

Health Care Appropriations Committee

Meeting Packet

**February 9, 2010
1:00 p.m. – 3:30 p.m.
212 Knott**



AGENDA

Health Care Appropriations Committee

February 9, 2010

1:00 p.m. – 3:30 p.m.

212 Knott

- I. Call to Order/Roll Call
- II. Opening Remarks
- III. APD Presentation on Tier Implementation Status and iBudget
- IV. Budget Prioritization Exercise—Phase I and Phase II
 - Distribute Chair’s Proposal for Highest Priority Rankings
 - Distribute Lowest Priority Rankings (to be ranked by February 10th)
- V. Closing Remarks and Adjournment

APD--Tier Implementation Status
iBudget



agency for persons with disabilities
State of Florida

**Agency for Persons with Disabilities
Individual Budget Development Process**

**House Health Care Appropriations Committee
February 9, 2010**

Jim DeBeaugrine, Director

Charlie Crist, Governor

Tier Waiver System Update

Tier Waiver Background

- **In 2007, the Florida Legislature passed SB 1124 requiring a four-tiered waiver system for individuals receiving Medicaid Waiver services from APD.**
- **Three of these waiver programs have a cap on how much individuals may spend per year.**
- **Assignment to a tier is based on identified need and statutory eligibility criteria provided in s. 393.0661(3), Florida Statutes.**



Tier 1 Waiver

Formerly the Developmental Disabilities /Home and Community Based Waiver

- **Tier 1 has no spending cap and includes:**
 - ▶ **Individuals who have intensive medical or adaptive needs that are essential for avoiding institutionalization and cannot be met in Tier 2, 3, or 4.**
 - ▶ **Individuals with behavioral problems that are exceptional in intensity, duration, or frequency and present a substantial risk of harm to themselves or others, and these needs cannot be met in Tier 2, 3, or 4.**
- **Approximately 3,950 individuals are currently enrolled in Tier 1.**

Tier 2 Waiver

- **Tier 2 is capped at \$55,000/year and includes:**
 - ▶ **Individuals whose service needs include placement in a licensed residential facility and authorization for a specified level of residential habilitation services.**
 - ▶ **Individuals in supported living settings who are authorized to receive more than six hours a day of in-home support services.**
- **Approximately 3,500 individuals are currently enrolled in Tier 2.**



Tier 3 Waiver

- **Tier 3 is capped at \$35,000/year and includes:**
 - ▶ **Individuals who require services provided in a licensed residential placement and are not eligible for Tier 1 or 2.**
 - ▶ **Individuals 21+ who reside in their own home and receive In-Home Support Services and are not eligible for Tier 1 or 2.**
 - ▶ **Individuals 22+ who are authorized to receive services from a behavior analyst and/or a behavior assistant.**
 - ▶ **Individuals under 22 years of age who are authorized to receive combined services from a behavior analyst and/or behavior assistant and are not eligible for Tier 1 or Tier 2.**
- **Approximately 5,300 individuals are currently enrolled in Tier 3.**



Tier 4 Waiver

Formerly the Family and Supported Living Waiver (Capped at the same amount)

- **Tier 4 is capped at \$14,792/year and includes:**
 - ▶ **Individuals who are currently receiving services through the Family and Supported Living Waiver unless there is a significant change in condition or circumstance.**
 - ▶ **Individuals not eligible for assignment to Tier 1, 2, or 3.**
 - ▶ **Individuals who are under 21 years of age and reside in their own home or the family home.**
 - ▶ **Individuals who are dependent children who reside in residential facilities licensed by the Department of Children and Families.**
- **Approximately 12,300 individuals are currently enrolled in Tier 4.**

Tier Waiver Challenges

Legal Updates

- **Washington v. APD**
- **Moreland v. APD**
- **Rulemaking**

iBudget



iBudget Background

- **Challenges to Overcome:**
 - ▶ **The current system is complex.**
 - ▶ **More consumer control is possible.**
 - ▶ **Cost containment measures cannot match consumer needs.**
 - ▶ **The waitlist continues to grow.**



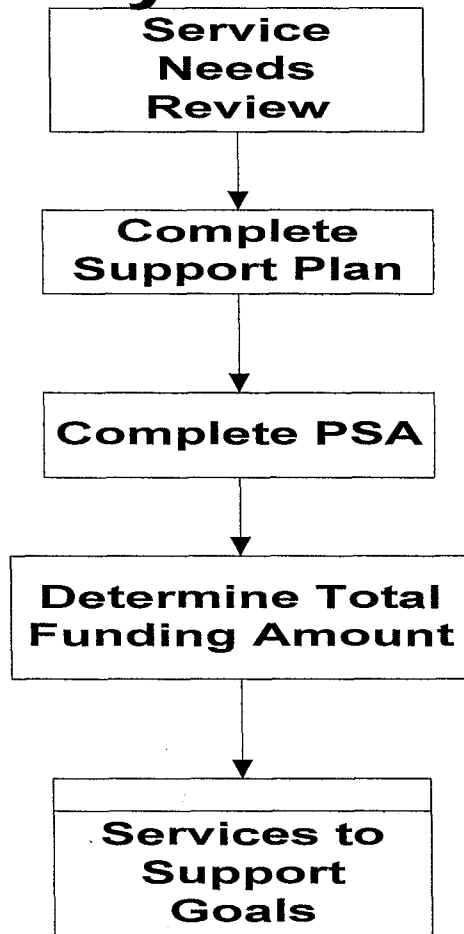
Concept Development

- **In the 2009 Session, the Florida Legislature directed APD to develop and implement a plan for a new system in which APD customers who are currently using the Medicaid waiver to pay for services would receive an annual budget based on a statistically valid methodology/algorithm.**
- **This concept, iBudget, is based on each person having an individualized budget where they prioritize how they spend the money allocated to them.**
- **This will provide for more consumer direction relating to service selection and frequency.**
- **APD held statewide iBudget stakeholder forums and sought input on this potential new way of handling and providing benefits.**
- **APD submitted the iBudget Florida plan to the Legislature in February 2010.**

