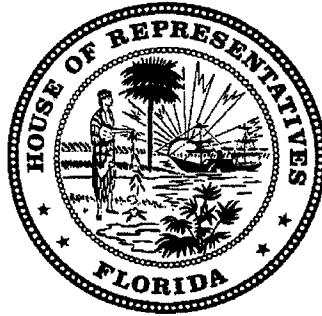


Health Care Appropriations Subcommittee

Meeting Packet

**February 15, 2011
9:00 AM—12:00 PM
Webster Hall**



AGENDA

Health Care Appropriations Subcommittee

February 15, 2011

9:00 a.m. – 12:00 p.m.

Webster Hall

- I. Call to Order/Roll Call
- II. Opening Remarks
- III. Budget Balancing Exercise presentation by Staff
- IV. Update of 1115 Medicaid Waiver Negotiations and LIP Overview presentation by Phil Williams, Chief Financial Officer, Agency for Health Care Administration
- V. Overview of Substance Abuse & Mental Health Programs presentation by Dr. Nevin Smith, Budget Director, Department of Children & Families
- VI. Closing Remarks/Adjournment

**Budget Balancing
Exercise**

A	B	C	D	E	F	G	H
Budget Balancing Exercise FY 2011-2012 Health Care Appropriations Subcommittee	INSTRUCTIONS: (1) Total Base Budget is \$11,091,914,491 (state funds only - all federal funds have been removed). The Base Budget for this exercise also contains the Key Budget Drivers (Tiers 1 & 2) of the Long Range Financial Outlook.(LRFO) Amounts below for Key Budget Drivers may differ from the LRFO due to updated estimates. (2) Target Budget is \$9,428,127,317 or 85% of the Base Budget. (3) Reductions of \$1,663,787,174 (15% of the Base Budget) will be entered in Column E. Enter the percentage of reduction desired for programs chosen for reduction in Column E until total funding is equal or less than the total Target Budget. Values in Column F Adjusted Total State Funds will automatically calculate as will the running total and difference when percentages are entered in Column E. (4) Program/Department activities blocked out in Column E cannot be reduced as the issue is an obligation of the state or affects a statewide policy issue not in the jurisdiction of this subcommittee.						
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1 <u>Agency for Health Care Administration</u>							
2 Administration & Support	253.00	14,797,666	M		14,797,666	7-8	\$2.9m Used as State Match - Medicaid Admin - Federal Match Rate 50% Kidcare Admin - Federal Match Rate 69%
3 Florida Center for Health Information & Policy Analysis	44.00	4,878,555	M		4,878,555	7-8	\$839K Used as State Match - Various ARRA Grants
4 Children's Special Health Care/Kidcare		164,032,653	M		164,032,653	8	100% State Match - Kidcare Program - Federal MAP Rate 69%
5 Medicaid Executive Direction & Support	748.50	54,379,924	M		54,379,924	8-10	100% Used as State Match - Medicaid Admin - Federal Match Rate 50%
6 Pharmaceutical Expense Assistance		50,000			50,000	9	
7 Medicaid Fiscal Agent		23,083,522	M		23,083,522	10	100% Used as State Match - Medicaid Admin - Federal MAP Rate 70%
8 Adult Vision/Hearing Services		5,542,415	M		5,542,415	10	100% Used as State Match - Medicaid Program - Federal MAP Rate 56% Optional Service
9 Case Management		41,651,520	M		41,651,520	10	See Comments Line 8 - Optional Service for Adults & Mandatory Service for Children
10 Therapeutic Services for Children		27,745,704	M		27,745,704	11	See Comments Line 8 - Mandatory Service
11 Community Mental Health Service		22,011,648	M		22,011,648	11	See Comments Line 8 - Optional Service for Adults & Mandatory Service for Children
12 Adult Dental Services		8,175,404	M		8,175,404	11	See Comments Line 8 - Optional Service

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13	Developmental Evaluation & Intervention/Part C		-	M			11	See Comments Line 8 - Optional Service - Double Budget Item with state funds in other departments.
14	Early & Periodic Screening of Children		67,208,906	M		67,208,906	11	See Comments Line 8 - Mandatory Service for Children
15	G/A-Rural Hospital Financial Assistance		6,943,872	M		6,943,872	11	See Comments Line 8 - Optional Service
16	Family Planning		2,008,073	M		2,008,073	11	See Comments Line 8 - Mandatory Service
17	G/A-Shands Teaching Hospital		9,673,569			9,673,569	11	
18	Home Health Services		60,412,662	M		60,412,662	11	See Comments Line 8 - Mandatory Service
19	Hospice Services		130,814,648	M		130,814,648	11	See Comments Line 8 - Optional Service
20	Hospital Inpatient Service		678,904,926	M		678,904,926	11	See Comments Line 8 - Mandatory Service
21	Regular Disproportionate Share		750,000	M		750,000	11	See Comments Line 8 - Mandatory Service
22	Low Income Pool		8,781,005	M		8,781,005	12	See Comments Line 8 - Optional Service
23	Freestanding Dialysis Centers		7,776,323	M		7,776,323	12	See Comments Line 8 - Optional Service
24	Hospital Insurance Benefit		60,039,885	M		60,039,885	12	See Comments Line 8 - Mandatory Service - Federal Requirement that states pay this cost as a condition of participating in the federal Medicaid program.
25	Hospital Outpatient Services		230,478,869	M		230,478,869	12	See Comments Line 8 - Mandatory Service

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26	Respiratory Therapy Services		7,442,206	M		7,442,206	12	See Comments Line 8 - Optional Service; Mandatory for Children, if medically necessary
27	Nurse Practitioner Service		2,874,054	M		2,874,054	12	See Comments Line 8 - Mandatory Service
28	Birthing Center Services		569,999	M		569,999	12	See Comments Line 8 - Optional Service; Mandatory for Pregnant Women, if medically necessary
29	Other Lab & X-Ray Services		32,050,347	M		32,050,347	12	See Comments Line 8 - Mandatory Service
30	Patient Transportation		49,837,487	M		49,837,487	12	See Comments Line 8 - Mandatory Service
31	Physician Assistant Services		1,173,829	M		1,173,829	12	See Comments Line 8 - Optional Service
32	Personal Care Services		15,436,467	M		15,436,467	12	See Comments Line 8 - Mandatory Service for Children
33	Physical Rehabilitation Therapy		3,452,681	M		3,452,681	12	See Comments Line 8 - Mandatory Service for Children
34	Physician Services		347,665,877	M		347,665,877	12	See Comments Line 8 - Mandatory Service (Chiropractic & Podiatric Services Optional for Adults)
35	Prepaid Health Plans		1,038,101,321	M		1,038,101,321	12	See Comments Line 8
36	Prescribed Medicine/Drugs		468,159,801	M		468,159,801	12	See Comments Line 8 - Optional Service; Mandatory for Children
37	Medicare Part D Payment		419,975,221			419,975,221	12	Mandatory Service - Federal Requirement that states pay this cost as a condition of participating in the federal Medicaid program.

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38	Private Duty Nursing Services		69,272,933	M		69,272,933	12	See Comments Line 8 - Mandatory Service
39	Rural Health Services		34,757,059	M		34,757,059	12	See Comments Line 8 - Mandatory Service
40	Speech Therapy Services		17,687,085	M		17,687,085	13	See Comments Line 8 - Mandatory Service
41	Medipass Services		8,309,376	M		8,309,376	13	See Comments Line 8 - Optional Service
42	Supplemental Medical Insurance		466,540,260	M		466,540,260	13	See Comments Line 8 - Mandatory Service - Federal Requirement that states pay this cost as a condition of participating in the federal Medicaid program.
43	Occupational Therapy Services		11,085,473	M		11,085,473	13	See Comments Line 8 - Mandatory Service for Children
44	Clinic Services		47,418,279	M		47,418,279	13	See Comments Line 8 - Optional Service
45	Assistive Care Services		-	M			13	See Comments Line 8 - Optional Service - Double Budget Item with state funds in other departments.
46	Home & Community Based Services		8,822,447	M		8,822,447	13	See Comments Line 8 - Optional Service
47	ALF Waiver		-	M			13	See Comments Line 8 - Optional Service- Double Budget Item with state funds in other departments.

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48	ICF/MR - Sunland Center		-	M			13	See Comments Line 8 - Optional Service- Double Budget Item with state funds in other departments.
49	ICF/DD Community		89,972,148	M		89,972,148	13	See Comments Line 8 - Optional Service
50	Nursing Home Care		728,515,423	M		728,515,423	13	See Comments Line 8 - Optional Service
51	State Mental Health Hospital Program		-	M			14	See Comments Line 8 - Optional Service- Double Budget Item with state funds in other departments.
52	Nursing Home Diversion Waiver		-	M			14	See Comments Line 8 - Optional Service- Double Budget Item with state funds in other departments.
53	Health Care Regulation	614.00	28,560,329	R		28,560,329	14-15	Funded through regulatory fees; except \$136K appropriated in GR
54	Workers' Compensation Program	3.00	227,993			227,993	14-15	Funded from transfers from DFS - Workers' Compensation Trust Fund
55	Risk Management/Transfers to DOAH & DMS		2,353,748			2,353,748		Funding for these functions are not under this subcommittee's direction.
56								
57	Key Budget Driver - LRFO (Tier 1) Children's Special Health Care/Kidcare		12,658,827			12,658,827	LRFO 82-83	
58	Key Budget Driver - LRFO (Tier 1) Medicaid Price Level & Workload		434,853,854			434,853,854	LRFO 76-80	
59	Key Budget Driver - LRFO (Tier 1) Medicaid FMAP Adjustment		1,141,544,907			1,141,544,907	LRFO 76-80	Financial adjustment for the change in the FMAP rate as the stimulus FMAP is phased out.

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60	<i>Key Budget Driver - LRFO (Tier 1) Tobacco Settlement Outlook</i>	400,000			400,000	LRFO 86-87	
61	Agency for Health Care Administration Total	1,662.50	7,119,861,180		7,119,861,180		
62							
63	Agency for Persons with Disabilities						
64	Home & Community Services-Waiver Administration	322.50	12,732,956	M	12,732,956	7	\$8.8m Used as State Match - Medicaid Admin - Federal Match Rate 50%
65	G/A-Individual & Family Supports		3,980,000		3,980,000	8	
66	Room & Board Payments		4,000,000		4,000,000	8	
67	Medicaid Waiver Services		307,336,218	M	307,336,218	9	\$307.3 Used as State Match - Medicaid Program - Federal MAP Rate 56%
68	Program Management & Compliance- Department Administration	333.00	19,348,666	M	19,348,666	10	\$14.4m Used as State Match - Medicaid Admin - Federal Match Rate 50%
69	Developmental Disabilities Centers - Civil	1,905.50	38,250,939	M	38,250,939	14	\$37.7m Used as State Match - Medicaid Program - Federal MAP Rate 56%
70	Developmental Disabilities Centers - Forensic	517.00	25,864,209		25,864,209	14	
71	Risk Management/Transfers to DOAH & DMS		4,912,572	M	4,912,572		Funding for these functions are not under this subcommittee's direction.
72							
73	<i>Key Budget Driver - LRFO (Tier 1) -Medicaid Waiver Deficit</i>		80,938,068		80,938,068	LRFO - 87	
74	Agency for Persons with Disabilities Total	3,078.00	497,363,628		497,363,628		
75							

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76	Department of Children and Family Services							
77	Executive Leadership & Support Services	121.00	8,107,180	M		8,107,180	12	\$1.6m Used as State Match and to meet MOE Requirement - Temporary Assistance for Needy Families (TANF) Grant Award, Title IV-E, Medicaid Administration, Food Stamp Administration.
78	Assistant Secretary for Administration	290.00	41,918,330	M		41,918,330	12	\$24.8m Used as State Match and MOE for TANF, Title IV-E, Food Stamp Administration, Medicaid Administration, Childcare, Domestic Violence Grant.
79	District Administration	446.00	12,149,594			12,149,594	12	
80	Northwood Shared Resource Center	90.00		M			16	Double Budget item funded through transfers within DCF programs and other agencies who receive IT services through this resource center.
81	Child Care Licensing & Regulation	138.50	3,619,726	M		3,619,726	9, 18	\$2.5m is Used for MOE Requirements - Child Care Discretionary Grant under the Agency for Workforce Innovation.
82	Adult Protective Investigations/Services	626.50	24,850,412	M		24,850,412	18	\$24.5m Used as State Match and MOE for the Domestic Violence Grants and Medicaid Administration.
83	Temporary Emergency Shelter		203,527			203,527	22	
84	Community Care/Home Care for Disabled Adults		4,261,815			4,261,815	19	
85	Disabled Adult Medicaid Waiver Services		4,984,422	M		4,984,422	21	\$4.9m Used for State Match - Medicaid Program Federal MAP Rate 56%

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86	Domestic Violence Program	14.00	11,389,205	M		11,389,205	20	\$878K Used as State Match for Domestic Violence Grants (\$9.4m)
87	Prevention & Intervention/Healthy Families		9,761,673	M		9,761,673	21	\$9.7m Used for MOE - TANF
88	Out of Home Care Relative Care Givers/Family Foster Care		4,000,000	M		4,000,000	22	\$4.0m Used as State Match and to meet MOE Requirements - TANF, Title IV-E, Medicaid, and SIPP
89	Out of Home Care Residential Group Care and Emergency Shelter Services		1,757,051	M		1,757,051	22	\$1.7m Used as State Match and to meet MOE Requirements - TANF, Title IV-E, and SIPP
90	Child Protective Investigations	1,586.50	35,000,336	M		35,000,336	21	\$30.0m Used to meet MOE Requirements - TANF and Title IV-E.
91	Sheriffs Protective Investigations		27,885,776	M		27,885,776	20	\$27.8m Used to meet MOE Requirements - TANF and Title IV-E.
92	Children's Legal Services	437.50	18,234,912	M		18,234,912	18	\$4.8m Used to meet MOE and Match Requirements for TANF, Title IV-E, Adoption Assistance and Title IV-B
93	Community Based Care Services		314,671,374	M		314,671,374	23	\$314.6m Used for MOE for TANF and Match for Title IV-E
94	Independent Living Services 13-17		2,327,573	M		2,327,573	23	\$2.3m Used as State Match for the Chafee Grant (\$8.5m) and Title IV-E
95	Independent Living Services 18-23		18,962,906	M		18,962,906	23	\$18.9m Used for State Match for the Chafee Grant (\$8.5m) and Title IV-E
96	Maintenance Adoption Subsidy		41,977,099	M		41,977,099	23	\$41.9m Used as MOE for TANF and Match for Title IV-E

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		FTE	Total State Funds					
97	Florida Abuse Hotline	240.00	3,730,000	M		3,730,000	18	\$3.7m Used to meet MOE Requirements for TANF and IV-E.
98	Executive Direction & Support Services - Family Safety	271.25	15,188,679	M		15,188,679	18	\$15.1m Used to meet MOE and Match for TANF, Title IV-E, AWI Child Care Discretionary, Domestic Violence Grants and Medicaid Administration
99	Sexually Violent Predator Program	13.00	34,393,082			34,393,082	23	
100	Adult Mental Health Services		142,610,021	M		142,610,021	23	\$130.4m Used for MOE for the Mental Health Block Grant, which provides \$16.5m in funding to the program and for Medicaid Administrative Match.
101	Adult Baker Act Services		62,333,949			62,333,949	27	\$62.0m Used for MOE for the Mental Health Block Grant
102	Children's Mental Health Services		51,255,171	M		51,255,171	23, 26	\$35.6m Used for MOE for the Mental Health Block Grant, which provides \$8.2m in funding to the program and for Medicaid Administrative Match.
103	Children's Baker Act Services		14,021,460			14,021,460	30	\$14.0 Used for MOE for the Mental Health Block Grant.
104	Adult Mental Health Treatment Facilities - Civil	2,193.50	104,180,629	M		104,180,629	11, 23	\$43.1m Used as State Match for the Disproportionate Share for Medicaid (\$67.6m)
105	Adult Mental Health Treatment Facilities - Forensic	1,676.50	151,019,480			151,019,480	11, 23	

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Budget Balancing Exercise FY 2011-2012 Health Care Appropriations Subcommittee		INSTRUCTIONS: (1) Total Base Budget is \$11,091,914,491 (state funds only - all federal funds have been removed). The Base Budget for this exercise also contains the Key Budget Drivers (Tiers 1 & 2) of the Long Range Financial Outlook.(LRFO) Amounts below for Key Budget Drivers may differ from the LRFO due to updated estimates. (2) Target Budget is \$9,428,127,317 or 85% of the Base Budget. (3) Reductions of \$1,663,787,174 (15% of the Base Budget) will be entered in Column E. Enter the percentage of reduction desired for programs chosen for reduction in Column E until total funding is equal or less than the total Target Budget. Values in Column F Adjusted Total State Funds will automatically calculate as will the running total and difference when percentages are entered in Column E. (4) Program/Department activities blocked out in Column E cannot be reduced as the issue is an obligation of the state or affects a statewide policy issue not in the jurisdiction of this subcommittee.						
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Program/Department Activity		FTE	Total State Funds	MOE/MATCH or Revenue Generating	Percent of Reduction Proposed	Adjusted Total State Funds	Page Reference for Base Budget or Long-Range Financial Outlook (LRFO)	Comments
106	Executive Direction & Support Services - Mental Health	115.00	8,722,903	M		8,722,903	10, 23	\$7.6m Used for MOE for the Mental Health Block Grant, which provides \$971K in funding to the program. Also used for Match for Kidcare Title XXI Program and Medicaid Administration.
107	Child/Adolescent Substance Abuse Services		41,843,017	M		41,843,017	11, 30	\$41.8m Used for MOE for the Substance Abuse Block Grant, which provides \$28.9m in funding to the program.
108	Adult Substance Abuse Services		29,168,258	M		29,168,258	11, 30	\$29.1m Used for MOE for the Substance Abuse Block Grant, which provides \$63.3m in funding to the program. Also provides MOE for TANF.
109	Executive Direction & Support Services - Substance Abuse	78.00	3,008,542			3,008,542	30	\$3.0m Used to meet MOE Requirements - TANF
110	Eligibility Determination	4,262.00	127,847,957	M		127,847,957	11, 33	\$127.6m Used as State Match and to meet MOE Requirements - TANF, Title IV-E, Food Stamp Administration, and Medicaid Administration
111	Fraud Prevention/ Benefit Recovery	200.50	3,121,504	M		3,121,504	11, 33	\$3.0m Used as State Match - Food Stamp Administration
112	Homelessness/Housing Programs	3.00	2,815,449			2,815,449	11, 33	
113	Optional State Supplementation/ Personal Care Allowance		17,446,323	M		17,446,323	37	\$17.4m Used as State Match - Medicaid
114	Cash Assistance		135,420,238	M		135,420,238	36	\$144.4m Used to meet MOE Requirements - TANF

