Blvd.			
City:	Tallahassee	State/Zip:	FL 32399	
Phone Number: 850488-9410 Meeting Date: October 23, 2019 12:30 I			October 23, 2019 12:30 PM	
Committee/Sub	committee: Health	Care Appropriations Subcon	nmittee	
Presentation/Wo	orkshop Topic: Other B	usiness: CBC Funding Mod	el Presentation	
Registered Lo	obbyist		Bill	
✓ State Employ	✓ State Employee Info Only			
I Wish To Speak Amendment		Amendment		
Appearing in response to subpoena N/A				
Appearing in	response to an inquiry	for information made by a	member, committee or staff	
	the written request of t			
_	ted officer appearing in	÷ •		
☐ Lobbyist App	pearance Form Submitte	ed		



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

Assistant at the meeting.	
Bill Amendment	
Bill/PCS/PCB Number:	
Amendment Barcode Number:	
Name: Victoria Zeja	
Representing: The COALITION FOR CHILDREN	
Title: Chief Policy + Research Ofor	
Address: 411 E. College Ave	
City: State/Zip:	
Phone Number: 80-561-1102 Meeting Date: 10/23/)	9
Committee/Subcommittee: ## Approps	
Presentation/Workshop Topic: Community Based Care Model	_
Registered Lobbyist: YES NO NO	
State Employee: YES NO NO	
Luciate de amando	
I wish to speak Appearing in response to an inquiry for information made by member, committee, or staff	
Appearing in response to subpoena	
Appearing at the written request of the chair	
Judge or elected officer appearing in official capacity	
Lobbyist Appearance form submitted online	
If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a	whole.)
Proponent Opponent Waive in Support Waive in Opposition Info onl	У
Amendment: Proponent Opponent Waive in Support Waive in Opposition Info onl	у 🔲







Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

			Bill Amendment
		Bill Number:	N/A
		Amendment 1	Barcode Number: N/A
Name:	Jaacks, Melissa		
Representing:	Department of Children a	and Families	
Title:	Government Consultant		
Address:	1317 Winewood Blvd.		
City:	Tallahassee	State/Zip:	FL 32399
Phone Number:	850488-9410	Meeting Date:	October 23, 2019 12:30 PM
Committee/Sub	committee: Health C	are Appropriations Subcor	nmittee
Presentation/Wo	orkshop Topic: Other Bu	siness: CBC Funding Mod	lel Presentation
Registered Le	obbvist		Bill
		Info Only	
		Amendment	
Appearing in response to subpoena N/A			N/A
Appearing in	response to an inquiry f	or information made by	member, committee or staff
Appearing at	the written request of th	e chair	
	ted officer appearing in		
Lobbyist App	earance Form Submitted	d	



Please fill out the \underline{entire} form and submit \underline{both} copies to the Committee Administrative Assistant at the meeting.

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	Bill	Amendment]	
Bill/F	CS/PCB Number:			
Amend	lment Barcode Num	ber:	_	
Name: JACIC	LEVINE	-Rhy.	nes w/ br	<i>ee.</i>
Representing:		V		
Title: 6 Ceneva	stions I	Distitute	<u>e</u>	
Address: Box	203			
City: Tolah	n	State/Zip:	30	
Phone Number: 850 567	15252	Meeting Date:	10/23/19	
Committee/Subcommittee:	HHS A	thuchs		
Presentation/Workshop Topic:	Drem	ation on	ly	
Registered Lob	byist: YES	NO 🛮	0	
State Employee	e: YES	NO 🖳		
I wish to speak				
Appearing in response to an inquiry for i	nformation made by I	member, committee, c	or staff	
Appearing in response to subpoena				
Appearing at the written request of the	chair			
Judge or elected officer appearing in offi	cial capacity			
Lobbyist Appearance form submitted on	line			
(If you are testifying on an amendment, please also in	dicate your position as	a proponent or opponen	it on the bill as a whole.)	
Bill: Proponent Opponent	Waive in Support	Waive in Oppositio	n Info only	
Amendment: Proponent Opponent	Waive in Support	Waive in Oppositio	n Info only	



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the $\frac{\text{entire}}{\text{administrative}}$ form and submit two copies to the committee/subcommittee

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			☑ Bill ☐ Amendment		
		Bill Numb	oer: N/A		
		Amendme	ent: N/A		
Name:	Patricia Medlock				
Representing:	Department of Childre	n and Families			
Title: ASS+.	Sec. for Child	Welfare			
Address:	1317 Winewood Blvd.				
City:	Tallahassee	State/Zip:	FL 32399		
Phone Number:	850488-9410	Meeting Date	October 23, 201	9 12:30 PM	
Committee/Subo	committee: Health	Care Appropriations Sub	bcommittee		
Presentation/Wo	orkshop Topic: Title I	V-E Waiver/FFPSA			
Registered Lo	obbyist			Bill	
✓ State Employee Info Only					
🗆 I Wish To Sp	I Wish To Speak Amendment		endment		
Appearing in response to subpoena N/A					
Appearing in	response to an inquir	y for information made	by member, comm	ittee or staff	
_ `` ~	the written request of				
Judge or elected officer appearing in official capacity					
	earance Form Submit	ted			





Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

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3.37		V	Bill Amendment
		Bill Number:	N/A
		Amendment:	N/A
Name:	Tony Lloyd		
Representing:	Department of Childr	en and Families	
	Secretary for	Child Wallace	TON
Address:	1317 Winewood Blvd.		
City:	Tallahassee	State/Zip:	FL 32399
Phone Number	: 850488-9410	Meeting Date:	October 23, 2019 12:30 PM
Committee/Sub	ocommittee: Healt	h Care Appropriations Subcor	nmittee
Presentation/W	orkshop Topic: Title	IV-E Waiver/FFPSA	
Registered I	Lobbyist		Bill
✓ State Emplo	yee		Info Only
☐ I Wish To Speak Amendme		Amendment	
			N/A
Appearing in	n response to an inquir	ry for information made by	member, committee or staff
Appearing a	t the written request o	f the chair	
U Judge or ele	cted officer appearing	in official capacity	
Lobbyist Ap	pearance Form Subm	itted	



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

LONIDA
Bill Amendment
Bill/PCS/PCB Number:
Amendment Barcode Number:
1/1 - 7
Name: //ctoria Zepp
Representing: FL COALITION FOR CHIDREN
Title: Chief Policy + Research Officer
Address: All E. College Ave.
D2351
City: State/Zip: State/Zip: 12/5 / 12
Phone Number: <u>850/561-1/02</u> Meeting Date: <u>10/23/19</u>
Committee/Subcommittee: HHS. Approps
Presentation/Workshop Topic: Title IVE & FFPSA
Registered Lobbyist: YES NO NO
State Employee: YES NO
I wish to speak
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
Appearing at the written request of the chair Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online
Lossylst Appearance form submitted online
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Bill: Proponent Opponent Waive in Support Waive in Opposition Info only
Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only