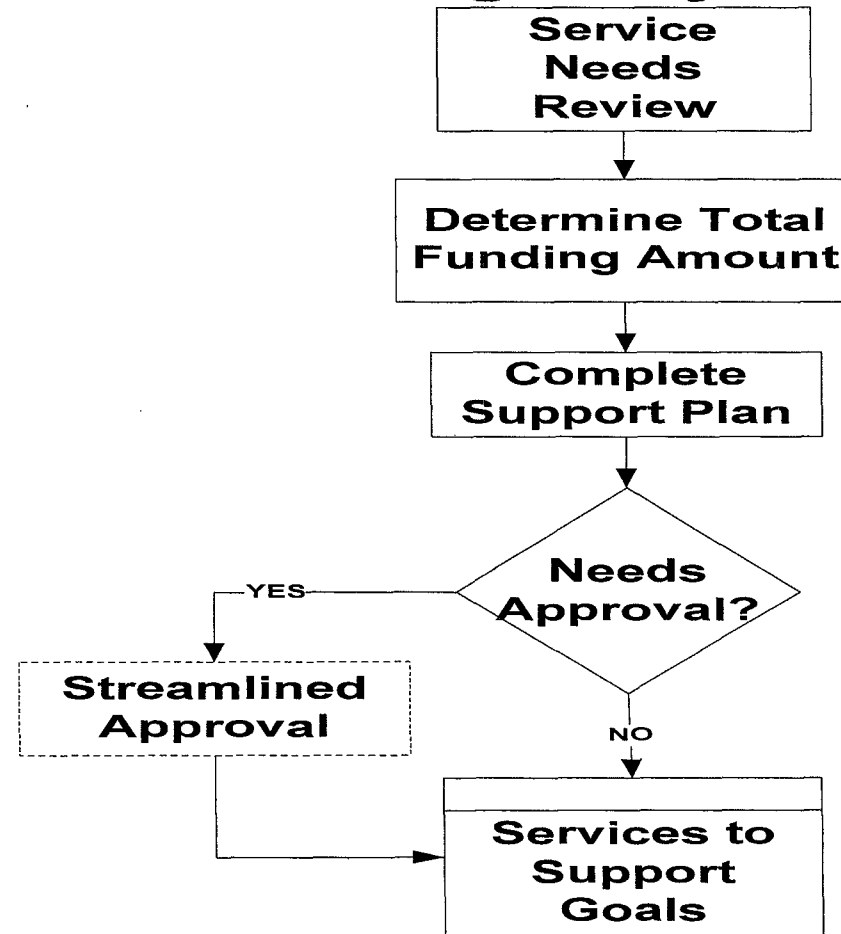


Current System vs. iBudget

Current System

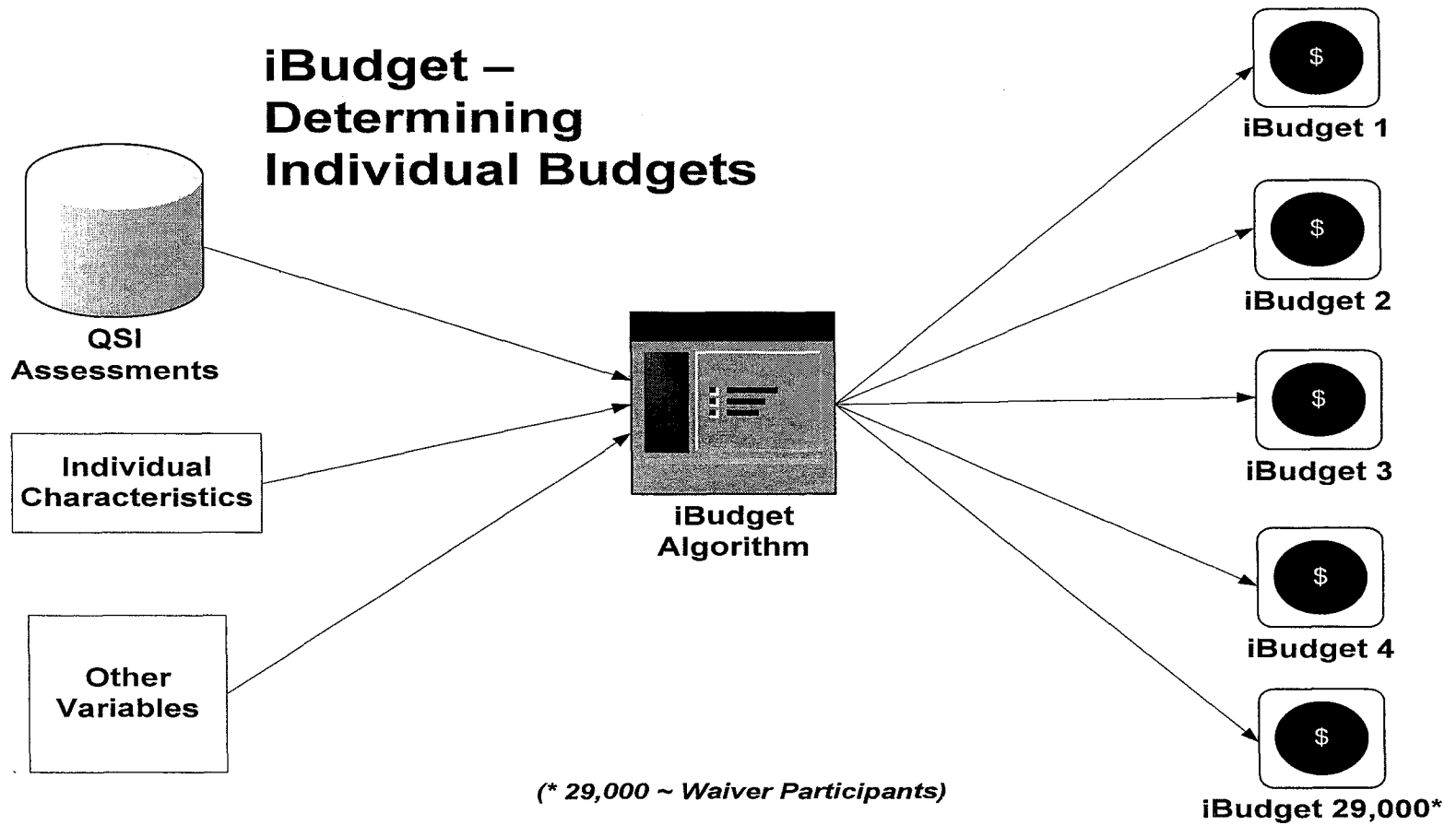


Potential iBudget System





Determining Individual Budgets



Steps in Development

- **APD has conducted research:**
 - ▶ **Other states have similar systems such as:**
 - **Georgia**
 - **Minnesota**
 - **Connecticut**
- **Gathered stakeholder input:**
 - ▶ **16 dedicated self advocates, family members, waiver support coordinators, providers and state agency representatives.**
- **Utilized Consultant Assistance**
- **Listened to Consumers, Families, and Providers in public meetings and through APD's website**