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Program/Department Activity		FTE	Total State Funds	MOE/MATCH or Revenue Generating	Percent of Reduction Proposed	Adjusted Total State Funds	Page Reference for Base Budget or Long-Range Financial Outlook (LRFO)	Comments
115	Executive Direction & Support Services - Economic Self Sufficiency	182.00	17,598,160	M		17,598,160	11, 33	\$17.5m Used as State Match and to meet MOE Requirements - TANF, Title IV-E, Food Stamp Administration, and Medicaid Administration
116	Risk Management/Transfers to DOAH & DMS		21,356,372	M		21,356,372		Funding for these functions are not under this subcommittee's direction.
117								
118	Key Budget Driver - LRFO (Tier 1)- Cash Assistance (TANF)		8,112,507			8,112,507	LRFO 83-85	
119	Key Budget Driver - LRFO (Tier 2) Maintenance Adoption Subsidy		14,800,000			14,800,000	LRFO- 87	
120	Key Budget Driver - LRFO (Tier 2) Mental Health Nonrecurring		37,300,000			37,300,000	LRFO - 87	
121	Key Budget Driver - LRFO (Tier 2) Substance Abuse Nonrecurring		16,800,000			16,800,000	LRFO - 87	
122	Key Budget Driver - LRFO (Tier 2) Department Needs		44,000,000			44,000,000	LRFO - 87	
123	Department of Children and Family Services Total	12,984.75	1,694,156,612			1,694,156,612		
124								
125	Department of Elder Affairs							
126	Comprehensive Assessment and Review for Long Term Care Services (CARES)	275.00	4,331,019	M		4,331,019	8	100% Used as State Match - Medicaid Admin - Federal Match Rate 75%
127	Community Care For the Elderly-CCE		40,479,617	M		40,479,617	9	\$3.4m Used as State Match - OAA Grant Programs: Supportive Services, Congregate Meals, Home Delivered Meals, & Preventive Health - Federal Match Rate 75%
128	Home Care for the Elderly		7,903,357			7,903,357	9	
129	Aging Resource Centers		1,592,723	M		1,592,723	9	100% Used as State Match - Medicaid Admin - Federal Match Rate 50%

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Program/Department Activity		FTE	Total State Funds	MOE/MATCH or Revenue Generating	Percent of Reduction Proposed	Adjusted Total State Funds	Page Reference for Base Budget or Long-Range Financial Outlook (LRFO)	Comments
130	Program Management Support Staffing	52.50	2,535,754			2,535,754	9 - 10	\$2.1m Used as State Match - State and Federal Programs Administered by DEA
131	Alzheimer's Projects/Services		7,317,540			7,317,540	9 - 10	\$2m Used as State Match - OAA Grant Program: Caregivers Support Program - Federal Match Rate 75%
132	Elder Service Related Grants	15.00	481,799	M		481,799	10	\$402K Used as State Match - Various Federal Grants: Senior Companion Program (20% Match), AmeriCorps, (21% Match), & Community Service System Funding (Match Varies by Grant)
133	Older American's Act		346,998	M		346,998	10	100% Used as State Match - OAA Admin - Federal Match Rate 75%
134	Local Service Programs		450,000			450,000	10	
135	Medicaid Waivers		192,840,598	M		192,840,598	10 - 11	100% Used as State Match - Medicaid Program - Federal MAP Rate 56%
136	Executive Leadership and Support	76.00	2,352,042	M		2,352,042	11 - 12	\$662K Used as State Match - OAA Admin
137	Long-Term Care Ombudsman Program	32.50	1,358,891	M		1,358,891	12 - 14	\$260K Used to meet MOE Requirements - OAA Grant
138	Statewide Public Guardianship Program	3.00	2,580,271			2,580,271	12 - 14	
139	Risk Management/Transfers to DOAH & DMS		372,025			372,025		Funding for these functions are not under this subcommittee's direction.
140								
141	Key Budget Driver - LRFO (Tier 2) Waiver Program Growth		300,000			300,000	LRFO 87-88	
142	Key Budget Driver - LRFO (Tier 2) Restore Local Service & Alzheimer's Programs		12,397,453			12,397,453	LRFO 87-88	
143	Department of Elder Affairs Total	454.00	277,640,087			277,640,087		

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<p align="center">Program/Department Activity</p>	FTE	Total State Funds	MOE/MATCH or Revenue Generating	Percent of Reduction Proposed	Adjusted Total State Funds	Page Reference for Base Budget or Long-Range Financial Outlook (LRFO)	Comments
144							
145	Department of Health						
146	Executive Direction & Support	390.50	15,018,231		15,018,231	12 - 15	
147	Correctional Medical Authority	6.00	716,159		716,159	12 - 13	
148	Minority Health Initiatives	3.00	2,673,537	M	2,673,537	13	\$813K Used as State Match for the following grants: \$242K for Breast and Cervical Cancer grant; \$211K for Heart Disease and Stroke Prevention grant; \$173K for Diabetes grant; \$150K for Ryan White grant; \$27K for Comprehensive Cancer grant; and \$10K for Healthy Community grant.
149	Family Health Outpatient Services	74.00	25,612,785		25,612,785	16 - 19	
150	Family Planning	10.00	4,245,455	M	4,245,455	17	\$782k Used as MOE for Family Planning Grant.
151	Epilepsy Services	1.00	3,631,213		3,631,213	17	
152	School Health	10.00	22,868,056	M	22,868,056	17-19	\$14.3m Used as State Match/MOE for Maternal and Child Health Block
153	Crisis Counseling		2,000,000		2,000,000	18	
154	Healthy Start	23.00	40,099,880	M	40,099,880	18	\$40m Used for Match/MOE: \$23.7m for Maternal and Child Health Block Grant; \$15.2m for Healthy Start Waiver match; \$ 800K for MediPass Waiver match; and \$50k for Medicaid Admin Claiming match (50/50).
155	Family Health Projects		3,325,284		3,325,284	18	
156	Infectious Disease Control	135.50	10,081,859		10,081,859	19 - 22	

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Program/Department Activity				MOE/MATCH or Revenue Generating	Percent of Reduction Proposed	Adjusted Total State Funds	Page Reference for Base Budget or Long-Range Financial Outlook (LRFO)	Comments
		FTE	Total State Funds					
157	Tuberculosis Hospital (A.G. Holley)	161.00	7,505,025			7,505,025	19 - 22	
158	Infectious Disease Projects		959,985			959,985	20	
159	HIV/AIDS Services	115.00	36,927,976	M		36,927,976	20-22	\$36.2m Used as State Match - Ryan White Grant.
160	Environmental Health Services	217.50	22,406,957			22,406,957	22 - 24	
161	CHD Local Needs/Primary Care Services	12,759.00	818,916,809	M		818,916,809	24 - 26	\$118.2m Used as State Match/MOE: \$1.2m State Match for Breast and Cervical Cancer grant; \$111k State Match/MOE for National Cancer Registry grant; and \$104.8m MOE for Maternal and Child Health Block grant; \$6.3m State Match for Ryan White grant; \$5.9m MOE for Immunization grant.
162	CHD Local Needs/Projects		1,339,481			1,339,481	25	
163	Statewide Public Health Support Services-Ex. Lead/Support	80.00	16,260,103			16,260,103	27 - 31	
164	Laboratory Services	281.00	20,145,170	M		20,145,170	27 - 31	\$4.3m Used as State Match: \$316K for Ryan White grant; \$352K for Public Health Preparedness and Response to Bioterrorism grant; and \$3.8m for Newborn Screening.
165	Vital Statistics	106.00	7,133,403			7,133,403	27 - 31	
166	Disaster Preparedness	124.50	487,183	M		487,183	28 - 29	\$243K Used as State Match for the Public Health Preparedness and Response to Bioterrorism grant.
167	Statewide Pharmaceutical Services	32.50	21,200,718	M		21,200,718	30	\$9.5m Used as State Match for Ryan White grant.
168	Biomedical Research		2,200,000			2,200,000	30 - 31	
169	Office of Trauma	10.00	9,770,416			9,770,416	31	

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170	Division of Children's Medical Services Network and Related Programs	747.50	5,620,460			5,620,460	32 - 34	
171	Children's Medical Services Network		102,230,006	M		102,230,006	32 - 34	\$99.5m Used for State Match/MOE: \$74.5m State Match for Title XIX and XXI; \$25m State Match/MOE for Maternal and Child Health Block grant.
172	Pediatric HIV/AIDS		2,119,231	M		2,119,231	32 - 34	100% Used as State Match for Ryan White grant.
173	Child Protection Team		8,847,220			8,847,220	33	
174	Poison Information Center Network		1,261,387			1,261,387	33	
175	Early Steps Program		19,938,254	M		19,938,254	34	\$19.9m Used for State Match/MOE: \$17.4 MOE for Early Steps Program; \$2.5m State Match for Medicaid.
176	Children's Medical Services Projects		938,501			938,501	34	
177	Medical Quality Assurance	640.50	62,041,098	R		62,041,098	34 - 36	
178	Community Health Resources	32.00	1,755,421	M		1,755,421	36 - 39	\$1.2m Used for State Match for the State Office of Rural Health grant.
179	Area Health Education Centers (AHEC)		4,801,743			4,801,743	37	
180	Brain & Spinal Cord Injury Program	62.00	20,066,914	M		20,066,914	37	\$6m Used as pass-through to AHCA for State Match: \$5.4m for Brain and Spinal Cord Injured, Home & Community Based Medicaid Waiver; \$658K for Cystic Fibrosis Home & Community Based Medicaid Waiver.
181	Community Health Access - Projects		2,466,344			2,466,344	37- 38	

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		FTE	Total State Funds					
182	Comprehensive Statewide Tobacco Prevention and Education Program	21.00	61,600,948	M		61,600,948	38	\$503K Used as State Match for Tobacco Prevention Grant.
183	Disability Benefits Determination	1,227.00	1,038,866	M		1,038,866	39 - 40	100% Used as State Match for Federal Social Security and Supplemental Security Income programs and the Title XIX Medically Needy Program.
184	Risk Management/Transfers to DOAH & DMS		15,264,728	M		15,264,728		Funding for these functions are not under this subcommittee's direction.
185								
186	Key Budget Driver - LRFO (Tier 2) Restore Nonrecurring Operational Funds		24,700,135			24,700,135	LRFO 87-88	
187	Key Budget Driver - LRFO (Tier 2) Other Health		13,582,099			13,582,099	LRFO 87-88	
188	Department of Health Total	17,269.50	1,443,799,040			1,443,799,040		
189								
190	Department of Veterans' Affairs							
191	Veterans' Nursing Homes	978.00	50,664,212			50,664,212	7 - 8	
192	Executive Direction & Support Services	27.00	3,380,033			3,380,033	8 - 9	
193	Veterans' Benefits & Assistance Services	118.00	3,979,989			3,979,989	10	
194	Risk Management/Transfers to DOAH & DMS		1,069,710			1,069,710	8 - 10	Funding for these functions are not under this subcommittee's direction.
195	Department of Veterans' Affairs Total	1,123.00	59,093,944			59,093,944		
196								
197	Total	36,571.75	11,091,914,491		0.0%	11,091,914,491		

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

AGENCY FOR HEALTH CARE ADMINISTRATION

2 – Administration & Support

Administration & Support provides supervision, direction, coordination, and leadership for the agency. Administration and Support consists of the following offices: Secretary, General Counsel, Inspector General, Communications & Legislative Affairs, and Administrative Services.

3 – Florida Center for Health Information & Policy Analysis

The Florida Center for Health Information and Policy Analysis (Florida Center) is responsible for collecting, compiling, coordinating, analyzing, and disseminating health related data and statistics for the purpose of developing public policy and promoting the transparency of consumer health care information. The Florida Center also promotes the exchange of secure, privacy-protected health care information, the adoption of electronic health records among providers, and the use of personal health records by all consumers. The Florida Center is actively promoting the adoption of electronic health record systems through health information exchange, electronic prescribing and personal health records software in partnership with health care stakeholders statewide. The Florida Center is also responsible for collecting adverse incident reports from hospitals, ambulatory surgery centers, health maintenance organizations, nursing homes, and assisted living facilities. The Florida Center works closely with facilities and regulatory agencies to assure that corrective actions have been implemented. The Offices within the Florida Center are: Data Collection & Quality Assurance, Risk Management & Patient Safety, Data Dissemination & Communication, Health Policy & Research, and Health Information Exchange.

4 – Children’s Special Health Care/Kidcare

Kidcare is the state’s children health care insurance program for uninsured children under age 19. Kidcare is comprised of: MediKids, Florida Healthy Kids, and Children’s Medical Services Network.

The MediKids program is the mechanism that the state uses to provide health care coverage for children ages 1 through 4. This program is administered by the agency. This program provides health care coverage to children in families with incomes up to 200 percent of the federal poverty level. Most families pay a monthly premium to participate in this program.

The Florida Healthy Kids program is the mechanism that the state uses to provide health care coverage for children ages 5 through 18. This program is administered by the Florida Healthy Kids Corporation. This program provides health care coverage to children in families with incomes up to 200 percent of the federal poverty level. Most families pay a monthly premium to participate in this program.

The Children’s Medical Services Network (CMS) is the mechanism that the state uses to purchase health benefits for children with special health care needs. Children with special health care needs are those children under age 21 whose serious or chronic physical or developmental conditions require extensive preventive and maintenance care beyond that required by typically healthy children. This program is administered by the Department of Health for physical health services and the Department of Children and Family Services for behavioral health. This program provides health care coverage to

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

children in families with incomes up to 200 percent of the federal poverty level. Most families pay a monthly premium to participate in this program.

5 – Medicaid Executive Direction & Support

Medicaid Executive Direction & Support is responsible for overseeing the management and operation of a broad range of health care services offered through Medicaid to low-income families and the elderly and disabled. The ongoing operation of the program, from policy development to fiscal management is conducted by Medicaid bureaus that include Medicaid Services, Pharmacy Services, Health Systems Development, Program Analysis, Pharmacy Services, Quality Management, Contract Management, and Program Integrity. Eleven field offices work with providers and constituents at the local level.

6 – Pharmaceutical Expense Assistance

The Pharmaceutical Expense Assistance Program provides pharmaceutical expense assistance to individuals diagnosed with cancer or individuals who have received organ transplants who were medically needy recipients prior to January 1, 2006. Individuals must also be a Florida resident, eligible for Medicare, and request enrollment in the program. Program funding covers the Medicare Part B prescription drug coinsurance and deductibles for Medicare Part B medications that treat eligible cancer and organ transplant patients.

7 – Medicaid Fiscal Agent

The Medicaid Fiscal Agent is HP Enterprise Services (HP). The primary responsibility of the fiscal agent is to reimburse providers for Medicaid services provided to beneficiaries according to state and federal rules and regulations. The fiscal agent is also responsible for enrolling and re-enrolling non-institutional providers and Medicaid recipients, claims processing and payment, facilitating HMO and MediPass assignments for beneficiaries, and distributing Medicaid forms and publications.

8 – Adult Vision/Hearing Services

Medicaid reimbursable visual services include eyeglasses, eyeglass repairs as required, prosthetic eyes, and medically necessary contact lenses. Providers may use the Central Optical Laboratory, which is managed by Prison Rehabilitative Industries and Diversified Enterprises (PRIDE), for services to Medicaid beneficiaries.

Medicaid reimbursable hearing services include: cochlear implant services; diagnostic testing; hearing aids; hearing aid evaluations; hearing aid fitting and dispensing; hearing aid repairs and accessories.

9 – Case Management

Reimbursement for case management services to Medicaid clients of Children's Medical Services (CMS), adults served by Alcohol, Drug Abuse and Mental Health (ADM) programs, and disease management organizations that provide disease management services to Medicaid recipients with HIV/AIDS, Sickle Cell, Renal Disease, Congestive Heart Failure, COPD, Diabetes, Hypertension, Asthma and hemophilia. Case management is the process of assessing client need for services, developing a

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

plan of care, making arrangements for delivery of needed services and monitoring service effectiveness.

10 – Therapeutic Services for Children

Provides a wide array of community outpatient mental health services, targeted case management and community-based residential treatment services in therapeutic foster homes to assist children and families in resolving mental health issues that interfere with the child's functioning at home, in school or in the community. These services also serve to prevent the need for more intensive, more restrictive residential mental health placements. Therapy treatments must be prescribed by the beneficiary's primary care physician and be provided by a licensed therapist or assistant supervised by a licensed therapist. The provider conducts an evaluation of the beneficiary, writes a plan of care for the beneficiary, performs the needed therapy, and provides reevaluations and revisions of the plan of care as needed or every six months.