What is an Algorithm

- **An algorithm is a mathematical formula that considers data (consumer characteristics) and determines a budget amount.**
- **It captures patterns of spending for similar consumers from previous years.**
 - ▶ **FY07-08 and FY06-07.**



What is an Algorithm- continued

- **Proposed algorithm uses consumer age, living setting, two subscale raw scores (Behavioral and Functional) from the Questionnaire for Situational Information (QSI)- a needs assessment instrument- and three QSI question responses (Transfer, Hygiene, and Self-protection).**
 - ▶ **Has R² of .67. This high score means the QSI performs a useful function in cost prediction.**
- **It is a starting point from which APD will work with stakeholders to refine and enhance over time.**



Consumers and Their Families Will Benefit From:

- **Greater ability to choose services that matter to them and their unique situations.**
- **Greater flexibility to respond to changing needs.**
- **Reduced bureaucracy and “red tape.”**
- **Support coordinators freed to focus on providing help that makes a real difference.**
- **Confidence that their funding is fair compared to other consumers who are similarly situated.**



Consumers and Their Families Will Benefit From-continued:

- **Reduced likelihood of policy changes that cause significant disruption due to budget deficits.**
- **Security of a financially stable system that will be there to serve them down the road.**
- **Greater control over their lives.**
- **Greater opportunity for APD to use new funds to serve the wait list and fairly meet consumers' changed needs rather than resolve deficits.**



The State of Florida Will Benefit From:

- **Predictable APD spending that is within the Agency's budget.**
- **A system which requires less Legislative intervention.**
- **Access to greater information about the needs of APD consumers who are waiting for waiver services and the funding required to serve them.**
- **Reduced spending on administration of the waiver system.**
- **Consumers and families who are more satisfied with the system of care.**



Implementation Plan

- **Pending feedback from the Legislature:**
 - ▶ **Draft to the Legislature on February 1, 2010.**
 - ▶ **CMS approval sought as soon as possible.**
 - ▶ **Phase-in begins Summer/Fall 2010.**
 - ▶ **QSI improvements/algorithm refinement through Spring/Summer 2011.**
 - ▶ **Wider phase in begins Summer/Fall 2011.**

QUESTIONS?

Fiscal Year 2009-2010

**Report to the Legislature on the Agency's Plan
for Implementing Individual Budgeting
"iBudget Florida"**

February 1, 2010



Jim DeBeaugrine,
Director

Charlie Crist,
Governor

Executive Summary

Like many other states, Florida faces a variety of challenges in serving individuals with developmental disabilities. These include difficulties managing funding for Home and Community-Based waiver services within a complex approval and delivery system that hinders consumer control. Another challenge is a growing wait list. Consistently running deficits means new funding has not been available to serve those waiting for services but must be used essentially to pay for services previously provided to current enrollees. In an effort to control deficits, new cost control measures were mandated that inadvertently made the system more complex and less able to respond to consumers' changing needs.

The Case for Individual Budgets

Individual budgeting is an approach to allocating funding within existing Agency resources for those services used by a consumer with a developmental disability. A mathematical formula (also known as an algorithm) is developed through statistical analysis to equitably distribute available funds based on historical funding patterns. This formula considers individual consumer characteristics which are statistically proven to correlate with costs and generates a budget amount for each person prior to the support planning process.

By determining the budget up front, many of the system controls that add complexity and frustration to consumers can be drastically reduced or eliminated. For instance, the prior service authorization process can be eliminated as it exists today. As budget amounts would be predetermined to fit APD's appropriation, there will be less need to intervene in the fine details of which services an individual chooses to purchase. The role of service review will shift to simply ensuring that health and safety are protected and that expenditures are in accordance with state and federal law.

A move to individual budgets would also fit well with other agency initiatives to simplify processes and improve efficiency. These initiatives should dramatically reduce the paperwork burdens on waiver support coordinators, allowing them to spend more time directly helping consumers. Their enhanced ability to provide person-centered planning and help consumers understand and access the array of supports available outside the waiver program should benefit consumers.

More specifically, consumers and families are expected to benefit from:

- Greater ability to choose services that matter to them, given their unique situations.
- Greater flexibility for consumers to respond to changing needs.
- Reduced bureaucracy and "red tape."

- Support coordinators freed to focus on providing help that makes a real difference.
- Confidence that their funding is equitable compared to other consumers who are similarly situated.
- Reduced likelihood of policy changes spurred by budget deficits that cause significant disruption.
- Security of a financially stable system that will be there to serve them down the road.
- Greater control over their lives.
- Greater opportunity for the Agency to use new funds to serve the wait list and meet consumers' changed needs rather than resolve deficits.

Benefits are expected to accrue to the State of Florida, the public, and policy makers as follows:

- Predictable spending that is within the Agency's budget.
- A system which requires less Legislative intervention.
- Having greater information about the needs of APD consumers who are waiting for waiver services and the funding required to serve them.
- Consumers and families who are more satisfied with the system of care.

A variety of other states use individual budgeting systems, and the federal government is encouraging more states to do so. APD has researched how other states design and implement individual budgeting systems to identify best practices. The Agency would continue actively pursuing knowledge to enhance Florida's individual budgeting system.

The Process

Agency staff conducted extensive research on individual budgets to learn about specific options and best practices. APD also used a variety of methods throughout the process to obtain input from the public.

While all of these methods provided APD with useful feedback, a formal iBudget Florida Stakeholders' Group was the primary means for receiving input. The Family Care Council Florida co-hosted the Stakeholders' Group, assisting in selecting the members and providing guidance on the content. Members represented self-advocates, families with loved ones receiving waiver services, families with loved ones on the wait list for waiver services, agency waiver support coordinators, independent waiver support coordinators, agency waiver service providers, solo waiver service providers, and advocacy organizations.

Due to the short timeframe for completing a very wide-ranging and in-depth report, APD was not able to gauge the level of stakeholder consensus on this final plan. Thus, participation in the stakeholder group does not indicate that a Stakeholder Group participant or the organization he or she represented supports all details of this plan. However, at the conclusion of the last of the

three stakeholder meetings, stakeholders expressed appreciation for the Agency's sincere efforts to gain their input and interest in continuing to partner with APD on iBudget even beyond the plan's submission, as much work still lies ahead.