11 – Community Mental Health Services

Reimbursement for treatment planning and review, evaluation and testing, medical evaluation, counseling, therapy and treatment services, and day treatment. Services must be medically necessary, and recommended by a licensed practitioner of the healing arts.

12 – Adult Dental

Reimbursement for acute emergency dental procedures to alleviate pain or infection, dentures and denture-related procedures provided to beneficiaries age 21 and older. Adult dental services include: complete removable partial dentures; comprehensive oral evaluation; denture-related procedures; full dentures; incision and drainage of an abscess; necessary extractions and surgical procedures to fit the mouth for dentures; necessary radiographs to make a diagnosis; problem-focused oral evaluation; and removable partial dentures.

13 – Developmental Evaluation & Intervention/Part C

Early intervention services are medical and remedial services designed to enhance certain skills and development in children with a developmental delay or condition that can cause a delay in normal development. Medicaid reimbursable early intervention services include screenings, evaluations, and early intervention sessions to provide medically necessary services for identified delays in one or more of the areas of cognition: physical or motor, sensory, communication, social, emotional or adaptive development.

14 – Early & Periodic Screening of Children (EPSDT)

Reimbursement for Child Health Check-ups. Child Health Check-Up consists of a comprehensive, preventive health screening that is performed on a periodic basis on children 20 years of age or younger. history; an assessment of past medical history, developmental history and behavioral health status; unclothed physical exam; nutritional assessment; developmental assessment; updating of routine immunizations; laboratory tests (including blood lead screening); vision, hearing, and dental screening (including dental referral); and health education/anticipatory guidance, diagnosis and

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

treatment; and referral and follow-up for further diagnosis and treatment when indicated as a result of the screening process.

15 – Rural Health Financial Assistance

Rural hospital disproportionate share program. Must be a rural hospital, serve a disproportionate share of Medicaid and charity care services, conform to all agency quality of care requirements, and agree to accept all patients regardless of ability to pay, to provide backup and referral services to the county public health units and other low-income providers within the hospitals service area.

16 – Family Planning Services

Reimbursement for services that include health history, physical examination, information and referral, education and counseling, diagnostic and laboratory procedures, contraceptive methods, drugs, devices, supplies, voluntary sterilization, natural family planning and follow-up care.

17 – G/A-Shands Teaching Hospital

Specific appropriation to provide funding for indigent/charity and Medicaid care in the Shands Healthcare System. A portion of the funds are also used to draw down federal match for the Disproportionate Share Program Graduate Medical Education Program (GME DSH) that benefit the state's six statutory teaching hospitals.

18 – Home Health Services

Reimbursement for services provided in a recipient's home or other authorized setting to promote, maintain or restore health or to minimize the effects of illness and disability. Medicaid reimbursable services include: home visit services provided by a registered nurse or a licensed practical nurse; home visits provided by a qualified home health aide; private duty nursing; personal care services; therapy (occupational and physical therapy and speech-language pathology) services; and medical supplies, appliances and durable medical equipment.

19 – Hospice Services

Hospice services are forms of palliative health care and supportive services for terminally ill patients and their families. The services are administered by a licensed hospice and coordinated by the hospice nurse assigned to the patient. Hospice employs an interdisciplinary team to meet the special needs arising out of the physical, emotional, spiritual, and social stresses associated with the final stages of illness, during end of life, and bereavement. Medicaid reimbursement includes: hospice care provided by the designated hospice; direct care services related to the terminal illness provided by a physician; and nursing facility room and board.

20 – Hospital Inpatient Services

Medicaid reimbursement for inpatient hospital services includes: room and board, medical supplies, diagnostic and therapeutic services, use of hospital facilities, drugs and biologicals, nursing care, and all supplies and equipment necessary to provide the appropriate care and treatment of patients. To participate in Medicaid, the hospital must be maintained primarily for the care and treatment of patients with disorders other than mental diseases. Medicaid reimbursement for inpatient hospital

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care for adults age 21 and older is limited to 45 days per Florida state fiscal year (July 1 through June 30). There is no limit on the number of days that Medicaid can reimburse for beneficiaries 20 years of age or younger. This category includes a special Medicaid payment to Lee Memorial Hospital for their Regional Perinatal Intensive Care Center.

21 – Regular Disproportionate Share (DSH)

Federally regulated program allowing Medicaid payments to certain hospitals based upon criteria determined by the state. This program is designed to provide financial resources to hospitals serving a disproportionate share of the Medicaid and indigent population. This program is capped annually by a federal allotment.

22 – Low Income Pool

The Low Income Pool Program is considered one of four fundamental elements of the Medicaid reform waiver and is defined as a program established to ensure continued government support for the provision of health care services to Medicaid, underinsured and uninsured populations. The program consists of a \$1 billion capped annual allotment for each year of the five years authorized by the Medicaid Reform waiver. Under this program, local and state funds are used to generate federal matching dollars, and are then distributed through the LIP distribution methodology.

23 - Freestanding Dialysis Centers

Reimbursement to a dialysis facility that is approved as a dialysis facility in accordance with Title XVIII of the Social Security Act, for dialysis services that are provided to a Medicaid recipient under the direction of a physician licensed to practice medicine or osteopathic medicine in this state, including dialysis services provided in the recipient's home by a hospital-based or freestanding dialysis facility.

24 – Hospital Insurance Benefits

Reimbursement of inpatient hospital deductible and coinsurance for Medicare Part A, Deductible and coinsurance up to Medicaid state plan limits for Medicare Part B. Medicare deductible for blood under Part A & B.

25 – Hospital Outpatient Services

Medicaid reimbursement for hospital outpatient services includes medical supplies, nursing care, therapeutic services and drugs. Primary care services provided in an outpatient hospital setting, hospital-owned clinic or satellite facility are not considered outpatient hospital services and are not reimbursable under the outpatient hospital program.

26 – Respiratory Therapy Services

Reimbursement for evaluation and treatment of pulmonary dysfunction for children only. Reimbursable services include: ventilator support, therapeutic use of medical gases, respiratory rehabilitation, and management of life support systems, bronchopulmonary drainage, breathing exercises, and chest physiotherapy.

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

27 – Nurse Practitioner Services

Reimbursement for services provided by licensed, Medicaid-participating registered nurse first assistants (RNFA). The services must be rendered in collaboration with a physician and in accordance with chapter 464, Florida Statutes.

28 – Birthing Center Services

Reimbursement to licensed facilities that provide obstetrical, gynecological and family planning services. Medicaid reimbursable services include: family planning services; gynecological services; initial comprehensive and prenatal examinations; labor management for beneficiaries who transfer to a hospital; newborn assessment; post delivery examinations; post delivery recovery; related pregnancy services; and vaginal delivery.

29 – Other Lab & X-Ray Services

Medicaid reimburses for services rendered by licensed, Clinical Laboratory Improvements Act (CLIA) certified, Medicaid-participating independent laboratories. Portable x-ray services are interpretive and technical mobile x-ray services that are provided at the beneficiary's residence. A doctor of allopathic or osteopathy medicine or other licensed health care practitioner authorized within the scope of practice to order x-rays must authorize the services.

30 – Patient Transportation Services

Non-Emergency Medical Transportation (NEMT) services are defined as medically necessary transportation for a beneficiary and a personal care attendant or escort, if required, who have no other means of transportation available to any Medicaid compensable service to receive treatment, medical evaluation, or therapy. NEMT services do not include ambulance transportation. NEMT services are provided through contracts with the Florida Commission for the Transportation Disadvantaged, and through certain Medicaid Health Maintenance Organizations (HMO) and Medicaid Reform Provider Service Networks (PSN). Medicaid Emergency Transportation Services provide medically necessary emergency ground or air ambulance transportation to Medicaid eligible beneficiaries. Necessary Emergency transportation services are reimbursed as Medicaid fee for service for all beneficiaries including those enrolled in HMOs and PSNs.

31 – Physician Assistant Services

Reimbursement for services provided by licensed, Medicaid-participating physician assistants. The services must be provided in collaboration with a practitioner licensed pursuant to Chapter 458 or 459, Florida Statutes.

32 – Personal Care Services

Health care support services that is medically necessary. Personal care services are limited to children 20 years of age or younger who are medically complex. Services must be prior authorized. Personal care services is defined as those services that provide assistance with the activities of daily living, such as bathing, dressing, eating, or personal hygiene, and assistance in physical transfer, ambulation, and in administering medication.

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GENERAL PROGRAM OVERVIEW

33 – Physical Rehabilitation Therapy

Reimbursement is limited to evaluation and treatment for children. Reimbursable services include, treatment related to range of motion, muscle strength, functional abilities and the use of adaptive or therapeutic equipment.

34 – Physician Services

Reimbursement for services provided by licensed, Medicaid-participating physician assistants. The services must be provided in collaboration with a practitioner licensed pursuant to Chapter 458 or 459, Florida Statutes.

35 – Prepaid Health Plan

Capitated reimbursement to managed care organizations, including Health Maintenance Organizations (HMO), Prepaid Dental Health Plans (PDHP) and Provider Service Networks (PSN), for health care services provided to Medicaid recipients. Mental health is also reimbursed under Prepaid Health Plan for treatment planning and review, evaluation and testing, medical evaluation, counseling, therapy and treatment services, and day treatment. Services must be medically necessary, and recommended by a licensed practitioner of the healing arts.

36 – Prescribed Medicine/Drugs

Medicaid reimburses for most legend drugs used in outpatient settings, including injectable drugs, and for specific nonlegend drugs. Most drugs included on the Medicaid Preferred Drug List (PDL) are available without prior authorization (PA). Drugs not on the PDL require PA including step therapy using PDL products and some drugs with clinical protocol requirements require PA to insure the clinical protocol is met. Medicaid does not reimburse for drugs not included in a manufacturer's rebate agreement. Drugs must be prescribed for medically accepted indications.

37 – Medicare Part D Payment

Also known as the "Clawback," a mandatory payment to the federal Centers for Medicare and Medicaid services on behalf of each dually eligible Medicaid recipient to help finance Medicare Part D.

38 – Private Duty Nursing Services

Reimbursement for medically necessary nursing services provided to children who have complex medical needs and who require more individual or continuous care than is available from a nursing visit.

39 – Rural Health Services

Reimbursement for outpatient primary health care services provided by a clinic located in a designated rural, medically-underserved area. Each clinic must have on its staff at least one family nurse or nurse midwife practitioner or physician assistant and a supervising physician.

40 – Speech Therapy Services

Reimbursement for speech-language pathology services to children provided by licensed, Medicaid-participating speech-language pathologists and by supervised, speech language pathologist assistants.

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

The services are available in the home or other appropriate setting. Services may be rendered to a group of children.

41 – Medipass Services

A \$2 per member per month payment for primary care case management to a primary care physician who is responsible for providing primary care and case management.

42 – Supplemental Medical Insurance

Payment of Medicare part A and B monthly premiums for Medicaid/Medicare dually eligible beneficiaries.

43 – Occupational Therapy Services

Reimbursement for occupational therapy services for children that address the functional needs of an individual related to the performance of self-help skills; adaptive behavior; and sensory, motor, and postural development.

44 – Clinic Services

Medicaid reimburses clinic services rendered by county health departments which provide primary and preventive health care to diagnose, treat and refer patients who need more extensive care. Clinic services are rendered by licensed health professional staff at the clinics, including physicians, dentists, registered nurses, advanced registered nurse practitioners and physician assistants.

45 – Assistive Care Services

Reimbursement for assistive care services provided to eligible recipients living in congregate living facilities and requiring integrated services on a 24-hour per day basis. Includes residents of licensed Assisted Living Facilities (ALFs), adult family care homes (AFCHs) and residential treatment facilities (RTFs).

46 – Home & Community Based Services

Provides payment for a wide range of home and community-based services provided to elderly and other disabled Medicaid beneficiaries who would otherwise require institutional care. Includes the following waivers: Adult Cystic Fibrosis, Adult Day Health Care, Aged and Disabled Adult, Aging Out, Channeling, Developmental Disabilities, Familial Dysautonomia, Project AIDS Care and Traumatic Brain/Spinal Cord Injury and Model Waiver. The Consumer Directed Care program services are funded from the recipient's underlying waiver: Aged and Disabled Adult, Developmental Disabilities and the Traumatic Brain/Spinal Cord Injury.

47 – ALF Waiver

Provides extra support and supervision through the provision of home and community based services to frail elders residing in an ALF licensed for extended congregate care or limited nursing services in order to delay or prevent institutionalization. Services include: case management; assisted living, and if needed, incontinence supplies.

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

48 – ICF/MR Sunland Center

Provides payment for continuous active treatment to beneficiaries with developmental disabilities who meet Medicaid Institutional Care Program eligibility requirements and level of care criteria. 24-hour-a-day medical, rehabilitative and health related services are provided in certified facilities. Services provided in this setting are those that cannot be rendered more safely or economically in another setting.

49 – ICF/MR Community

Medicaid reimburses for services rendered by state owned and operated intermediate care facilities for the developmentally disabled (ICF/DD). ICF/DD services include: room and board; food and food supplements; nursing services; rehabilitative care; therapy; basic wardrobe; training and help with daily living skills; medical supplies, durable medical equipment, eyeglasses, hearing aids; dental care; and transportation.

50 – Nursing Home Care

Medicaid reimburses 24-hour-a-day nursing and rehabilitation services provided in a nursing facility that is licensed and certified by AHCA to participate in the Medicaid program. The nursing facility must have their beds certified by the agency in order to participate in the Medicaid program. When prior approved by Medicaid, nursing facility services providers may be eligible for a supplemental payment to care for medically-complex AIDS patients or medically-fragile children under the age of twenty-one (21). Medicaid nursing facility providers include services provided in a rural acute care hospital licensed by AHCA as a swing bed facility; and skilled nursing services provided in a hospital based setting that is licensed by ACHA as a hospital-based, skilled-nursing unit. Medicaid nursing facility providers are reimbursed a unique per diem rate, a facility specific daily rate that Medicaid calculates based on cost reports submitted by nursing facility providers.

51 – State Mental Health Hospitals Programs

Medicaid pays for medically necessary inpatient mental health services for recipients age 65 and older who meet the Medicaid Institutional Care Program eligibility requirements, including state mental health hospital level-of-care criteria. Residents of state mental health hospitals receive physician, nursing, dietary, pharmaceutical, personal care, rehabilitative, and restorative services.

52 – Nursing Home Diversion

Provide frail elders with an alternative to nursing facility placement offering coordinated acute and long-term care services to frail elders in the community setting. Includes the Program for All-Inclusive Care for the Elderly (PACE).

53 – Health Care Regulation

The Division of Health Quality Assurance provides direction, policy, coordination, and administrative support. The division protects the citizens of Florida through oversight of health care service providers. Health Quality Assurance is charged with licensure and/or certification of health care service providers. In order to accomplish its task, the Division is comprised of five bureaus: Field Operations, Health Facility Regulation, Long Term Care Services, Managed Health Care, and Plans and Construction.

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

54 – Workers’ Compensation Program

The Workers’ Compensation Program is a part of the Bureau of Managed Health Care. This bureau has regulatory authority over commercial and Medicaid managed care organizations, prepaid health clinics, provider service networks, and Worker’s Compensation managed care arrangements. The Workers’ Compensation program is charged with conducting compliance surveys, on-site and desk reviews of managed care organizations.

55 – Risk Management/Transfers to DOAH & DMS

Risk Management, Transfers to Department of Administrative Hearings and Department of Management Services provides for insurance, administrative hearings, and for human resources support.

57 – Key Budget Driver – LRFO (Tier 1) Children’s Special Health Care/Kidcare

Anticipated funding required for the caseload increase in the Kidcare Programs as agreed upon at the December 2010 Social Services Estimating Conference.

58 – Key Budget Driver – LRFO (Tier 1) Medicaid Price Level & Workload

Anticipated funding required for the caseload and price level increases in the Medicaid Program as agreed upon at the December 2010 Social Services Estimating Conference.

59 – Key Budget Driver – LRFO (Tier 1) Medicaid FMAP Adjustment

Anticipated funding required for the change in the federal Medicaid matching rate as agreed upon at the December 2010 Social Services Estimating Conference.

60 – Key Budget Driver – LRFO (Tier 1) Tobacco Settlement Outlook

Anticipated funding required for the change in Tobacco Settlement funds as agreed upon at the December 2010 Estimating Conference.

Agency for Persons with Disabilities

64 - Home & Community Services-Waiver Administration

Home and Community Services Waiver Administration provides administrative support for the Home and Community-Based Services Waiver which is provided to people with developmental disabilities. The staff funded in this area provides support and coordination of services to assist persons in the identification of their needs and their preferences for services.

65 - G/A-Individual & Family Supports

Individual and Family Supports provides services to individuals not enrolled in Medicaid. Services include: supported living coaching and stipends, day and therapy training, supported employment, residential and nonresidential habilitation, transportation, respite care, medical and dental services, behavior management, parent education, evaluations, diagnostic testing, adaptive equipment,

BUDGET BALANCING EXERCISE

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environmental modifications to residences, and temporary employment services. These services are typically one-time services.

66 - Room & Board Payments

Room and Board Payments provides for basic group and foster home payments for long-term residential care services.

67 – Medicaid Waiver Services

Medicaid Waiver Services provides Medicaid eligible persons who are included in the Home and Community-Based Services (HCBS) waiver and the Consumer Directed Care Plus waiver with an array of community supports and services. There are 30,062 individuals on the waiver.

68 - Program Management & Compliance- Department Administration

Program Management and Compliance provides overall direction and administrative support to area offices, as well as statewide coordination and technical assistance relating to clinical services for behavioral analysts and medical case managers. Administrative support includes Director's Office, Chief of Staff, Legislative Affairs Communications, Budget, Fiscal Management, Contract Management, Human and Information Technology.

69- Developmental Disabilities Centers – Civil

The Developmental Disabilities Centers- Civil provides funding for two regional public centers; one in Marianna (Sunland- 331 individuals) and one Gainesville (Tacachale- 463 individuals). Marianna (Sunland) and Gainesville (Tacachale) are intermediate care facilities. These residential facilities treat and care for individuals with developmental disabilities.

70 - Developmental Disabilities Centers – Forensic

The Developmental Disabilities Centers- Forensic provides services for individuals accused of crimes that are found to be incompetent to proceed to trial through its Mentally Retarded Defendant Program located at Chattahoochee-Florida State Hospital (123 Individuals).

71 - Risk Management/Transfers to DOAH & DMS

Risk Management, Transfers to Department of Administrative Hearings and Department of Management Services provides for insurance, administrative hearings, and for human resources support.

73 – Key Budget Driver – LRFO (Tier 1) Medicaid Waiver Deficit

Anticipated funding required for the estimated deficit in the Medicaid Waiver Program as presented at the December 2010 Social Services Estimating Conference.

Department of Children and Families

77- Executive Leadership & Support Services

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

Executive Leadership and Support Services encompass the offices of Communications, Legislative Affairs, Legal Services, Appeal Hearings, Inspector General and the Secretary. These offices are located at Headquarters in Tallahassee.

78 - Assistant Secretary for Administration

Assistant Secretary for Administration provides support for program operations related to administration, which includes supporting regions and headquarters staff in the areas of revenue management, budget, contract management, general services and human resource management. The positions in this area are primarily located in Headquarters in Tallahassee.

79 – District Administration

District Administration provides administrative support for region and circuit operations and provides executive leadership at the region and circuit level. The positions in this area are distributed across the state.

80 – Northwood Shared Resource Center

The Northwood Shared Resource Center currently provides mainframe and midrange hardware operating systems and database services for the Department of Children and Family Services, Agency for Persons with Disabilities, the Department of Revenue, Department of Health, Department of State, Department of Juvenile Justice and the Department of Business and Professional Regulation. This budget is double budget, which means it also budgeted in other agencies.

81 - Child Care Licensing & Regulation

Child Care Licensing and Regulation provides administration support and direct operations for the licensure and registration of licensed child care facilities and homes, and training for child care provider staff.

82 - Adult Protective Investigations/Services

Adult Protective Investigations and Services are responsible for conducting on-site investigations of adults upon receipt of a report of abuse, neglect, or exploitation of a vulnerable adult.

83 - Temporary Emergency Shelter

The Temporary Emergency Shelter category is designed to care for aged and/or disabled adults and victims of abuse, neglect or exploitation when it can be documented through the adult protective services investigation process that the victim will suffer, or be in danger of suffering, from abuse, neglect or exploitation unless emergency services are provided.

84 - Community Care/Home Care for Disabled Adults

The Community Care and Home Care for Disabled Adults (CCDA) program assists functionally impaired disabled adults (18-59) to live in their own homes through the provision of, or linkage to, in-home services. The Home Care for Disabled Adults program provides case management services and a small financial subsidy to those families or friends providing in-home care to adult persons with disabilities who would otherwise be placed in nursing homes or institutions.

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

85 - Disabled Adult Medicaid Waiver Services

Disabled Adult Medicaid Waiver Services provides case management, personal care, homemaker, chore and adult day health care to low income adults aged 18 to 59 meeting certain criteria to prevent nursing home placement.

86 – Domestic Violence Program

The Domestic Violence Program certifies and funds Florida's domestic violence centers, which provide emergency shelter, hotline services, counseling, child assessments, case management, information and referral, community education and professional training.

87 - Prevention & Intervention/Healthy Families

Prevention and Intervention Healthy Families provides in-home services through the Healthy Families program for children who are at risk of abuse and neglect through voluntary and community-based services.

88 - Out of Home Care Relative Care Givers/Family Foster Care

Out of Home Care Relative Care Givers and Family Foster Care provides payments to providers for children's food, shelter, medical services not covered by Medicaid, clothing, allowances, and respite while the children are in out of home placements. The funds are transferred to the Agency for Health Care Administration for the Statewide Inpatient Psychiatric Program (SIPP) and psychiatric Residential Group Care beds. The purpose of the SIPP program is to provide psychiatric diagnostic, treatment and aftercare to children under the age of 18.

89 - Out of Home Care Residential Group Care and Emergency Shelter Services

This Out of Home Care Residential Group Care covers the costs for children in non-psychiatric residential group care and Emergency Shelter Services provides funding for children placed in emergency shelters.

90 - Child Protective Investigations

Child Protective Investigations provides on-site investigations of reports of child abuse and neglect, assessment of child safety and in-home and out-of-home protective services for children who are victims of abuse and neglect.

91- Sheriffs Protective Investigations

Sheriffs Protective Investigations provides funding to seven county Sheriffs to conduct child protective investigations for the Department. The Department conducts child protective investigations in the remaining counties. The Sheriff offices in the following counties provide child protective investigations: Manatee, Pasco, Pinellas, Broward, Hillsborough, Seminole and Citrus.

92 - Children's Legal Services

Children's Legal Services provides legal support to child investigations and represents the Department in court in regards to children under the Department's supervision.

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

93 - Community Based Care Services

Community Based Care Services provides funding for Community Based Care lead agencies, which provide child welfare services that include state wide foster care. There are approximately 18,719 in foster care.

94 - Independent Living Services 13-17

Independent Living Services 13-17 provides life skills training for foster children ages 13-18 to prepare them to transition out of foster care.

95 - Independent Living Services 18-23

Independent Living Services 18-23 provides stipends to young adults ages 18 to 23 that were previously in foster care to assist them in obtaining a high school diploma, GED, or pursuing a postsecondary education.

96 - Maintenance Adoption Subsidy

Maintenance Adoption Subsidy provides monthly stipends to adoptive families who have adopted a child from foster care up to age 18. There are approximately 29,813 children who receive this stipend up to a maximum of \$5,000 annually.

97 - Florida Abuse Hotline

The Florida Abuse Hotline receives, assesses and refers reports of alleged abuse, neglect and abandonment of children, and abuse, neglect and exploitation of vulnerable adults for investigation.

98 - Executive Direction & Support Services - Family Safety

Executive Direction and Support Services – Family Safety provides direction and support to state and contractors by developing rules and procedures, establishing of performance standards and objectives, developing allocation methodologies and providing direction on programmatic funding, conducting research and data analysis, procuring and managing contracts, and providing technical assistance and monitoring to ensure programs are implemented according to state and federal laws, and best practices.

99 – Sexually Violent Predator Program

The Sexually Violent Predator Program provides post-incarceration civil commitment of sexually violent predators that have been evaluated and civilly committed by a court.

100 - Adult Mental Health Services

Adult Mental Health Services are provided for adults with mental illnesses. These services are provided at the community level to minimize the placement of individuals in institutions.

101 -Adult Baker Act Services

Adult Baker Act Services are provided for adults who are a danger to themselves or others. A Baker Act is a means of providing individuals with emergency services and temporary detention for mental health evaluation and treatment when required, either on a voluntary or an involuntary basis.

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

102 - Children's Mental Health Services

Children's Mental Health Services are provided to children up to age 17 who have an emotional disturbance, or who are experiencing an acute mental illness. These services are provided in the community to minimize the placement of children in institutions.

103 - Children's Baker Act Services

Children's Baker Act Services are provided for children who are a danger to themselves or others. A Baker Act is a means of providing individuals with emergency services and temporary detention for mental health evaluation and treatment when required, either on a voluntary or an involuntary basis.

104 - Adult Mental Health Treatment Facilities – Civil

The Adult Mental Health Treatment Facilities - Civil provides services for adults who have been committed based upon criteria in chapter 394 or 916, F.S., and have been determined to present a substantial risk in the community due to dangerousness to themselves or others. These individuals are provided inpatient services at state treatment facilities.

105 - Adult Mental Health Treatment Facilities – Forensic

The Adult Mental Health Treatment Facilities – Forensic program houses and treats individuals under forensic commitment. Forensic commitments is determined by the courts in cases when an individual has been adjudicated incompetent to proceed or not guilty by reason of insanity.

106 - Executive Direction & Support Services - Mental Health

Executive Leadership and Support Services for Mental Health provides for development and management of contracts, licensure and budgetary related to state wide mental health programs.

107 - Child/Adolescent Substance Abuse Services

Child and Adolescent Substance Abuse Services are an array of assessment, detoxification, prevention, treatment and aftercare services that are provided to children 17 years of age and younger who are either at-risk of developing substance abuse problems or have been identified as having substance abuse problems.

108 - Adult Substance Abuse Services

Adult Substance Abuse Services are an array of assessment, detoxification, prevention, treatment and aftercare services that are provided to adults 18 years of age and older who are either at-risk of developing substance abuse problems or have been identified as having substance abuse problems.

109 - Executive Direction & Support Services - Substance Abuse

Executive Leadership and Support Services for Substance Abuse provide management and development for contracts, licensing, and budgeting for state wide substance abuse programs.

110 - Eligibility Determination

Eligibility Determination provides for the timely processing of applications for public assistance, which includes cash assistance, food stamps, Medicaid and disabled adult payments.

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

111 - Fraud Prevention/Benefit Recovery

Fraud Prevention and Benefit Recovery investigates and monitors benefits provided for cash assistance, food stamps and Medicaid to ensure fraud prevention and accuracy.

112 - Homelessness/Housing Programs

The Homelessness and Housing Programs provide services for various agencies and programs that serve individuals or families who are homeless or facing homelessness. Office staff works in conjunction with the 17-member Council on Homelessness to develop state policy.

113 - Optional State Supplementation/ Personal Care Allowance

The Optional State Supplementation program provides cash assistance for aged, blind, or disabled individuals who can no longer live alone. Personal Care Allowance provides \$5 a month to supplement the personal needs of SSI recipients in nursing homes.

114 - Cash Assistance

Cash Assistance provides families with temporary cash assistance through the Temporary Assistance for Needy Families (TANF) program. To receive TANF for Families, a family must be below income and resource limits set for the program.

115 - Executive Direction & Support Services - Economic Self Sufficiency

Executive Leadership & Support Services for Economic Self Sufficiency provides management oversight and assistance for the Economic Self-Sufficiency (ESS) Program Office. ESS primary function is to process applications for cash assistance, food stamps and Medicaid.

116 - Risk Management/Transfers to DOAH & DMS

Risk Management, Transfers to Department of Administrative Hearings and Department of Management Services provides for insurance, administrative hearings, and for human resources support.

118 - Key Budget Driver – LRFO (Tier 1) Cash Assistance (TANF)

Anticipated funding required to meet the forecasted caseload as determined by the December 2010 Social Services Estimating Conference.

119 - Key Budget Driver – LRFO (Tier 2) Maintenance Adoption Subsidy

Anticipated funding required to address growth, a lowering of the Federal Medical Assistance Percentage and to replace nonrecurring funding.

120 - Key Budget Driver – LRFO (Tier 2) Mental Health Nonrecurring

Funding provided to restore non-recurring appropriations provided to support Mental Health Programs. The funding will provide for the continuation of mental health services for adults and children.

BUDGET BALANCING EXERCISE GENERAL PROGRAM OVERVIEW

121 - Key Budget Driver – LRFO (Tier 2) Substance Abuse Nonrecurring

Funding provided to restore non-recurring appropriations provided to support Substance Abuse Programs. The funding will provide for the continuation of substance abuse services for adults and children.

122 - Key Budget Driver – LRFO (Tier 2) Department Needs

Departmental Needs are based on the non-recurring appropriations provided in Fiscal Year 2010-2011 to support Department operations across the department. This funding will provide for the continuation of operations at Fiscal Year 2010-11 levels.

DEPARTMENT OF ELDER AFFAIRS

126 – Comprehensive Assessment & Review for Long Term Care Services (CARES)

Florida's federally mandated pre-admission screening program for nursing home applicants. A registered nurse and/or an assessor perform client assessments. A physician or registered nurse reviews each application to determine level of care needed. The purpose of the assessment is to: identify long-term care needs; establish level of care (medical eligibility for nursing facility care); and recommend the least restrictive, most appropriate placement

127 – Community Care for the Elderly-CCE

The Community Care for the Elderly (CCE) program provides community-based services organized in a continuum of care to assist functionally impaired older people to live in the least restrictive environment suitable to their needs. This program also required to give primary consideration for services to elderly persons referred to Adult Protective Services (APS) and determined by APS to be victims of abuse, neglect or exploitation who are in need of immediate services to prevent further harm.

128 – Home Care for the Elderly

The Home Care for the Elderly (HCE) program encourages the provision of care for elders age 60 and older in family-type living arrangements in private homes as an alternative to institutional or nursing home care.

129 – Aging Resource Centers

The Aging Resource Center was created in 2004 to reduce fragmentation in the elder services delivery system and to provide easier access to elder services. Primary functions performed by the Aging Resource Centers are: increase access to elder services; provide more centralized and uniform information and referral; increase screening of elders for services; improve triaging and prioritizing of elders for services; streamline Medicaid eligibility determination; improve long-term care options counseling; enhance fiscal control and management of programs; and increase quality assurance.

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

130 – Program Management Support Staffing

Monitors performance of contracts with the Area Agencies on Aging and provide technical assistance and training for all programs administered by the department.

131 – Alzheimer’s Project/Services

Provides respite services to caregivers of frail elders and those with Alzheimer's disease and related dementia. The intent is to provide respite to family caregivers to increase their ability to continue caring for a homebound elder and to avoid the latter's institutionalization.

132 – Elder Service Related Grants

Provides additional funding to expand long-term care alternatives enabling elders to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement. This category also provides funding for various grants received from federal agencies that provide services and allow for demonstration of evidence based programs. Services vary depending upon the grants received.

133 – Older Americans Act

The federal Older Americans Act (OAA) provides assistance in the development of new or improved programs to help older persons through grants to the states for community planning and services. Provides an array of periodic disease-prevention and health-promotion services at senior centers or alternative sites. Services are designed to help elders prevent/manage chronic diseases and promote healthier lifestyles.

134 – Local Service Programs

These programs provide additional funding to expand long-term care alternatives enabling elders to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement. Little Havana Activities & Nutrition Centers of Dade County and City of Hialeah are the two programs funded under this service category.

135 – Medicaid Waivers

Funding provided across the Area Agencies on Aging to manage Medicaid Waiver caseloads, enrollment and waitlists. Provides payment for a wide range of home and community-based services provided to elderly and other disabled Medicaid beneficiaries who would otherwise require institutional care. Includes the following waivers: Channeling, Adult Day Health Care, PACE, Nursing Home Diversion, Medicaid Aged and Disabled Adult, and Assisted Living for the Frail Elderly waivers.

136 – Executive Leadership and Support

Executive Leadership & Support provides leadership for the department as well as promotes accountability, integrity, and efficiency in government. Executive Leadership & Support includes the following offices: Secretary/Deputy Secretary, General Counsel, Legislative Affairs, Communications, Information Technology, Planning, Financial Administration, Contract Administration, Division Internal/External/Inspector General, and General Services/Human Resources.

BUDGET BALANCING EXERCISE GENERAL PROGRAM OVERVIEW

137 – Long-Term Care Ombudsman Program

The program is a statewide, volunteer-based system of district councils that protect, defend and advocate on behalf of long-term care facility residents. Ombudsmen identify, investigate and resolve complaints made by, or on behalf of, residents.

138 – Statewide Public Guardianship Program (SPGO)

Program assists in the provision of services to meet the needs of the most vulnerable persons who lack the capacity to make decisions on their own behalf. Guardians protect the property and personal rights of incapacitated individuals. SPGO is also responsible for the appointment and oversight of Florida's public guardians as well as the registration and education of Florida's professional guardians.

139 – Risk Management/Transfers to DOAH & DMS

Risk Management, Transfers to Department of Administrative Hearings and Department of Management Services provides for insurance, administrative hearings, and for human resources support.

141 - Key Budget Driver – LRFO (Tier 2) Waiver Program Growth

Funding provided for growth in Medicaid Waiver programs based on a four year average of funding levels.

142 - Key Budget Driver – LRFO (Tier 2) Restore Local Services & Alzheimer's Programs

Funding provided to restore non-recurring appropriations provided to Local Service and Alzheimer's programs. The funding will provide for the continuation of these services at the FY 2010-11 funding levels.

DEPARTMENT OF HEALTH

146 – Executive Direction & Support

Executive Direction & Support - provides oversight, direction, and coordination for the Administrative Support and Information Technology Services.

147 – Correctional Medical Authority

Correctional Medical Authority - provides oversight of the Department of Corrections' delivery of health care services to inmates to ensure that adequate health care is provided.

148 – Minority Health Initiatives

Minority Health Initiatives ("Closing the Gap") - provides grants to local counties/communities to increase community-based health promotion and disease prevention activities to eliminate racial and ethnic health disparities.

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

149 – Family Health Outpatient Services

Family Outpatient Services - provide statewide programmatic oversight of nutrition services to at-risk women and children, the child nutrition program, dental health prevention and treatment, chronic disease screening, and risk reduction activities.

150 – Family Planning

Family Planning – provides comprehensive knowledge, assistance, and services relating to the planning of families, birth control, and maternal health care to low-income Floridians of childbearing age.

151 – Epilepsy Services

Epilepsy Program – provides client services for the care and treatment of persons with epilepsy, and to maintain an educational program and promote the prevention of epilepsy.

152 – School Health

School Services – provides preventive health services. *Basic School Health* – includes services that appraise, protect, and promote student health. *Comprehensive School Health Services* – includes Basic School Health Services, as well as comprehensive services that focus on promoting the health of students, reducing risk-taking behaviors, and reducing teen pregnancy. *Full Service Schools* – are schools with high numbers of medically underserved, high-risk students. Services include mental health, substance abuse, and delinquency counseling, counseling for abused children, and counseling for high-risk children and their parents.