APD engaged Dr. Xu-Feng Niu, Professor of Statistics at Florida State University, to develop and recommend options for an algorithm which is a key feature of any individual budget process. The agency also utilized free technical assistance from nationally-recognized experts that was provided through the federal Medicaid agency.

Plan Details

Algorithm

The recommended algorithm considers a consumer's age, living setting, the sum of scores from two sections of the Questionnaire for Situational Information (Behavioral and Functional) and scores from three individual questions (supports needed to transfer [Question 18], maintain hygiene [Question 20], and for self-protection [Question 23]).

APD proposes that individual budgets be redetermined on an as-needed basis; for example, if QSI results changed after a reassessment or a consumer turned 21. APD is hopeful that most consumers' budgets would change minimally from year to year.

Funding for Individuals with Extraordinary Needs

APD does not expect the algorithm to determine every consumer's budget. Some consumers have extraordinary needs that do not fit a formula. Also, all consumers are subject to unplanned, temporary service needs and changes in their personal circumstances that require reexamination of their budget. That change may be temporary or permanent. It may require a one-time expenditure or a permanent budget adjustment. Accordingly, the plan makes provision for these needs through reserving a portion of the overall agency budget. The agency proposes using a qualified actuary to establish the amount of required reserved funds.

Schedule

APD proposes to phase in individual budgets gradually. The Agency recommends an initial limited phase-in akin to a pilot to test iBudget processes. Data would be collected and refinements made to the iBudget systems. APD would then begin a broader phase-in, perhaps by APD service area. The Agency would also phase in individuals' budget amounts, perhaps along the lines of

Georgia's approach where the initial iBudget was 20% of the algorithm-determined amount and 80% of the previous year's budget, with the algorithm-determined percentage increasing the second year until it was 100% of the budget by the third year.

Impact Analysis

APD has conducted initial analyses of the impact of this algorithm on consumers. Based on certain assumptions about the Agency's appropriations and the amount of funds to reserve for individuals with exceptional, changed, and one-time needs, for the 19,000 consumers considered in this analysis¹, compared to adjusted FY08-09 expenditures,² 64% would be expected to experience increases in their budgets and 36% would be expected to experience decreases. APD would plan to phase in iBudgets to mitigate any reductions and allow consumers to plan for and adjust to any decreases or increases. APD is conducting a variety of other analyses to consider the impact of the algorithm.

Services Available

APD recommends adopting a modified version of a system proposed by Mercer Management Consulting. This system would group waiver services into eight (8) service families. Once approved for at least one (1) service within a service family, consumers would generally be able to add additional services within that family with little or no review, as long as those changes fit within the consumer's budget. Additionally, some existing similar services would be replaced by a single broader new service, enabling one worker to do a wider variety of tasks for a consumer. Finally, all services would be available to all waiver enrollees, in contrast to the current restrictions on services for consumers enrolled in Tier 4.

Service Review (Prior Service Authorization)

APD recommends adopting a system which involves graduated levels of review, ranging from no review for many service decisions to intensive review when health and safety is at critical risk or additional funding beyond that determined by the algorithm is requested. Reviews would be performed by a combination of area office staff, central office staff, and perhaps technical experts under contract

¹ Consumers excluded from this analysis are those whose expenditures were not considered in building the algorithm because they had fewer than 12 months' worth of services, triggered data accuracy audits, or had expenditures among the very lowest and highest roughly 4.7%. Criteria for evaluating consumers with exceptional needs for this analysis were those receiving intensive behavioral services or whose iBudgets were lower than their FY08-09 funding for certain core health and safety services, such as Residential Habilitation or nursing services; since each consumer's situation will be reviewed individually, these consumers may or may not receive exceptional need funding, and additional consumers may qualify.

² FY08-09 expenditures were adjusted to make them comparable by removing one-time expenditures and eliminated services and accounting for the deficit spending from that year.

with the Agency. Reviews would be performed for consumers in the following circumstances:

- First iBudget cost plan, whether new to the waiver or transitioning to an iBudget.
- Adding a new service family.
- Requesting to receive additional funding.
- Changes to certain services important to health and safety, such as Residential Habilitation, nursing services, behavioral services, or therapies.
- Changing the type of place where he or she lives.
- Experiencing challenges with self-direction.
- With previous or current forensic involvement.

Other changes, such as moving funds within or between service families for which a consumer is already approved, would require little or no review.

Waiver Support Coordination

APD recommends maintaining the current three (3) levels of support coordination—limited, full, and transitional—but renaming “transitional” support coordination to “enhanced” support coordination and revising the criteria for what options are available to which consumers.

- Children would receive funding in their iBudget for limited waiver support coordination, but could choose to use other funds in their iBudgets to receive full or enhanced waiver support coordination. APD is also recommending that consumers’ caregivers receive an orientation to iBudget and self-direction, and that children whose caregivers do not do so within six (6) months after transitioning onto an iBudget be required to have full waiver support coordination.
- Adults would receive funding in their iBudget for full support coordination, but most could choose to receive limited support coordination after a six-month transition period and after they or their caregivers received an orientation to iBudget and self-direction. They would also be able to use the excess funds for other services.
- Certain consumers would be required to receive full support coordination for at least a period of time. Examples include consumers who are adults newly-enrolled in the waiver or who have had forensic involvement.
- Consumers living in APD-licensed homes would be required to have full support coordination unless there is a friend or family member actively involved in the individual’s life.
- Consumers required to receive enhanced support coordination for a minimum period of time would include consumers discharged from an Intermediate Care Facility for the Developmentally Disabled (ICF/DD), from a forensic placement, or from foster care.

APD also recommends that waiver support coordinators continue performing certain general administrative tasks although the Agency hopes to significantly reduce the time and expenses associated with them. One change APD would consider is making a more meaningful distinction between limited waiver support coordination and full waiver support coordination since consumers would generally have greater ability to choose between them. Stakeholders, attendees at the recent presentations of the draft iBudget Florida plan, and APD staff identified a number of issues that would need to be addressed in these policies, and thus APD would explore them more fully with stakeholders before making final recommendations on this issue.