153 – Crisis Counseling

Crisis Counseling – provides services to enhance pregnancy supports. This funding cannot be used for the purchase of medical equipment or to pay for medical procedures.

154 – Healthy Start

Healthy Start – assists pregnant women, interconceptional women, infants, and children up to age 3 to obtain the health care and social support needed to reduce the risks for poor maternal and child health outcomes including infant mortality, and to promote good health and developmental outcomes for all mothers, infants, and children in Florida.

155 – Family Health Projects

Family Health Projects – specific community projects funded within the base budget. Consists of projects such as Statewide Dentistry Network, Nova University Nursing Tuition Assistance Program, County Specific Dental Projects, Visionquest, Jessie Trice Community Health Center, Community Smiles, and others.

156 – Infectious Disease Control

Infectious Disease Control - provides oversight and administration of programs that are designed to detect, control, prevent and treat infectious diseases. Specific services provided in the county health departments include immunizations, infectious disease counseling and testing, infectious disease reporting and surveillance, epidemiological investigation, partner elicitation and notification, health

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

education and medical treatment including drug therapy for HIV/AIDS and tuberculosis to cure or mitigate illness. The department also provides housing assistance for persons with AIDS and assists in paying insurance premiums for HIV infected persons.

157 – Tuberculosis Hospital (A.G. Holley)

Tuberculosis Hospital (A.G. Holley) – provides inpatient, long-term care for patients with the most difficult, resistant, complex, and dangerous cases of tuberculosis in Florida.

158 – Infectious Disease Projects

Infectious Disease Projects - specific community projects funded within the base budget. Consist of two projects: HIV/AIDS Outreach Program-Haitian & Hispanic Community and South Florida AIDS Network-Jackson Memorial.

159 – HIV/AIDS Services

HIV/AIDS Services – administers the programs for HIV/AIDS surveillance, education, prevention, counseling, testing, care, and treatment. Implementing the statewide Ryan White CARE Act Consortia, the AIDS Drug Assistance Program (ADAP), and the Housing Opportunities for Persons with AIDS (HOPWA), and the AIDS Insurance Continuation Program (AICP).

160 – Environmental Health Services

Environmental Health Services – protects the public from diseases of environmental origin and exposure to hazardous substances.

161 – CHD Local Needs/Primary Care Services

CHD Local Health Needs/Primary Care Services – provide a variety of health services for infants, children, and their families. DOH operates CHDs in all 67 counties and are major safety net providers with more than 200 clinic sites offering varying levels of personal health care services. The CHD delivery system provides direct client services relating to Primary Care Services, Communicable Disease Control Services, and Environmental Health Services.

162 – CHD Local Needs Projects

CHD Local Health Needs Projects - specific community projects funded within the base budget. Consist of three projects: Minority Outreach-Penalver Clinic-Dade, La Liga-League Against Cancer, and Manatee County Rural Health Services.

163 – Statewide Public Health Support Services – Executive Leadership/Support Services

Statewide Public Health Support Services – Executive Leadership/Support Services - supports the health care system by providing specialized ancillary and support services, as well as enhancing the state's bioterrorism preparedness and response capabilities.

164 – Laboratory Services

Laboratory Services - provides screening and testing services to identify sexually transmitted diseases, tuberculosis, HIV/AIDS, rabies, parasitology, the presence of hereditary diseases in newborn infants

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

and contaminants in water, food and the workplace, as well as certifying environmental and water testing laboratories.

165 – Vital Statistics

Vital Statistics – registers and issues certified copies of vital records such as birth, death, marriage and divorce documents.

166 – Disaster Preparedness

Disaster Preparedness – provides resources for statewide planning, training, and equipment for preparedness and response to bioterrorism events.

167 – Statewide Pharmaceutical Services

Statewide Pharmaceutical Services – provides drugs and nutritional supplements for the treatment of sexually transmitted diseases, epilepsy, tuberculosis, HIV/AIDS, diabetes, and rabies; adult and childhood immunizations; family planning (contraceptives and devices); and general clinic drugs for county health departments.

168 – Biomedical Research

Biomedical Research – funding to support research initiatives in the areas of tobacco-related cancer, cardiovascular disease, stroke and pulmonary disease.

169 – Office of Trauma

Office of Trauma – plans, monitors, and evaluates trauma center standards, site surveys, applications processes, trauma agencies' development and operations, state trauma system plan, trauma transport protocols, state trauma registry, and the end-of-life program.

170 – Division of Children's Medical Services and Related Programs

Division of Children's Medical Services and Related Programs – provides children under the age of 21, who have a special health care needs, a family-centered, comprehensive, and coordinated statewide managed system of care that links community-based health care with multidisciplinary, regional, and tertiary pediatric care. Special needs include serious or chronic physical or developmental conditions requiring extensive preventive and maintenance care beyond that required by typically healthy children.

171 – Children's Medical Services Network

Children's Medical Services Network – serves children with special health care needs who are enrolled in Medicaid (Title XIX) and Kid Care (Title XXI). The Medicaid benefit package is provided for enrolled children. In addition, the CMS Network Safety Net serves children who are not eligible for other insurance programs, are underinsured, or those whose cost of care spends the family income down to eligible financial levels.

BUDGET BALANCING EXERCISE

GENERAL PROGRAM OVERVIEW

172 – Pediatric HIV/AIDS

Pediatric HIV/AIDS – provides CMS enrolled infants, children, youth and families with HIV/AIDS residing in CMS service delivery sites. Services include evaluation, diagnosis, care coordination, nutritional counseling, permanency planning, assistance with transportation, and other support services.

173 – Child Protection Team

Child Protection Team – provide medical evaluations, consultations, nursing assessments, and expert court testimony for children alleged to be physically or sexually abused.

174 – Poison Information Center Network

Poison Information Center Network – provides 24/7 toll free hot line with access to poison information, triage of potentially poisoned patients, collection of data, and education for consumers and health practitioners.

175 – Early Steps Program

Early Steps Program – serves infants at high risk for developmental disabilities and hearing impairment through comprehensive assessments of the needs of children birth to 36 months; service coordination/case management to assure the child receives specific services in the Individualized Family Support Plan; and intervention and assistance services identified in the Individual Family Support Plan.

176 – Children’s Medical Services Projects

Children’s Medical Services Projects - specific community projects funded within the base budget. Consist of three projects: Fetal Alcohol Spectrum Disorder, Islet Cell Transplantation to Cure Diabetes, and Alpha One Program – Alachua County.

177 – Medical Quality Assurance

Medical Quality Assurance – regulates health care practitioners through licensing and enforcement of policies established by the boards and councils that oversee each profession.

178 – Community Health Resources

Community Health Resources – coordinates resources to improve primary care access and health professional workforce availability in underserved areas; supports the delivery of continuing education services; supports the volunteer health care provider program; and provides assistance to the rural health network and eleven local health councils.

179 – Area Health Education Centers (AHEC)

Area Health Education Centers (AHEC) – funding is provided to assist the AHEC network, which link the provision of primary care services to low-income persons with the education of medical students, interns, and residents. AHEC Network consists of five universities with State-approved medical schools and community resources.

BUDGET BALANCING EXERCISE GENERAL PROGRAM OVERVIEW

180 – Brain & Spinal Cord Injury Program

Brain and Spinal Cord Injury Program – the waiver program allows individuals with a traumatic brain injury or spinal cord injury to live in their homes or in community based settings rather than in a nursing facility.

181 – Community Health Access Projects

Community Health Access Projects - specific community projects funded within the base budget. Consist of four projects: Traumatic Brain Injury Association/Brain Injury Association of Florida, Jessie Trice Cancer Center-Dade, the SW Alachua County Primary & Community Health Care Clinic, and FAMU-Crestview.

182 – Comprehensive Statewide Tobacco Prevention and Education Program

Comprehensive Statewide Tobacco Prevention and Education Program – implements the constitutional amendment that requires a statewide tobacco education and prevention program by providing funds to create tobacco-free partnerships and develop and implement tobacco prevention activities consistent with CDC's best practices.

183 – Disability Benefits Determination

Disability Benefits Determination – provides timely and accurate disability decisions on claims filed by Florida citizens applying for disability benefits under the Social Security Administration (SSA) and the state's Medically Needy Program.

184 – Risk Management/Transfers to DOAH & DMS

Risk Management, Transfers to Department of Administrative Hearings and Department of Management Services provides for insurance, administrative hearings, and for human resources support.

186 –Key Budget Driver – LRFO (Tier 2) Restore Nonrecurring Operational Funds

Restores non-recurring appropriations provided in the FY 2010-11 GAA in various programs through the department.

187 – Key Budget Driver – LRFO (Tier 2) Other Health

Other Health – funding for AIDS Programs, Medicaid Waivers, and to restore TANF related programs currently funded with nonrecurring.

DEPARTMENT OF VETERANS' AFFAIRS

191 – Veterans' Nursing Homes

Provides administrative oversight and comprehensive health care services to eligible Florida veterans requiring skilled nursing home care services. The nursing homes provide full-service skilled nursing care, supervised 24 hours daily by registered and licensed nursing staff.

BUDGET BALANCING EXERCISE GENERAL PROGRAM OVERVIEW

192 – Executive Direction & Support Services

Executive Direction and Support Services provides oversight and strategic direction for department operations, actions, and infrastructure resources necessary to ensure the effective and efficient operation of all aspects of the department. Executive Direction and Support Services consists of the following offices: Budget, Chief of Staff, Communications, Executive Director, Fiscal, General Counsel, Inspector General, Legislative Affairs, Planning, Personnel, Purchasing, Information Technology, Training and Staff Development.

193 – Veterans' Benefits & Assistance Services

Provides oversight for the Bureaus of State Approving Veterans' Training, Claims Services and Field Services. Provides counseling services and assistance to veterans, their dependents and survivors with the preparation, submission and prosecution of claims and appeals for state and federal entitlements as well as applications to correct military records. Provides benefits counseling services to all inpatients and outpatients in US Department of Veterans Affairs medical facilities. Provides outreach activities throughout the state that include supporting the Transitional Assistance Program at military installations and assisting veterans following hurricane recovery.

194 – Risk Management/Transfers to DOAH & DMS

Risk Management, Transfers to Department of Administrative Hearings and Department of Management Services provides for insurance, administrative hearings, and for human resources support.

General Appropriations Act Section 3 - Human Services
Tier 2 Issues - Critical and Other High Priority Needs
Expenditure projections (\$ millions)

<u>Recurring</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
General Revenue	6,063.2	7,762.4	8,696.2	9,087.1
change		1,699.3	933.8	390.9
% change		28.0%	12.0%	4.5%
Tobacco Settlement TF	369.6	364.8	365.2	366.8
change		-4.8	0.4	1.6
% change		-1.3%	0.1%	0.4%
<u>Nonrecurring</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
General Revenue	636.0	46.6	61.6	44.9
Tobacco Settlement TF	0.0	0.0	0.0	0.0
<u>TOTAL</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>	<u>2013-14</u>
General Revenue	6,699.2	7,809.0	8,757.8	9,132.0
budget impact		1,745.9	995.4	435.8
Tobacco Settlement TF	369.6	364.8	365.2	366.8
budget impact		-4.8	0.4	1.6

SECTION 3 – HUMAN SERVICES

SUMMARY

The Human Services section of the General Appropriations Act includes the following agencies: Agency for Health Care Administration; Agency for Persons with Disabilities; Department of Children and Family Services; Department of Elder Affairs; Department of Health; and Department of Veterans' Affairs. These agencies are funded with a combination of state general revenue, tobacco trust funds, federal funds, private grants and state trust funds. Many health and human services programs are eligible to earn federal matching funds. Maximization of federal funds has been a state priority for many years; however, it is important to note that most federal funding requires state matching funds, and therefore, total federal receipts vary based on the availability of state match. See Appendix B for a chart showing budget totals for Section 3 of the Fiscal Year 2010-11 budget.

Below is a description of each key budget driver associated with this section of the budget.

CRITICAL NEEDS

Annualizations – Human Services

The Outlook includes a net reduction of \$31.7 million (\$14.0 million in general revenue) to annualize the following budget reductions taken in Fiscal Year 2010-11: a Children's Medical Services targeted case management fee reduction; a freeze in Florida Healthy Kids Corporation capitation rates; a limit on Medicaid private duty nursing services; a Medicaid managed care fraud and abuse capitation adjustment; Medicaid health maintenance organization rate reductions; and a cap on services in the Agency for Persons with Disabilities. Annualizations also include increases for: start-up of the new St. Johns Veterans' Nursing Home; a workload increase for appeals hearings in the Department of Children and Family Services; additional slots for the Program for All Inclusive Care for the Elderly (PACE); and additional funds for disposable incontinence supplies for children enrolled in Medicaid.

Medicaid Program

The Medicaid program (Title XIX of the Social Security Act) provides health care coverage to certain persons who qualify as low-income elderly, disabled, or families with dependent children. Medicaid is a federal and state matching program. Medicaid is the second largest single program in the state budget behind public education, representing 28 percent of the total state budget, and is the largest source of federal funding for the state.

The American Recovery and Reinvestment Act of 2009 (ARRA) provides a temporary increase in the Federal Medical Assistance Percentage (FMAP) from October 1, 2008 through June 30, 2011 to assist state Medicaid programs with the effects of the recession. During an economic downturn, increased unemployment results in increased Medicaid enrollment and associated spending increases. At the same time, increased unemployment has a negative impact on state revenues making it more difficult to pay the state's share of Medicaid spending increases. Under ARRA, there are three factors used to calculate a state's FMAP increase:

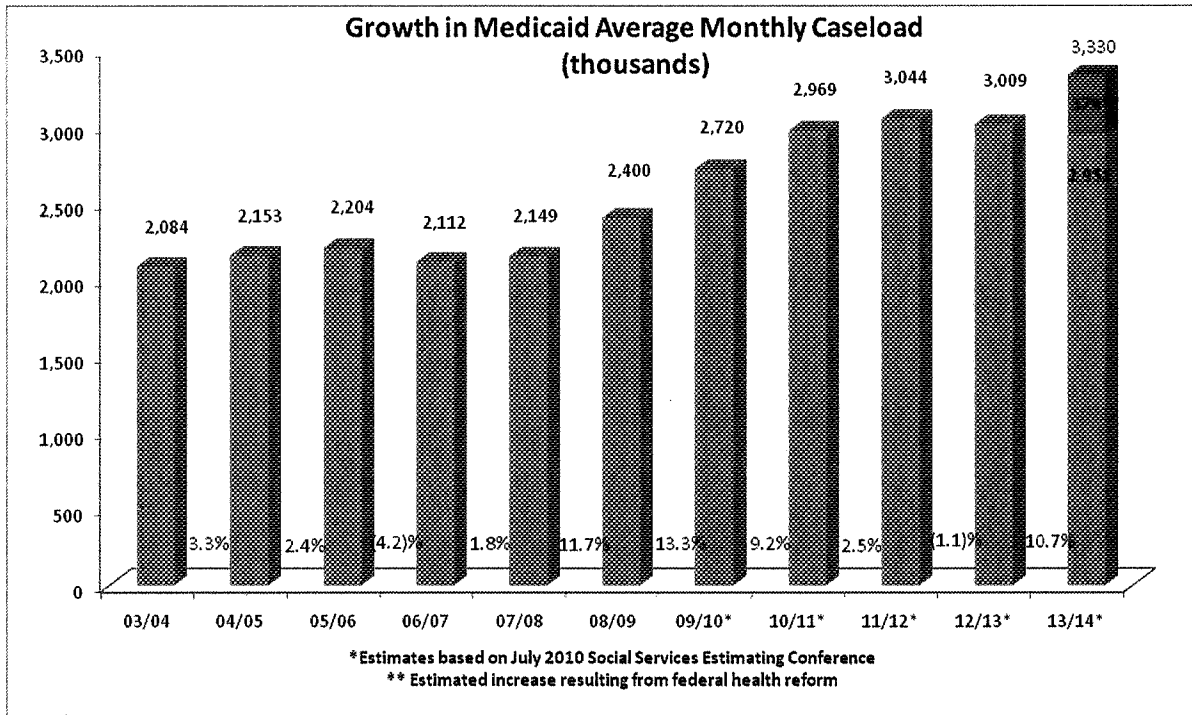
- 1) a hold-harmless provision to prevent states from receiving a reduction in their Fiscal Year 2009 FMAP based on the formula;
- 2) a 6.2 percent increase after application of the hold-harmless provision through December 31, 2010 after which it will drop to 3.2 percent for 3 months and then to 1.2 percent for the final quarter of the 2010-11 state fiscal year; and
- 3) a 5.5 percent, 8.5 percent or 11.5 percent reduction in the state share of Medicaid costs for states with significant increases in quarterly unemployment over a base rate.

To be eligible for the enhanced federal funding, states may not have eligibility standards, methods or procedures that are more restrictive than those effective on July 1, 2008. The maintenance of effort (MOE) on eligibility helped to preserve eligibility for the program; however, reductions were necessary in provider payment rates and benefits to curtail Medicaid spending. Even as the economy starts to rebound, the effects on unemployment and Medicaid enrollment will lag and continue to rise at the same time that ARRA funds will expire, resulting in further pressures on the state budget.

Caseload

Medicaid caseloads grew by 11.7 percent in Fiscal Year 2008-09 and continued to increase by 13.3 percent in Fiscal Year 2009-10 for a total of 2.7 million beneficiaries as a result of the economic recession. Enrollment growth is estimated to continue to increase by 9.2 percent in Fiscal Year 2010-11 and grow to 2.969 million beneficiaries. Enrollment growth is forecast to peak in 2011-12 at just over 3 million beneficiaries, an increase of 2.5 percent from the previous year, and then is forecast to decline slightly by 1.1 percent in fiscal year 2012-13. However, enrollment is forecast to increase to 3.3 million beneficiaries in fiscal year 2013-14 (a 10.7 percent increase over the previous year) because of the impact of federal health care reform.

[SEE CHART ON NEXT PAGE]



Over the three-year forecast period, Medicaid caseloads are projected to continue growing in Fiscal Year 2011-12 with a growth rate of 2.5 percent and then begin a gradual reduction in growth of 1.1 percent in Fiscal Year 2012-13, followed by a 10.7 percent increase in growth in Fiscal Year 2013-14 because of the effects of federal health care reform. Without federal health care reform, Medicaid caseloads were forecast to decline in Fiscal Year 2013-14 by (1.9 percent).

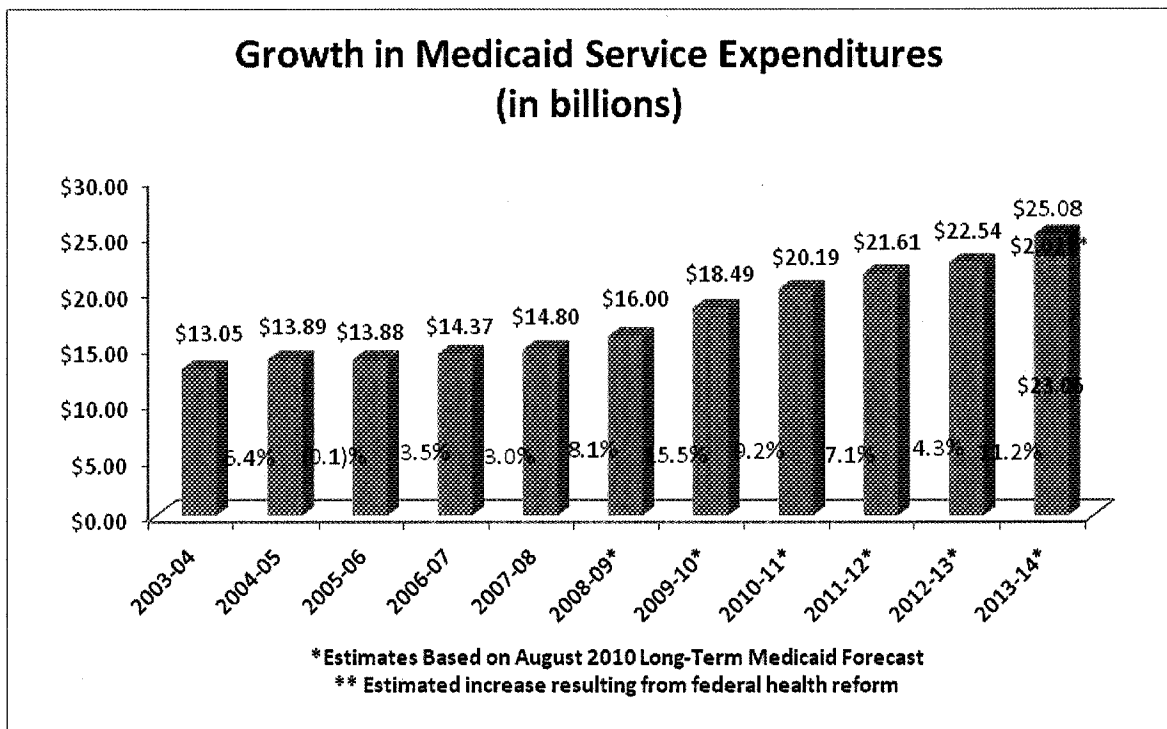
Medicaid Caseload Estimates

	Fiscal Year 2010-11	Fiscal Year 2011-12	Fiscal Year 2012-13	Fiscal Year 2013-14
Caseload	2,968,660	3,044,418	3,009,139	3,330,341
Increase		75,758	(35,279)	321,202
Percent		2.5%	(1.1%)	10.7%

Expenditures

Expenditure growth rates in Medicaid averaged more than 8 percent per year during Fiscal Years 2007-08 and 2008-09 as the state began to experience the impacts of the recession. The growth rate for Fiscal Year 2009-10 is estimated to be 15.5 percent with expenditures of approximately \$18.49 billion. Medicaid expenditures are forecast to continue to grow in Fiscal Year 2010-11 to more than \$20 billion, primarily as a result of caseload growth resulting from the recession.

The Medicaid program is increasingly serving populations with very serious and expensive health care needs—frail seniors, people with HIV/AIDS, ventilator-dependent children, and other individuals with serious mental and physical disabilities. While the elderly and disabled represent an estimated 32.5 percent of the total Medicaid caseload, they account for almost 61 percent of Medicaid spending. Medicaid provides expensive chronic care and long-term care services that are largely unavailable anywhere else in the health care system. Demographic trends suggest that these cost pressures will continue to increase. With a growing elderly population, it is critical to control long-term care spending.



Over the three-year forecast period, gradual growth in current Medicaid program expenditures is forecast for Fiscal Years 2011-12 and 2012-13, reaching a peak of \$22.6 billion before beginning to decline in Fiscal Year 2013-14 as the recession ends. However, as a result of the impact of the federal health reform law, overall Medicaid expenditures are forecast to increase to just over \$25 billion in Fiscal Year 2013-14, an 11.2 percent increase.

[SEE CHART ON NEXT PAGE]

Medicaid Expenditure Estimates*
(dollars in millions)

	Fiscal Year 2010-11**	Fiscal Year 2011-12	Fiscal Year 2012-13	Fiscal Year 2013-14
FMAP Rate	64.83%	56.31%	57.29%	57.40%
Expenditures				
<i>General Revenue</i>	\$3,431.4**	\$4,835.9	\$5,744.1	\$6,103.4
<i>Increase</i>		\$1,404.5	\$908.2	\$359.3***
<i>Percent</i>		40.93%	18.78%	6.26%

* Estimate based on August, 2010 Social Services Estimating Conference and does not include \$79.1 million state matching funds in other departments for Fiscal Year 2011-12; (\$12.7) million for Fiscal Year 2012-13; and (\$4.7) million in Fiscal Year 2013-14. Fiscal Year 2011-12 estimate includes adjustment for ARRA stimulus funds.

** Base budget adjusted for non-recurring funds and annualizations.

*** Includes \$142.5 million for federal health care reform costs.

The Outlook includes an increase in general revenue funds for Medicaid expenditures of \$1,404.5 million in Fiscal Year 2011-12, \$908.2 million in Fiscal Year 2012-13 and \$216.8 million in Fiscal Year 2013-14 (federal health care reform adds an additional \$142.5 million to these costs for a total of \$359.3 million.) In addition, Medicaid state matching funds are budgeted in other health and human services departments, and the Outlook includes additional general revenue funds for these agencies in the amounts of \$79.1 million in Fiscal Year 2011-12, and a reduction of (\$12.7) million for Fiscal Year 2012-13 and (\$4.7) million in Fiscal Year 2013-14 due to the change in the FMAP rate.

Major policy assumptions and projections for critical needs related to Medicaid expenditures for the forecast period are described below:

- **Social Services Estimating Conference**—The estimated costs for caseload growth, utilization and inflation were projected based on historical trends and methodologies used by the July 2010 Social Services Estimating Conference. The estimates hold the unit costs flat for hospitals, nursing homes, county health departments, community intermediate care facilities for the developmentally disabled, and prepaid health plans for Fiscal Year 2010-11, in accordance with chapter 2008-143, Laws of Florida. The estimates include normal growth for price level increases for these services in fiscal years 2011-12, 2012-13, and 2013-14.
- **Federal Medical Assistance Percentage**—The American Recovery and Reinvestment Act (ARRA) provides a *temporary* increase in the federal medical assistance percentage (FMAP) from October 1, 2008 through June 30, 2011. Based on the ARRA calculations, the federal matching rate for Fiscal Year 2008-09 was 64.94 percent (up from the base rate of 55.46 percent) and 67.64 percent for Fiscal Year 2009-10. The Outlook uses the estimated federal matching rate of 64.83 percent for Fiscal Year 2010-11; 56.31 percent for Fiscal Year 2011-12;

57.15 percent for Fiscal Year 2012-13; and 57.46 percent for Fiscal Year 2013-14.

- **American Recovery and Reinvestment Act of 2009**—The American Recovery and Reinvestment Act will make additional trust funds available that will reduce the expected Medicaid funding need in Fiscal Year 2011-12 by \$606.2 million.

Federal Health Care Reform

The Patient Protection and Affordable Care Act was signed into law on March 23, 2010. This comprehensive legislation contains a wide range of measures to reform the nation's health care system including Medicaid.

The Congressional Budget Office (CBO) estimates that the legislation will reduce the number of uninsured by 32 million in 2019 at a net cost of \$938 billion over ten years. Further, the CBO projects that 24 million individuals will obtain coverage in the newly created state health insurance exchanges and that 16 million individuals will enroll in state Medicaid and Children's Health Insurance (Kidcare) programs.

This new federal law requires states to create a new Medicaid eligibility category for persons with an income up to 133 percent of the federal poverty level, effective January 1, 2014. Initially, this new eligibility group is funded at a match rate of 100 percent federal funds, but it phases down over time to a 90 percent federal – 10 percent state match in future years. The phase down of federal funds begins in Fiscal Year 2014-15. In addition, the new federal law imposes penalties on persons who fail to obtain health insurance by 2014, and thus it is anticipated that persons who are currently eligible for Medicaid but not enrolled in the program will begin to enroll in the program in 2014. The match rate for these persons is the regular Medicaid matching rate. Finally, the new federal law requires states to increase physician reimbursement rates for specified primary care services up to 100 percent of the Medicare reimbursement rate effective January 1, 2014. The match rate for this reimbursement increase is 100 percent federally funded for the first year.

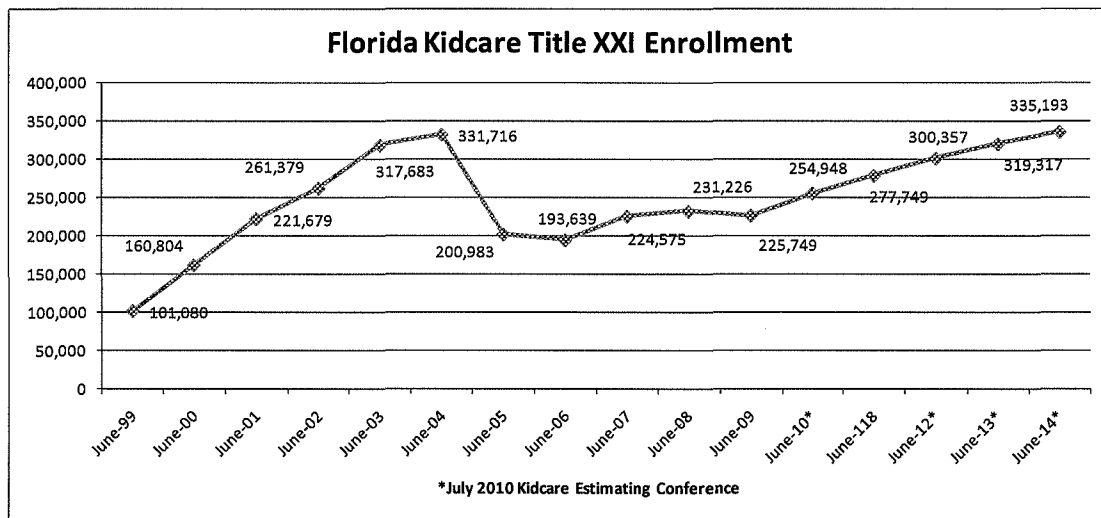
Florida's Social Services Estimating Conference (SSEC) estimated the impact of this new federal law on Florida's Medicaid program beginning in Fiscal Year 2013-14 as follows. It is estimated that the new eligibility group for persons with incomes up to 133 percent of federal poverty level will result in an additional 241,569 persons enrolling in Medicaid in Fiscal Year 2013-14. In addition, it is forecast that an additional 137,705 persons will enroll in Medicaid who were eligible under existing eligibility categories, for a total increase in Medicaid beneficiaries associated with federal health reform in Fiscal Year 2013-14 of 379,274 beneficiaries. The cost for serving these additional Medicaid participants is forecast to be \$1.6 billion, of which \$142 million is state funds. As stated, the additional cost for increasing primary care reimbursement rates is funded by the federal government for Fiscal Year 2013-14 and is forecast to be \$472 million, bringing

the total cost for federal health care reform for Florida Medicaid to \$2.03 billion in Fiscal Year 2013-14.

Kidcare Program

Kidcare is the state's children's health insurance program provided under the federal Children's Health Insurance Program (CHIP) - Title XXI of the Social Security Act. The Kidcare program provides health insurance primarily targeted to uninsured low-income children under age 19 whose family income is at or below 200 percent of the federal poverty level (\$44,100 for a family of four in 2010). CHIP is a federal and state matching program. The state participation for Florida is 31.18 percent and the federal participation is 68.82 percent for Fiscal Year 2010-11. Unlike Medicaid, Kidcare is not an entitlement program and the federal allotment is capped. Florida's federal allotment for Federal Fiscal Year 2010 is \$356.1 million. The program is funded at \$501.0 million in Fiscal Year 2010-11, of which \$153.6 million is state matching funds (\$66.0 million of general revenue and \$87.6 million of tobacco settlement funds).

The Title XXI caseload as of June 2010 was 254,948. (There were 23,602 additional children enrolled in the program who are non-Title XXI eligible for a total program enrollment of 278,550.)



Over the three-year forecast period, caseload growth is projected to be 8.14 percent for Fiscal Year 2011-12, 6.25 percent for Fiscal Year 2012-13 and 5.03 percent for Fiscal Year 2013-14. This growth will provide for increased enrollment of 22,608 children in Fiscal Year 2011-12; 18,780 children in Fiscal Year 2012-13; and 16,056 children in Fiscal Year 2013-14. The Outlook includes an increase in state funds for the Kidcare program of \$22.5 million in Fiscal Year 2011-12, \$21.0 million in Fiscal Year 2012-13 and \$20.3 million in Fiscal Year 2013-14.

**Kidcare Program Estimates
(dollars in millions)**

	Fiscal Year 2010-11	Fiscal Year 2011-12	Fiscal Year 2012-13	Fiscal Year 2013-14
Caseload	277,749	300,357	319,137	335,193
Increase		22,608	18,780	16,056
Percent		8.14%	6.25%	5.03%

	Fiscal Year 2010-11	Fiscal Year 2011-12	Fiscal Year 2012-13	Fiscal Year 2013-14
Expenditures				
State Funds	\$152.6*	\$175.1	\$196.1	\$216.4
Increase		\$22.5	\$21.0	\$20.3
Percent		14.76%	12.01%	10.33%

* Adjusted for non-recurring and annualizations

Major policy assumptions and projections for critical needs related to Kidcare expenditures for the forecast period are described below:

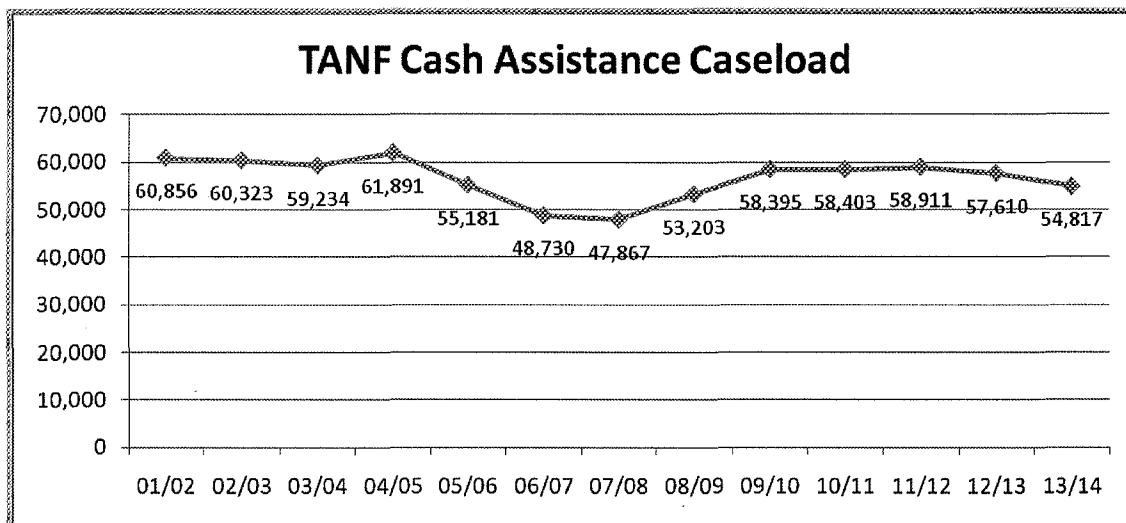
- **Social Services Estimating Conference**—The estimated costs for caseload growth, utilization and inflation were projected based on historical trends and methodologies used by the July 2010 Social Services Estimating Conference. The conference adopted caseload increases in the Florida Kidcare growth rates of 8.14 percent for Fiscal Year 2011-12; 6.25 percent for Fiscal Year 2012-13; and 5.03 percent for Fiscal Year 2013-14.
- **Federal Medical Assistance Percentage**—The federal matching rate for Fiscal Year 2010-11 is 68.49 percent. The Outlook uses the federal matching rate of 68.82 percent for State Fiscal Years 2011-12, 2012-13, 2013-14.
- **Reauthorization**—The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) reauthorized and funded the CHIP program for four and a half years—through federal fiscal year 2013. The Outlook uses the federal fiscal year 2010 allotment of \$356.1 million for State Fiscal Years 2011-12, 2012-13 and 2013-14. Beginning with the 2009 allotment, funds are available for two years only (previously they were available to be spent over three years).