Needs Assessment

APD recommends maintaining the Agency's current approach to conducting needs assessments, where APD staff members trained and certified in administration of the Questionnaire for Situational Information (QSI) conduct the needs assessments rather than providers or waiver support coordinators. This protects the objectivity of the assessments. However, providers and waiver support coordinators are important sources of information for the needs assessment process, and APD would continue to encourage their involvement in that role.

Providers

APD proposes that providers continue to be limited to those who are enrolled in the Medicaid program (participants in the Consumer-Directed Care Plus [CDC+] program would still be allowed to use non-Medicaid-enrolled providers). APD is not recommending incorporating the flexibility for consumers to directly hire their own workers as is available under the CDC+ program.

iBudget and Consumer Directed Care Plus

APD recommends maintaining the CDC+ program as an option for its consumers. APD envisions that everyone—including participants in CDC+—would have their budgets determined through the individual budgeting process. Once the budgets are determined, however, CDC+ participants would follow the CDC+ program processes and policies rather than iBudget Florida processes and policies to select and manage their supports and services. However, CDC+ participants would be able to end their CDC+ participation and receive services using iBudget Florida processes and policies if they chose.

Quality Assurance and Quality Improvement

Quality assurance and quality improvement will be of even greater importance in a more self-directed system. APD is taking a broad approach to this issue, considering every stakeholder in its system as a partner in assuring and

improving quality. The Agency proposes using a variety of methods to do so, ranging from revising standards to providing training to consumers, families and waiver support coordinators to facilitating communications about potential problems to enhancing APD's response to any quality issues surfaced.

Implementation Issues for Consideration

Implementation issues to consider include the following:

- Individual budgets will not guarantee a fully funded system that all consumers feel is adequate to meet all needs. Consumers will have to set priorities and seek additional supports outside the Home and Community Based Services waiver. Reduced paperwork and administrative compliance activities will allow waiver support coordinators to become more active in assisting consumers. A process will exist to address substantial changes in a consumer's personal situation if additional funding is required
- The algorithm does not consider every possible variable that may affect an individual's need for services. Such comprehensiveness is impossible for any algorithm, given the variety of factors that impact a person's needs and the challenge of measuring them and translating them into variables in a formula. Some examples of factors that are theorized to impact a person's needs are the natural supports available to a consumer, the consumer's own goals and preferences for his or her life, and the availability of providers in an area. However, the recommended algorithm explains a large portion of the variability in funding patterns indicating that it captures much of what affects funding.
- A well-planned phase-in is necessary to minimize disruption for consumers and assure their health and safety.
- Some stakeholders have expressed concern that while individual budgets are designed to allocate available funds equitably, the budgets are not anchored in the true cost of care. APD did not evaluate provider rates during the development of the iBudget Florida plan. Providers have experienced rate reductions in recent years as the state has adopted measures to control deficits. Providers have admirably partnered with APD to continue serving the Agency's consumers in the face of great budget challenges. Provider rates will continue to be an issue regardless of how the state chooses to manage its waiver system.

While these are important issues, APD believes that they can be mitigated and that the overall outcomes of greater system simplicity, greater sustainability, more equitable funding, and increased self-direction are worthwhile.

Other Considerations

- Under individual budgeting, stakeholders strongly support moving from the four tier waiver system to one waiver. Stakeholders desire that the broad range of services be available to all consumers. Individual budgeting would allow that, since the person's individual budget limit would be the cost control mechanism rather than limiting the service array. In fact, it would be difficult to mesh a system of individual budgeting with the four tier waiver system as it exists today; the four tier waiver system would add great complexity without adding value. That is because individual budgeting should accomplish the same goals as the tiers, though in a more individualized manner that leads to greater consumer control. In some respects, individual budgeting is a refinement of the tier system in that it creates an individual tier for each consumer based on his or her individual characteristics.
- Most system changes would require federal government approval, requiring the Agency for Health Care Administration to submit an application for a waiver amendment or new waiver. Based on initial discussions with the federal government and other states' waivers approved by the federal government, APD believes the proposals contained in this plan have a good likelihood of being approved, but such approval is not guaranteed.
- Finally, while upon initial review the Agency believes these recommendations are feasible, upon actual implementation, issues may arise that require modification to these proposals. APD plans to continue working with stakeholders to examine and refine the recommendations.

Conclusion

In conclusion, an individual budgeting approach has the promise of making the system simpler, more sustainable, more equitable, and more supportive of self-direction. While there may be transitional issues to address, APD believes many can be mitigated through a careful phase-in. Consumers and families would benefit from having greater ability to choose services that fit their unique needs, more focused support from waiver support coordinators, less frustration from excessive red tape, and greater ability to control their own lives. By enhancing system sustainability, consumers will also benefit from a stronger system that can serve them now and into the future.

APD recognizes that this plan is only a first step. Much more analysis remains to be done, and many proposals require further development. Given the broad scope of this plan, the very short timeframe for its development, and the thorough and inclusive process the Agency has tried to use in developing it, this is not surprising. The Agency looks forward to continuing its research and analysis and

its dialogue with stakeholders about the ideas in the plan, since such work will ultimately benefit the consumers served.

Finally, it should again be pointed out that the iBudget Florida plan is not a panacea that addresses all stakeholder concerns and system problems. Under iBudget or any other system, issues such as the adequacy of overall system funding and provider rates will continue to be a recurring concern for stakeholders. The need for effective advocacy will endure. However, iBudget Florida could represent a significant improvement in system management that will benefit consumers, families, waiver support coordinators, providers, and the State of Florida as a whole.

Budget Prioritization
Phase II

Health Care Appropriations Committee

	A	B	C	D	E	F	G	H	I	J	K	N
2		Base Budget Review Packet Page Number	Program/ Service/ Activity	FY 2010-11 Base Budget Plus 3-Year Plan Issues				Federal Match/MOE Y/N	Select Up To 18 Lowest Priorities Y	Partial Funding %	TARGET AMOUNT: \$704.48	
3				Selection Amount		\$0						
4	Agency			FTEs	GR	State TFs	Total Funds				FTEs	Total Funds
5	HCA	7-8	Administration & Support	256.00	\$3.55	\$11.91	\$15.46	Y			0.00	\$0.00
6	HCA	7-8	Florida Center for Health Information & Policy Analysis	45.00	\$0.95	\$3.15	\$4.09	N			0.00	\$0.00
7	HCA	7-8	Statewide Advocacy Council	6.00	\$0.55	\$0.00	\$0.55	N			0.00	\$0.00
8	HCA	8	Children's Special Health Care/Kidcare	0.00	\$54.67	\$100.44	\$155.11	Y			0.00	\$0.00
9	HCA	8-10	Medicaid Executive Direction & Support	747.50	\$33.92	\$22.90	\$56.82	Y			0.00	\$0.00
10	HCA	9	Pharmaceutical Expense Assistance	0.00	\$0.45	\$0.00	\$0.45	N			0.00	\$0.00
11	HCA	9	Medicaid Fiscal Agent	0.00	\$23.00	\$0.77	\$23.77	Y			0.00	\$0.00
12	HCA	14-15	Health Care Regulation	612.00	\$0.00	\$28.47	\$28.47	Y			0.00	\$0.00
13	HCA	14-15	Workers' Compensation Program	6.00	\$0.00	\$0.57	\$0.57	N			0.00	\$0.00
14	HCA	7, 9, 10, & 15	Risk Management/Transfers to DOAH & DMS	0.00	\$0.58	\$1.58	\$2.16	Y			0.00	\$0.00
15	HCA	N/A	Medically Needy/MEDS AD-January 1-June 30, 2011	0.00	\$241.31	\$47.97	\$289.28	Y			0.00	\$0.00
16	HCA	N/A	Children's Special Health Care/Kidcare-Increased Caseload Funding	0.00	\$17.13	(\$1.33)	\$15.81	Y			0.00	\$0.00
17	HCA		TOTAL*	1,672.50	\$376.11	\$216.42	\$592.54				0.00	\$0.00
18												
19	APD	4, 5, & 6	Home & Community Services Administration	322.50	\$12.75	\$0.00	\$12.75	Y			0.00	\$0.00
20	APD	5	G/A-Individual & Family Supports	0.00	\$3.98	\$0.00	\$3.98	N			0.00	\$0.00
21	APD	5	Room & Board Payments	0.00	\$4.00	\$0.00	\$4.00	N			0.00	\$0.00
22	APD	7	Developmental Disabilities Medicaid Waiver Services	0.00	\$269.22	\$0.00	\$269.22	Y			0.00	\$0.00
23	APD	8, 9, & 10	Program Management & Compliance	326.00	\$18.30	\$0.00	\$18.30	Y			0.00	\$0.00
24	APD	11, 12, & 13	Developmental Disabilities Centers - Civil	2,237.50	\$37.28	\$2.45	\$39.73	Y			0.00	\$0.00
25	APD	11, 12, & 13	Developmental Disabilities Centers - Forensic	517.00	\$25.52	\$0.00	\$25.52	N			0.00	\$0.00
26	APD	7, 9, 10, & 13	Risk Management/Transfers to DOAH & DMS	0.00	\$4.26	\$0.05	\$4.31	Y			0.00	\$0.00
27	APD	N/A	FMAP Adjustment (67.64% to 61.54%)	0.00	\$57.96	\$0.00	\$57.96	Y			0.00	\$0.00

Health Care Appropriations Committee

	A	B	C	D	E	F	G	H	I	J	K	N			
2		Base Budget Review Packet Page Number	Program/ Service/ Activity	FY 2010-11 Base Budget Plus 3-Year Plan Issues				Federal Match/MOE Y/N	Select Up To 18 Lowest Priorities Y	Partial Funding %	TARGET AMOUNT: \$704.48				
3														Selection Amount	\$0
4	Agency			Number	FTEs	GR	State TFs				Total Funds	Y/N	Y	%	FTEs
28	APD	N/A	Resolve Deficit for Developmentally Disabilities Home and Community Services Waiver	0.00	\$8.05	\$0.00	\$8.05	Y			0.00	\$0.00			
29	APD	N/A	Maintain Information Technology Recurring Infrastructure	0.00	\$0.90	\$0.00	\$0.90	N			0.00	\$0.00			
30	APD		TOTAL	3,403.00	\$442.20	\$2.50	\$444.70				0.00	\$0.00			
31															
32	DCF	10, 15-18	Executive Leadership & Support Services	1,101.00	\$58.49	\$34.31	\$92.80	Y			0.00	\$0.00			
33	DCF	11, 19-20	Child Care Licensing & Regulation	129.50	\$2.53	\$0.53	\$3.06	Y			0.00	\$0.00			
34	DCF	11, 24	Adult Protective Investigations/Services	618.50	\$24.30	\$0.00	\$24.30	Y			0.00	\$0.00			
35	DCF	20-21	Community Care/Home Care for Disabled Adults	0.00	\$4.26	\$0.00	\$4.26	N			0.00	\$0.00			
36	DCF	22	Disabled Adult Medicaid Waiver Services	0.00	\$4.04	\$0.00	\$4.04	Y			0.00	\$0.00			
37	DCF	22	Domestic Violence Program	5.00	\$0.18	\$10.59	\$10.77	Y			0.00	\$0.00			
38	DCF	37	Prevention & Intervention	0.00	\$38.74	\$0.46	\$39.20	Y			0.00	\$0.00			
39	DCF	21, 23	Child Protective Investigations	1,586.50	\$49.82	\$12.63	\$62.45	Y			0.00	\$0.00			
40	DCF	23	Children's Legal Services	438.50	\$16.98	\$1.97	\$18.95	Y			0.00	\$0.00			
41	DCF	25	Community Based Care Services	0.00	\$210.43	\$122.66	\$333.10	Y			0.00	\$0.00			
42	DCF	25	Independent Living Services - 13-17 years	0.00	\$4.24	\$0.00	\$4.24	Y			0.00	\$0.00			
43	DCF	25	Independent Living Services - 18-23 years	0.00	\$19.32	\$2.50	\$21.81	Y			0.00	\$0.00			
44	DCF	11, 19	Florida Abuse Hotline	240.00	\$3.70	\$0.00	\$3.70	Y			0.00	\$0.00			
45	DCF	11, 19	Executive Direction & Support Services - Family Safety	302.50	\$16.86	\$0.36	\$17.22	Y			0.00	\$0.00			
46	DCF	12, 25, 29	Violent Sexual Predator Program	13.00	\$34.38	\$0.00	\$34.38	N			0.00	\$0.00			
47	DCF	12, 28	Adult Mental Health Services	0.00	\$237.47	\$1.66	\$239.13	Y			0.00	\$0.00			
48	DCF	12, 27, 30-31	Children's Mental Health Services	0.00	\$64.74	\$3.99	\$68.73	Y			0.00	\$0.00			
49	DCF	12, 25, 30	Adult Mental Health Treatment Facilities - Civil	2,302.00	\$103.39	\$1.23	\$104.62	Y			0.00	\$0.00			
50	DCF	12, 25, 30	Adult Mental Health Treatment Facilities - Forensic	1,694.50	\$149.45	\$0.69	\$150.13	N			0.00	\$0.00			
51	DCF	12, 25-26	Executive Direction & Support Services - Mental Health	115.00	\$8.74	\$0.00	\$8.74	Y			0.00	\$0.00			