TANF (Temporary Assistance for Needy Families) Cash Assistance

The welfare reform legislation of 1996 ended the federal entitlement to assistance and created the Temporary Assistance for Needy Families (TANF) block grant that provides assistance and work opportunities to needy families. Florida’s federal block grant allotment was \$622.7 million for Fiscal Year 2009-10, including supplemental grant funds of \$60.4 million. The TANF block grant has an annual cost-sharing requirement

referred to as maintenance of effort or MOE. States are required to spend 80 percent of the state funds expended under the former Aid to Families with Dependent Children (AFDC) program or 75 percent if federal work participation requirements are met (50 percent all-family rate and 90 percent two-parent family rate). Because Florida has always met the work participation requirements since the inception of the TANF program, the required minimum MOE has been \$368.4 million, or 75 percent. Should Florida fail to meet the federal work participation requirements, the MOE would increase by 5 percent or \$24.5 million.

The American Recovery and Reinvestment Act of 2009 (ARRA) created a new TANF Emergency Contingency Fund under which states are eligible to receive 80 percent federal funding in Federal Fiscal Years 2009 and 2010 for increased expenditures in three categories: basic assistance, non-recurring short-term payments, and subsidized employment. Florida is expected to receive a total of \$201.28 million from this fund: \$45.1 million for basic assistance, \$16.51 for non-recurring short-term payments and \$139.66 million for subsidized employment. The law also authorized states to use carryover TANF funds from prior years for any purpose permissible for TANF spending through September 30, 2010. Under current law, carryover funds could only be spent on basic assistance.



Source: July 2010 Social Services Estimating Conference

Over the three-year forecast period, cash assistance caseload growth is projected to increase slightly by .87 percent in Fiscal Year 2011-12 and decline by 2.21 percent for Fiscal Year 2012-13 and 4.85 percent for Fiscal Year 2013-14. The Outlook includes adjustments to cash assistance as follows: an increase of \$31.6 million in general revenue funds to replace Fiscal Year 2010-11 non-recurring funds and a decrease of \$22.5 million for a net increase of \$9.1 million in general revenue for Fiscal Year 2011-12; a reduction of \$5.3 million in TANF funds for Fiscal Year 2012-13; and a reduction of \$10.3 million in TANF funds for Fiscal Year 2013-14.

Cash Assistance Estimates
(dollars in millions)

	Fiscal Year 2010-11	Fiscal Year 2011-12	Fiscal Year 2012-13	Fiscal Year 2013-14
Caseload	58,403	58,911	57,610	54,817
Increase/(Decrease)		508	(1,301)	(2,793)
Percent		.87%	(2.21%)	(4.85%)

	Fiscal Year 2010-11	Fiscal Year 2011-12	Fiscal Year 2012-13	Fiscal Year 2013-14
Total Program Expenditures	\$179.5	\$188.6	\$183.3	\$173.0
Increase/(Decrease)		\$9.1	(\$5.3)	(\$10.3)
Percent		5.07%	(2.81%)	(5.62%)

Source: July 2010 Social Services Estimating Conference

Major policy assumptions and projections for TANF cash assistance for the forecast period are described below:

- Social Services Estimating Conference**—Estimates for cash assistance were projected based on historical trends and methodologies used by the July 2010 Social Services Estimating Conference. The cash assistance appropriation for Fiscal Year 2010-11 is \$211.1 million, of which \$135.4 million is general revenue, \$9 million is non-recurring unreserved trust fund cash and \$22.6 million is non-recurring ARRA funds. The Outlook replaces the non-recurring ARRA and trust fund cash with recurring general revenue funds and adjusts the general revenue by the projected reduction in cash assistance based on the July 2010 Social Services Estimating Conference estimates.
- Reauthorization**—After expiring in 2002 and being extended through several continuing resolutions, the TANF program was reauthorized in early 2006 as part of the Deficit Reduction Act of 2005 and extended through September 30, 2010. The TANF supplemental grant program was extended under the American Recovery and Reinvestment Act of 2009 (ARRA) through September 30, 2010. Congress is expected to extend both grants by continuing resolution. The Outlook assumes continuation of the TANF Block Grant at the historical funding levels of \$562.3 million for the regular block grant and \$60.4 million for the supplemental grant and no funding from the TANF Emergency Fund for Fiscal Years 2011-12, 2012-13 and 2013-14.

Tobacco Awareness Constitutional Amendment

A constitutional amendment passed on the November 2006 ballot that required the Florida Legislature to annually fund a comprehensive, statewide tobacco education and

prevention program, using tobacco settlement money to primarily target youth and other at-risk Floridians. The annual funding requirement is 15 percent of the 2005 Tobacco Settlement payments to Florida, adjusted annually for inflation using the Consumer Price Index. The 2007 Legislature enacted chapter 2007-65, Laws of Florida, which required the Department of Health to operate the tobacco program. The amount required for Fiscal Year 2010-11 was \$61.3 million.

Tobacco Education and Use Prevention Program Estimates
(dollars in millions)

	Fiscal Year 2010-11	Fiscal Year 2011-12	Fiscal Year 2012-13	Fiscal Year 2013-14
Expenditures	\$61.3	\$62.4	\$63.7	\$64.9
Increase/(Decrease)		\$1.1	\$1.3	\$1.2
Percent		1.8%	2.0%	1.8%

Major policy assumptions and projections for the forecast period are described below:

- **National Economic Estimating Conference**—The estimated tobacco expenditures from the February 2010 Revenue Estimating Conference were adjusted by applying the Consumer Price Index from the January 2010 National Economic Estimating Conference.
- **Expenditures**— Over the three-year forecast period, the Outlook provides for adjustments related to the statewide Tobacco Education and Use Prevention program: \$1.1 million increase in Fiscal Year 2011-12, \$1.3 million increase in Fiscal Year 2012-13 and \$1.2 million increase in Fiscal Year 2013-14.

Tobacco Settlement Trust Fund Outlook

The 2010 Legislature appropriated \$369.6 million from the Tobacco Settlement Trust Fund to fund health and human services programs. This was a recurring reduction of \$0.3 million from the previous fiscal year primarily because of declining tobacco settlement payments and lower Lawton Chiles Endowment interest earnings.

Tobacco Settlement Trust Fund Estimates
(dollars in millions)

	Fiscal Year 2010-11	Fiscal year 2011-12	Fiscal Year 2012-13	Fiscal Year 2013-14
Expenditures	\$369.6	\$364.8	\$365.2	\$366.8
Increase/(Decrease)		(\$4.8)	\$0.4	\$1.6
Percent		(1.3%)	0.1%	0.4%

Major policy assumptions and projections related to expenditures from tobacco settlement trust funds for the forecast period are described below:

- **Revenue Estimating Conference**—The estimated revenues were projected based on historical trends and methodologies used by the March 2010 Revenue Estimating Conference, updated for 2010 legislative actions.
- **Expenditures**—The Outlook assumes that the \$4.8 million reduction in tobacco settlement revenue in Fiscal Year 2011-12 will be replaced with general revenue funds, but the increases in tobacco settlement revenue in Fiscal Years 2012-13 and 2013-14 will replace general revenue funds. The expenditure estimates also include the required adjustments for the Tobacco Education and Use Prevention program for Fiscal Years 2011-12, 2012-13 and 2013-14.

OTHER HIGH PRIORITY NEEDS

Developmentally Disabled Services

Other high priority needs projections for the home and community-based waivers include funds to handle potential deficits resulting from utilization increases and the delayed implementation of the four-tiered waiver system as a result of litigation allowing individuals to maintain the same level of services while awaiting the outcome of individual hearings to review changes to their services based on tier assignments. The projected increase in general revenue funds is \$43.8 million for Fiscal Year 2011-12, \$5.1 million for Fiscal Year 2012-13 and \$5.2 million for Fiscal Year 2013-14.

Children and Family Services

The projections restore non-recurring funds for maintenance adoption subsidies, community projects, and mental health and substance abuse services. The Outlook provides workload increases for child protection investigations, community based care, maintenance adoptions, and independent living based on four-year averages. The increase in general revenue funds is \$112.9 million for Fiscal Year 2011-12, \$42.1 million for Fiscal Year 2012-13 and \$25.3 million for Fiscal Year 2013-14.

Health Services

For Fiscal Year 2011-12, the Outlook includes \$53.4 million in recurring general revenue funds to restore non recurring funds for community programs and Department of Health operational funds, and to restore funds vetoed for Shands Hospital. Additional recurring general revenue funds - in the amount of \$2.4 million- are provided in Fiscal Years 2011-12, 2012-13 and 2013-14 for growth in Medicaid waivers in the Department of Elder Affairs and the Department of Health and for AIDS programs. The Outlook also includes recurring restoration of \$50 million recurring funds for cancer research from the \$1

tobacco surcharge for Fiscal Year 2011-12, as required by chapter 2010-161, Laws of Florida.

Human Services Information Technology/Infrastructure

Other high priority needs projections are based on four-year appropriation averages and include costs for human services information technology and infrastructure, and re-engineering costs for certain information systems. The Outlook provides \$5.0 million from non-recurring trust funds for Fiscal Years 2011-12, 2012-13 and 2013-14.

Maintenance, Repairs, and Capital Improvements

Other high priority needs projections are based on four-year appropriation averages of maintenance and repair costs for state-owned facilities which include, mental health facilities, developmentally disabled facilities, county health departments, rural hospitals and veteran's nursing and domiciliary homes. Non-recurring general revenue in the amount of \$22.5 million is provided for each of the three fiscal years 2011-12, 2012-13 and 2013-14.

OTHER CONSIDERATIONS

The Long-Range Financial Outlook is based on events that are known or likely to occur. However, there are some risks that would significantly alter key assumptions were they to come to pass. One of those risks and its potential ramification relates to the TANF program. The Outlook assumes that the federal government will reauthorize the TANF program beyond Fiscal Year 2011 and continue to provide supplemental grant funds. It also assumes that Florida will continue to meet the work participation requirements and only be required to provide MOE at the 75 percent amount. If work participation rates are not met, Florida would have to increase MOE by 5 percentage points.



***Status of the 1115 Medicaid Reform Waiver
Extension Request
and
Low Income Pool Council Recommendations
for State Fiscal Year 2011-2012***

***Phil E. Williams,
Assistant Deputy Secretary for Medicaid Finance***

***Presented to the House Health Care Appropriations
Committee
February 15, 2011***

1115 Medicaid Reform Waiver

- In 2005, the Florida Legislature authorized the Agency, through Section 409.91211, Florida Statutes, to:
 - Seek experimental, pilot, or demonstration project waivers, pursuant to s. 1115 of the Social Security Act, to create a statewide initiative to provide a more efficient and effective service delivery system that enhances quality of care and client outcomes in the Florida Medicaid program.
 - Implement the Medicaid Managed Care Pilot program in Broward County and Duval County.
 - Expand into Baker, Clay, and Nassau Counties within 1 year after the Duval County program becomes operational.

Goals of Medicaid Reform

- Improve access to health care services.
- Provide more choices (plans and services) for Medicaid recipients.
- Provide opportunities for recipients to take a more active role in their health care decisions.
- Reduce the administrative complexity of managing the Florida Medicaid Program.
- Slow the rate of growth of expenditures:
 - Better care coordination
 - Reduction of over-utilization
 - Reduction of fraud

1115 Medicaid Reform Waiver

- Pursuant to Section 409.91211, Florida Statutes, the Agency requested and was granted a Section 1115 Research and Demonstration Waiver to implement the program.
 - The initial approval period for the waiver was for 5 years starting July 1, 2006, through June 30, 2011.
 - Under a section 1115 waiver, states are provided with the option to request a 3 year extension after the initial 5 year period.
 - The current Medicaid Reform Waiver expires June 30, 2011.

1115 Medicaid Reform Waiver

- On April 30, 2010, the Florida Legislature passed Senate Bill (SB) 1484.
- Within this bill, the Florida Legislature directed the Agency to seek approval of a 3 year waiver extension in order to continue operation of the 1115 waiver in Baker, Broward, Clay, Duval, and Nassau counties. The Agency was directed to submit the extension request by no later than July 1, 2010.
 - The Agency was not authorized to amend the waiver.
 - An extension would maintain the program in the current geographic areas of operation.
 - Any expansion into new geographic areas or substantial changes would require Legislative authorization.
- The Agency submitted a 3-year waiver extension request to the Centers for Medicare and Medicaid Services on June 30, 2010.

1115 Medicaid Reform Waiver

- An extension, even without programmatic change, would include new Special Terms and Conditions (STCs) relating to Low Income Pool funding and an update to budget neutrality.
- CMS has indicated that they will amend current conditions of operation. Informal communication from CMS had indicated the following examples:
 - The parameters of the Low Income Pool (LIP) will be reviewed consistent with existing regulations regarding budget neutrality and (hospital) upper payment limits.
 - The State will need to submit a request to amend the demonstration to:
 - Achieve expansion beyond the five counties in which the demonstration is currently operating.
 - Require mandatory enrollment beyond the populations for which such enrollment is currently required.

1115 Medicaid Reform Waiver

- Program elements considered for amendment may change as CMS continues to review the extension request.
- The deadline for CMS to respond to the extension request is June 29, 2011.
 - CMS may grant a temporary extension or series of extensions.

Low Income Pool as part of the 1115 Waiver

- Under the 1115 waiver authority, CMS can allow for the provision of federal matching funds for costs not otherwise matchable under federal Medicaid regulation.
- Funding through LIP for programs such as initiatives focused on primary care, emergency room diversion, disease management, poison control, and continued initiatives related to premium assistance programs for uninsured and underinsured individuals are authorized specific to 1115 waiver authority.

Future Low Income Pool Funding

- As part of the extension request, Florida requested to maintain the \$1 billion funding for LIP.
- The Upper Payment Limit (UPL) payment methodology is allowable under federal regulations 447.272 to help offset the Medicaid shortfall for Medicaid participating hospitals and was in place in Florida from July 1, 2000 until June 30, 2006.
- UPL provides supplemental payment for fee-for-service days.
- The Low Income Pool (LIP) was established July 1, 2006, to ensure continued government support for the provision of health care services to Medicaid, underinsured and uninsured populations.
- LIP provides payment for uncompensated care to under and uninsured people.

Future Low Income Pool Funding

- In considering the element of LIP funding as part of the waiver Extension request, CMS has requested the Agency analyze funding that would be available to Florida under the UPL model.
- It is anticipated that the UPL will serve as the base for determining LIP funding amounts under an extension.
- CMS has noted that to the extent the base is less than the currently authorized \$1 billion annual limit, the State may request the use of savings generated under the waiver to maintain the \$1 billion annual funding level.
- There are sufficient savings under the waiver to maintain the \$1 billion annual funding level if needed.

Future Low Income Pool Funding

- In September, the Agency provided CMS with the timeline associated with the required LIP Council recommendations and the Legislative Budgeting process, no direction regarding future LIP funding levels has been received to date.
- At the time, the Agency requested that CMS verify LIP funding levels by March 2011 so that Legislative budget committees could be informed of any new STCs regarding the distribution of LIP funds.
- For the purposes of making Low Income Pool Funding recommendations for the 2011-2012 state Fiscal Year, the Low Income Pool Council recommendations are based on the anticipation that funding levels will remain consistent at \$1 billion annual for the 2011-2012 fiscal year.



Low Income Pool Council Recommendations for SFY 2011-12

Low Income Pool (LIP) Program

- The Low-Income Pool (LIP) program was implemented July 1, 2006 as part of the Medicaid Reform 1115 Research and Demonstration Waiver.
- Per Special Term and Condition (STC) #91 of the 1115 Wavier:
 - “A Low Income Pool will be established to ensure continued government support for the provision of health care services to Medicaid, underinsured and uninsured populations. The low-income pool consists of a capped annual allotment of \$1 billion total computable for each year of the 5-year demonstration period.”

Low Income Pool – Provider Access Systems

- Funding in the LIP Program allows many Provider Access Systems (PAS) in Florida, to receive additional payments to cover the cost of providing services to Medicaid, uninsured, and underinsured individuals. PAS entities are defined in the waiver as providers with access to LIP funding and services funded from LIP.
- PAS entities include entities such as hospitals, clinics, or other provider types and entities designated by Florida Statutes to improve health services access in rural communities, which incur uncompensated medical care costs in providing medical services to the uninsured and underinsured.

Low Income Pool Council

- Council Authority and Membership:
 - The Low Income Pool (LIP) Council is created by Section 409.911(10), F.S.
 - Twenty-four members including representatives from local governments, various public, teaching, rural, for-profit, not-for-profit hospitals, federally qualified health centers, the Department of Health, and the Agency for Health Care Administration (the Agency).
 - Twenty members are appointed by the Secretary of AHCA. Two members are appointed by the Senate President; two by the Speaker of the House of Representatives.
 - The Council is Chaired by the Agency's Secretary or designee. The Chair is a non-voting member.

Low Income Pool Council

- Per the statute, the Council is an advisory body responsible for:
 - Providing recommendations on the financing of and distribution of funds for the LIP and Disproportionate Share Hospital (DSH) programs.
 - Advising the Agency on the development of the LIP Plan required by the waiver.
 - Advising the Agency on the distribution of hospital funds used to adjust inpatient hospital rates, rebase rates, or otherwise exempt hospitals from reimbursement limits as financed by intergovernmental transfers.
 - Submitting its findings and recommendations to the Governor and the Legislature no later than February 1 each year.