Health Care Appropriations Committee

	A	B	C	D	E	F	G	H	I	J	K	N
2		Base Budget Review Packet Page	Program/Service/Activity	FY 2010-11 Base Budget Plus 3-Year Plan Issues				Federal Match/MOE Y/N	Select Up To 18 Lowest Priorities Y	Partial Funding %	TARGET AMOUNT: \$704.48	
3				Selection Amount \$0								
4	Agency			Number	FTEs	GR	State TFs				Total Funds	FTEs
52	DCF	13, 32-33	Child/Adolescent Substance Abuse Services	0.00	\$38.93	\$2.95	\$41.88	Y			0.00	\$0.00
53	DCF	13, 32, 34	Adult Substance Abuse Services	0.00	\$30.34	\$8.19	\$38.53	Y			0.00	\$0.00
54	DCF	13, 32	Executive Direction & Support Services - Substance Abuse	81.00	\$3.07	\$0.01	\$3.08	N			0.00	\$0.00
55	DCF	14, 35, 38	Eligibility Determination	4,206.00	\$119.65	\$1.87	\$121.52	Y			0.00	\$0.00
56	DCF	14, 38	Fraud Prevention/ Benefit Recovery	200.50	\$3.06	\$2.65	\$5.71	Y			0.00	\$0.00
57	DCF	14, 36-37	Homelessness/Housing Programs	3.00	\$2.81	\$0.00	\$2.81	Y			0.00	\$0.00
58	DCF	14, 39	Optional State Supplementation/ Personal Care Allowance	0.00	\$15.85	\$0.00	\$15.85	Y			0.00	\$0.00
59	DCF	14	Cash Assistance	0.00	\$125.13	\$0.00	\$125.13	Y			0.00	\$0.00
60	DCF	14, 35-36	Executive Direction & Support Services - Economic Self Sufficiency	192.00	\$19.08	\$0.00	\$19.08	Y			0.00	\$0.00
61	DCF	N/A	Risk Management/Transfers to DOAH & DMS	0.00	\$20.33	\$0.42	\$20.75	Y			0.00	\$0.00
62	DCF	N/A	FMAP Adjustment (67.64% to 61.54%)	0.00	\$6.67	\$0.00	\$6.67	Y			0.00	\$0.00
63	DCF	N/A	Maintenance Adoption Subsidies FMAP Adjustment	0.00	\$3.38	\$0.00	\$3.38	Y			0.00	\$0.00
64	DCF	N/A	Restore Nonrecurring Community Based Care	0.00	\$3.50	\$0.00	\$3.50	Y			0.00	\$0.00
65	DCF	N/A	Restore Nonrecurring Independent Living	0.00	\$1.60	\$0.00	\$1.60	Y			0.00	\$0.00
66	DCF	N/A	Restore Nonrecurring Maintenance Adoption Subsidies	0.00	\$7.23	\$0.00	\$7.23	Y			0.00	\$0.00
67	DCF	N/A	Restore Nonrecurring Mental Health Services	0.00	\$21.48	\$0.00	\$21.48	Y			0.00	\$0.00
68	DCF	N/A	Restore Nonrecurring Substance Abuse Services	0.00	\$9.28	\$0.00	\$9.28	Y			0.00	\$0.00
69	DCF	N/A	Sexually Violent Predator Program Growth	0.00	\$8.00	\$0.00	\$8.00	N			0.00	\$0.00
70	DCF	N/A	TANF Cash Assistance	0.00	\$23.06	\$0.00	\$23.06	Y			0.00	\$0.00
71	DCF	N/A	Forensic Mental Health Program Growth	0.00	\$5.31	\$0.00	\$5.31	N			0.00	\$0.00
72	DCF	N/A	FCO - Maintenance/Repair of Buildings	0.00	\$6.10	\$0.00	\$6.10	N			0.00	\$0.00
73	DCF		TOTAL	13,228.50	\$1,525.94	\$209.66	\$1,735.60				0.00	\$0.00
74												
75	DEA	8, 9	Comprehensive Assessment and Review for Long Term Care Services (CARES)	251.00	\$3.95	\$0.00	\$3.95	Y			0.00	\$0.00