Low income Pool Permissible Expenditures

- “Funds from the LIP may be used for health care expenditures (medical care costs or premiums) that would be within the definition of medical assistance in Section 1905(a) of the Act. These health care expenditures may be incurred by the State, by hospitals, clinics, or by other provider types for uncompensated medical care costs of medical services for the uninsured, Medicaid shortfall (after all other Title XIX payments are made) may include premium payments, payments for provider access systems (PAS) and insurance products for such services provided to otherwise uninsured individuals, as agreed upon by the State and CMS.”

* Special Term and Condition #94

Low Income Pool Permissible Expenditures 10 percent Sub Cap.

- “Up to 10 percent of the capped annual allotment of the LIP funds may be used for hospital expenditures other than payments to providers for the provision of health care services to an uninsured or underinsured individual. Payments from this sub-cap may be used for the improvement or continuation of specialty health care services that benefit the uninsured and underinsured, such as capacity building and infrastructure, hospital trauma services, hospital neonatal services, rural hospital services, pediatric hospital services, teaching or specialty hospital services, or safety net providers.”

*Special Term and Condition # 96

LIP Council Funding Elements

- Pursuant to statute, the Council makes recommendations for financing and distribution of funds outside of the annual \$1 billion in Low Income Pool funds available under the 1115 Wavier.
 - Distribution of Low Income Pool funds
 - Distribution of Disproportionate Share Hospital (DSH) programs.
 - Distribution of hospital funds used to adjust inpatient hospital rates, rebase rates, or otherwise exempt hospitals from reimbursement limits as financed by intergovernmental transfers.
 - Exemptions
 - Buy-Backs

Medicaid Payments to Hospitals:

- Under the Medicaid program, rates for institutional providers, such as hospitals, are set on a facility specific basis, based on each facility's reported costs.
- Rates are established twice a year, and are all inclusive, "per diem" rates, based on reported costs for services provided by the hospital to Medicaid recipients on a fee-for-services basis.
- Rates are set for Inpatient and Outpatient services.

Hospital Exemptions/ "Exempt Rates":

- Rates for hospitals participating in the Medicaid program are set using methodology outlined in the Title XIX Reimbursement Plans.
- These plans include limitations to reimbursement known as “targets” or “ceilings” which are intended to limit the rates to a predetermined rate of growth.
- In order to maximize funding for certain hospitals, budget authority has been provided to allow these providers to be “exempt” from these limits, provided that the state share of the additional rate resulting from that exemption is provided through contribution from local governments (county and special taxing authorities).
- The rates paid to these facilities is referred to as the “exempt rate”.
- The funds used as state share for the additional rate paid to these “exempt” facilities are collectively known as Intergovernmental Transfers, or “IGTs”

Authority to "Buy-Back" Rate Reductions:

- Over the past several years, the Legislature has made a series of reductions to the hospital inpatient and hospital outpatient categories in order to accommodate the need for overall reductions in the Medicaid budget.
- When a reduction is mandated, the state is able to reduce its General Revenue expenditures; however, the corresponding federal funding, or "federal match" is lost as well.
- In order to maximize funding for the hospitals participating in the Medicaid program, budget authority has been provided through proviso to allow the hospitals to "buy-back" the federal match by ensuring contributions of county, local government, or hospital funds to serve as the state share to drawn down federal funds in the amount of the reduction made through the GAA.
- The funds used to "buy-back" these reductions are collectively known as Intergovernmental Transfers, or "IGTs".

Council Challenges in the Development of recommendations for SFY 2011-2012

- Declining state revenues and state matching funds and the resulting consideration of cuts to Medicaid reimbursement rates for hospitals and Medicaid funding in general.
- The phase down of the enhanced Federal Medical Assistance Percentage (FMAP)
- Increased demand for non-federal funding (IGTs).
- What data to use as a “base” calculation for SFY 2011-12 distribution of LIP funds.
- Status of the 1115 Waiver extension request and potential changes to Special Term and Condition or milestones regarding distribution of funding.

LIP Council Recommendations

Following are the LIP Council recommended funding levels for SFY 2011-12 (in millions):

	Council Recommended
Low Income Pool -	\$1,000.3
Exemptions Program -	\$610.5
Disproportionate Share -	\$260.0
Medicaid "Buy-Backs" Program -	<u>\$149.8</u>
Total	\$2.02 billion

Comparison of SFY 2010-11 LBC Appropriation to SFY 2011-12 LIP Council Recommendations (in millions)

Low Income Pool:	<u>SFY 2010-11 LBC</u>	<u>SFY 2011-12</u>
➤ LIP	\$ 765.3	\$848.0
➤ Special LIP	138.5	96.0
➤ LIP Non-Hospital	<u>96.4</u>	<u>56.3</u>
➤ Total LIP (millions)	\$1,000.3	\$1,000.3
 Related Programs:		
➤ Disproportionate Share Hospital	\$ 264.3	\$260.0
➤ Exemptions	714.0	610.5
➤ Medicaid "Buy-Back" Program	<u>158.4</u>	<u>149.8</u>
➤ Total LIP Related (millions)	\$ 1,136.7	\$1,020.3
 ➤ Total LIP and Related Programs	 <u>\$2,137.0</u>	 <u>\$2,020.6</u>

Summary of Funding Sources

Where do the dollars come from?

State General Revenue	\$ 19.9 million
Local Taxes & Other Agencies	\$ 889.0 million
Federal Funds	<u>\$1,111.8 million</u>
Total	\$ 2.02 billion

Sources of Matching Funds

Matching funds (all programs):

- \$19.9 million in total state GR match.
- \$889.0 million in local Intergovernmental Transfers (IGTs) are provided using local tax dollars, other Agencies' funds and public hospital operating funds. Twenty-eight local governments contribute these funds.
- The Council Recommendations for SFY 2011-12 includes an increase of \$117.1 million in local IGTs.



Hospital IGT Contributors



State and Local Government	Statewide Issues	DSH	LIP & Program Exemptions	Total
Hospital Issues				
General Revenue		-	250,000	250,000
General Revenue Recurring	-	6,602,899	9,270,670	15,873,569
Citrus County Hospital Board	-	-	8,059,233	8,059,233
Collier County	-	-	2,872,595	2,872,595
Duval County	1,506,817	4,711,475	17,366,012	23,584,304
Halifax Hospital Medical Center Taxing District	-	4,387,288	30,835,973	35,223,261
Health Care District of Palm Beach County	-	-	22,392,324	22,392,324
Health Central			2,647,481	2,647,481
Hillsborough County	2,188,721	3,322,203	28,990,696	34,501,620
Indian River Taxing District	-	-	9,957,218	9,957,218
Lake Shore Hospital Authority	-	-	2,872,595	2,872,595
Lee Memorial Health System	-	6,049,515	6,179,546	12,229,061
Marion County	-	1,129,937	3,917,028	5,046,965
Miami-Dade County	12,094,236	44,640,135	311,044,078	367,778,449
North Broward Hospital District	4,216,371	22,379,294	125,910,790	152,506,455
North Lake Hospital Taxing District	-	-	12,573,564	12,573,564
Orange County	-	2,759,128	9,535,690	12,294,818
Pinellas County	-	1,124,754	23,730,325	24,855,079
Sarasota County Public Hospital Board	-	-	21,480,737	21,480,737
South Broward Hospital District	2,761,135	12,295,064	76,783,532	91,839,731
St. Johns County	-	-	367,233	367,233
South Lake Hospital Taxing District			4,318,174	4,318,174
Gulf County	-	-	1,029,925	1,029,925
Bay County	-	-	5,973,562	5,973,562
North Brevard Hospital District	-	-	1,179,340	1,179,340
Manatee County			5,173,334	5,173,334
GME DSH		870,200		870,200
Total Government Transfer (Hospitals)	22,767,280	110,271,892	744,711,656	877,750,828

Recommended LIP Program

LIP Allocated and Proportional Distributions Recommended funding of \$847.99 million

- The Council recommends the distribution methodology approved in the 2010 GAA with minor policy modifications
- Allocation factor is 11%
- Rural Hospitals are held harmless in this calculation at \$2.4 million.

Special Hospital LIP

**Council Recommended funding of \$96.0
million for the following initiatives:**

▪ Rural	\$ 5.7 m
▪ Primary Care	\$ 8.6 m
▪ Specialty Pediatric	\$ 1.4 m
▪ Trauma	\$ 8.8 m
▪ Safety Net	<u>\$ 71.4 m</u>
Total Special LIP	\$ 96.0 m

LIP Non-Hospital Programs

Recommended funding of \$56.2 million

- Initiatives focused on primary care, emergency room diversion, disease management, poison control, and continued initiatives related to premium assistance programs for uninsured and underinsured individuals.
- Federally Qualified Health Centers, County Health Departments, Hospital based Primary Care Programs benefit from continued funding.
- Projects Include:
 - Poison Control Centers
 - Federally Qualified Health Centers
 - County Health Initiatives
 - Hospital Based Primary Care Initiatives
 - Premium Assistance Programs
 - Manatee, Sarasota, and Desoto County Emergency Room Diversion

Other LIP Council Recommendations for SFY 2011-12

- Primary Care
 - Duration of projects-proviso
 - Alternative allocation of funding
- Florida's Fair Share of Federal Funding
 - LIP, DSH, etc.
 - Maximize IGT funded hospital exemptions and buy-back reimbursement

Disproportionate Share Hospital Program (DSH)

Recommended funding \$260 million

- The DSH Program provides financial support to hospitals serving a significant number of low-income patients.
 - Federally capped program with limited allotments to each state.
 - Sixty-five hospitals including the rural hospitals are recommended for Medicaid DSH payments.
- The DSH Program distribution method remains the same as SFY 2010-11.
- DSH is authorized under federal law and not the 1115 Waiver LIP Pool.

Exemption Program

Recommended funding of \$600.5 million

- Qualifying hospitals are eligible for Medicaid reimbursement that is exempt from specific ceilings and targets
- Uses the policy parameters as approved for SFY 2010-11.
- Exemption Level:
 - Children's Hospitals 90.00%
 - Statutory Teaching Hospitals 75.00%
 - Trauma, Specialty and GAA Hospitals 70.00%
 - Hospitals with greater than 15% Charity Care 42.34%
 - CHEP Hospitals 30.00%
 - Hospitals with Charity Care $\geq 11\%$ but $< 15\%$ 30.00%
- Authority for any Medicaid hospital not otherwise qualified to "self-exempt" using qualifying local funds.

Buy-Back Program

Recommended funding of \$149.8 million

- Authority was granted in the 2008 Legislative Session to allow qualifying hospitals to “Buy Back” required rate reductions. This results in increased reimbursement paid by Medicaid. The Authority was modified and expanded in the 2009 Session and again in the 2010 Session.
- Rate Buy-Backs - Medicaid trend adjustments (current year rate cuts) and rate reductions are partially restored for certain hospitals.
- Hospitals with qualifying IGTs will be allowed to maximize funds to restore reimbursement rate reductions.



Questions?



Department of Children and Families

Mental Health and Substance Abuse Services

Program Overview Presentation

February 15, 2011

Nevin Smith, PhD
Budget Director



SUBSTANCE ABUSE SERVICES

Comprehensive Continuum of Care

- Prevention
- Detoxification
- Treatment



SUBSTANCE ABUSE SERVICES

SFY 2010-2011

\$215,672,421 (State \$86.7 40%, Federal \$129.0)

Adults \$130,286,380

Children \$74,004,946



SUBSTANCE ABUSE SERVICES

SFY 2009-2010

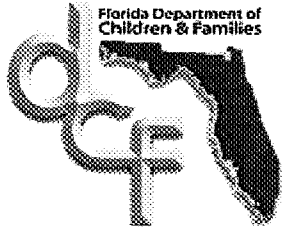
- Funding--\$215,488,055 (served 187,133 individuals)
- Adult Services—\$131,011,185 (served 137,961)
- Children Services--\$73,680,295 (served 49,172)



Non Recurring Funds

\$26,512,913

- **ADULTS:** \$24.2 M Will Impact 11,000 Adults
- **CHILDREN:** \$2.31 Will Impact 1,052 Children



SUBSTANCE ABUSE SERVICES

- Community based service delivery model thorough managing entities (2) or directly to 275 private and non-profit organizations.
- 83% of individuals served are at or below Federal Poverty Level.
- Payor of last resort.



**Medicaid Eligible Individuals Receiving Services
for Substance Use Disorders**

Eligibility:

- Adult or child receiving Supplemental Security Income
- Or Age 6 to 18 Family Income under 100% of Federal Poverty Level
- OR ages 19 and 20 Family Income under 22% of FPL
- Parent of a dependent child family income under 22% of FPL
- Pregnant woman family income under 185% of FPL

Medicaid State Plan Compensable Substance Abuse Services*

Assessments, medication management, behavioral health screenings, individual and group therapy, day treatment, psychosocial rehabilitation, in-home therapeutic services, hospitalization and hospital based

<u>Number of Individuals Served</u>	14,426
<u>Estimated Medicaid billings</u>	\$8,947,027

Substance Abuse Services Not on Medicaid State Plan

Case management, aftercare, out-patient detox, crisis response teams, day care, drop-in centers, incidental expenses, information and referral, outreach, prevention, prevention/intervention, day services, residential treatment, respite, sheltered employment, supported employment, and

<u>Number of Individuals Served</u>	18,487
<u>Program Billings</u>	\$21,876,649



**Individuals Ineligible for Medicaid
Receiving Services for Substance Use Disorders**

Eligibility:

- Children ages 6 to 18, family income over 100% of FPL
- Age 19 and 20, family income over 22% of FPL
- Adults without dependent children
- If parent of dependent child, income over 22% of FPL

**Substance Abuse Services Equivalent to Medicaid
State Plan Compensable Services**

Assessments, medication management, behavioral health screenings, individual and group therapy, day treatment, psychosocial rehabilitation, in-home therapeutic services, hospitalization and hospital based detox.

**Substance Abuse Services not on Medicaid
State Plan**

Case management, aftercare, out-patient detox, crisis response teams, day care, drop-in centers, incidental expenses, information and referral, outreach, prevention, prevention/intervention day services, residential treatment, respite, sheltered employment, supported employment, and supportive living.

Number of Individuals Served 68,195
Program Cost \$42,853,854

Number of Individuals Served 112,597*
Program Cost \$139,560,822



Department of Children and Families

Mental Health Services



COMMUNITY MENTAL HEALTH SERVICES

SFY 2010-2011

\$388,143,308 (State \$316.5 82%, Federal \$71.6)

Adults \$298,066,680

Children \$90,076,628



COMMUNITY MENTAL HEALTH SERVICES

SFY 2009-2010

- Funding--\$388,610,809 (served 282,662 individuals)
- Adult Services—\$ 302,764,460 (served 190,400 individuals)
- Children Services--\$ 85,846,349(served 92,262 individuals)



COMMUNITY MENTAL HEALTH SERVICES

- Community based service delivery model thorough managing entities (2) or directly to 159 private and non-profit organizations.
- 85.7% of individuals served are at or below of 100% of the Federal Poverty Level.
- Payor of last resort.



Non Recurring Funds

\$51,901,372

- ADULTS \$49,791,654 Impact 30,946
- CHILDREN \$2,109,718 Impact 2,296



Medicaid Eligible Individuals Receiving Mental Health Services

Eligibility:

- Adult or child receiving Supplemental Security Income
- To age 1, family income under 185% of Federal Poverty Level
- Ages 1 to 5, family income under 133% of FPL
- Ages 6 to 18, family income under 100% of FPL
- Ages 19 and 20, family income under 22% of FPL
- Parent of dependent child, income under 22% of FPL
- Pregnant woman, family income under 185% of FPL

Medicaid State Plan Compensable Mental Health Services

Assessments, medication management, behavioral health screenings, individual and group therapy, day treatment, psychosocial rehabilitation, in-home therapeutic services, intensive case management, psychiatric hospitalization and case management for persons with mental health disorders. For children: behavioral health overlay services, therapeutic group care and residential treatment centers for children and adolescents. For children in child welfare: therapeutic foster care.

Number of Individuals Served: 107,387

Estimated Billing to Medicaid: \$96,361,544.40

Mental Health Services Not on Medicaid State Plan

Aftercare, crisis stabilization units, crisis response teams, day care, drop-in centers, Florida Assertive Community Treatment (FACT), incidental expenses, information and referral, outreach, peer recovery services, prevention, prevention/intervention day services, residential treatment, respite, self-directed care, sheltered employment, supported employment, and supportive living.

Number of Individuals Served: 56,591

Program Cost: \$92,430,176



**Individuals Ineligible for Medicaid
Receiving Services for Mental Health Disorders**

- Adult or child not receiving Supplemental Security Income
- To age 1, family income over 185% of FPL
- Ages 1 to 5, family income over 133% of FPL
- Ages 6 to 18, family income over 100% of FPL
- Ages 19 and 20, family income over 22% of FPL
- Adults without dependent children
- Parent of dependent child, income over 22% of FPL

**Mental Health Services Equivalent to Medicaid
State Plan Compensable Services**

Assessments, medication management, behavioral health screenings, individual and group therapy, day treatment, psychosocial rehabilitation, in-home therapeutic services, intensive case management, case management for persons with mental health disorders. For children: therapeutic group care and residential treatment centers for children and adolescents.

Number of Individuals Served: 161,046

Program Cost: \$130,083,308

Mental Health Services not on Medicaid State Plan

Aftercare, crisis stabilization units, crisis response teams, day care, drop-in centers, Florida Assertive Community Treatment (FACT), incidental expenses, information and referral, outreach, peer recovery services, prevention, prevention/intervention day services, residential treatment, respite, self-directed care, sheltered employment, supported employment, and supportive living.

Number of Individuals Served: 122,489

Program Cost: \$165,121,425



Adults Served

FY 2009-2010	
Adults Served	FY 2009-10
Community	190,400
Facilities	5,296
Civil	1,759
Forensic	2,780
Sexually Violent Predators	757