Health Care Appropriations Committee

	A	B	C	D	E	F	G	H	I	J	K	N		
2		Base Budget Review Packet Page Number	Program/ Service/ Activity	FY 2010-11 Base Budget Plus 3-Year Plan Issues				Federal Match/MOE Y/N	Select Up To 18 Lowest Priorities Y	Partial Funding %	TARGET AMOUNT: \$704.48			
3													Selection Amount \$0	
4	Agency					FTEs	GR				State TFs	Total Funds		
76	DEA	10	Alzheimer's Projects/Services	0.00	\$12.70	\$0.00	\$12.70	N			0.00	\$0.00		
77	DEA	10	Community Care For the Elderly-CCE	0.00	\$28.71	\$11.77	\$40.48	Y			0.00	\$0.00		
78	DEA	10	Home Care for the Elderly	0.00	\$7.90	\$0.00	\$7.90	N			0.00	\$0.00		
79	DEA	10, 11	Elder Service Related Grants	0.00	\$0.45	\$0.03	\$0.48	Y			0.00	\$0.00		
80	DEA	11	Older American's Act Admin Funds	0.00	\$0.35	\$0.00	\$0.35	Y			0.00	\$0.00		
81	DEA	12	Local Service Programs	0.00	\$7.02	\$0.00	\$7.02	N			0.00	\$0.00		
82	DEA	11,12	Medicaid Waivers	0.00	\$143.84	\$13.00	\$156.84	Y			0.00	\$0.00		
83	DEA	11	Aging Resource Centers	0.00	\$1.59	\$0.00	\$1.59	Y			0.00	\$0.00		
84	DEA	10	Program Management Support Staffing	49.50	\$2.38	\$0.14	\$2.52	Y			0.00	\$0.00		
85	DEA	12, 13, 14	Executive Leadership and Support	76.00	\$2.37	\$0.00	\$2.37	Y			0.00	\$0.00		
86	DEA	16	Long-Term Care Ombudsman Program	32.50	\$1.35	\$0.00	\$1.35	Y			0.00	\$0.00		
87	DEA	16	Statewide Public Guardianship Program	3.00	\$2.19	\$0.41	\$2.60	N			0.00	\$0.00		
88	DEA	16	Risk Management/Transfers to DOAH & DMS	0.00	\$0.34	\$0.00	\$0.34	Y			0.00	\$0.00		
89	DEA	N/A	FCO-Senior Centers	0.00	\$6.70	\$0.00	\$6.70	N			0.00	\$0.00		
90	DEA	N/A	FMAP Adjustment (67.64% to 61.54%)	0.00	\$29.41	\$0.00	\$29.41	Y			0.00	\$0.00		
91	DEA		TOTAL	412.00	\$251.25	\$25.35	\$276.61				0.00	\$0.00		
92														
93	DOH	12-17	Executive Direction & Support	398.50	\$12.80	\$5.41	\$18.20	N			0.00	\$0.00		
94	DOH	13	Office of Minority Health	3.00	\$3.36	\$0.00	\$3.36	Y			0.00	\$0.00		
95	DOH	17-22	Family Health Outpatient Services	116.00	\$41.71	\$22.97	\$64.69	Y			0.00	\$0.00		
96	DOH	21-22	Healthy Start	26.00	\$41.43	\$0.00	\$41.43	Y			0.00	\$0.00		
97	DOH	21	Family Health Projects	0.00	\$3.49	\$0.00	\$3.49	N			0.00	\$0.00		
98	DOH	22-27	Infectious Disease Control	415.50	\$55.63	\$3.08	\$58.71	Y			0.00	\$0.00		
99	DOH	25	Infectious Disease Projects	0.00	\$0.96	\$0.00	\$0.96	N			0.00	\$0.00		
100	DOH	27-29	Environmental Health Services	218.50	\$5.67	\$17.65	\$23.33	Y			0.00	\$0.00		
101	DOH	29	Environmental Health Projects	0.00	\$0.09	\$0.00	\$0.09	N			0.00	\$0.00		
102	DOH	29-34	County Health Department Local Needs/Primary Care Services	7,531.00	\$139.96	\$440.25	\$580.20	Y			0.00	\$0.00		
103	DOH	29-34	County Health Department Local Needs/Communicable Disease Control	3,662.00	\$24.17	\$197.12	\$221.28	Y			0.00	\$0.00		
104	DOH	29-34	County Health Department Local Needs/Environmental Health	1,278.00	\$9.28	\$91.29	\$100.56	N			0.00	\$0.00		
105	DOH	32	County Health Department Local Needs/Projects	0.00	\$1.59	\$0.00	\$1.59	N			0.00	\$0.00		
106	DOH	34-39	Statewide Public Health Support Services-	79.00	\$0.67	\$25.45	\$26.12	N			0.00	\$0.00		

Health Care Appropriations Committee

	A	B	C	D	E	F	G	H	I	J	K	N			
2		Base Budget Review Packet Page Number	Program/ Service/ Activity	FY 2010-11 Base Budget Plus 3-Year Plan Issues				Federal Match/MOE Y/N	Select Up To 18 Lowest Priorities Y	Partial Funding %	TARGET AMOUNT: \$704.48				
3														Selection Amount	\$0
4	Agency			FTEs	GR	State TFs	Total Funds				FTEs	Total Funds			
107	DOH	36	Disaster Preparedness/ Emergency Medical Services	122.50	\$0.32	\$0.18	\$0.50	Y			0.00	\$0.00			
108	DOH	34-39	Vital Statistics	135.00	\$0.69	\$7.07	\$7.76	N			0.00	\$0.00			
109	DOH	37	Statewide Pharmaceutical Services	32.50	\$24.14	\$0.37	\$24.51	Y			0.00	\$0.00			
110	DOH	34-39	Laboratory Services	282.00	\$9.06	\$11.18	\$20.24	Y			0.00	\$0.00			
111	DOH	38	Biomedical Research	0.00	\$0.00	\$2.20	\$2.20	N			0.00	\$0.00			
112	DOH	39-44	Children's Medical Services	683.50	\$57.85	\$62.20	\$120.04	Y			0.00	\$0.00			
113	DOH	39-44	Children's Medical Services-Executive Leadership/Support Services	44.00	\$1.85	\$0.16	\$2.01	Y			0.00	\$0.00			
114	DOH	43	Children's Medical Services Projects	0.00	\$1.04	\$0.00	\$1.04	N			0.00	\$0.00			
115	DOH	44	Early Steps Program	25.00	\$15.72	\$3.82	\$19.54	Y			0.00	\$0.00			
116	DOH	44-47	Medical Quality Assurance	640.50	\$0.00	\$61.58	\$61.58	N			0.00	\$0.00			
117	DOH	47-52	Community Health Access	25.00	\$12.70	\$14.34	\$27.03	Y			0.00	\$0.00			
118	DOH	52	Comprehensive Tobacco Prevention Education and Prevention Use	28.00	\$0.00	\$61.54	\$61.54	N			0.00	\$0.00			
119	DOH	50	Community Health Access - Projects	0.00	\$1.25	\$0.00	\$1.25	N			0.00	\$0.00			
120	DOH	52	Brain & Spinal Cord Injury Program	62.00	\$0.00	\$3.79	\$3.79	Y			0.00	\$0.00			
121	DOH	52-54	Disability Benefits Determination	23.00	\$1.04	\$0.00	\$1.04	Y			0.00	\$0.00			
122	DOH	N/A	Risk Management/Transfers to DOAH & DMS	0.00	\$4.15	\$9.19	\$13.35	Y			0.00	\$0.00			
123	DOH	N/A	Medicaid FMAP Adjustment (67.64% to 61.54%)	0.00	\$1.20	\$0.00	\$1.20	Y			0.00	\$0.00			
124	DOH	N/A	Cancer Research	0.00	\$0.00	\$50.00	\$50.00	N			0.00	\$0.00			
125	DOH	N/A	Rural Hospital Capital Improvement	0.00	\$2.00	\$0.00	\$2.00	N			0.00	\$0.00			
126	DOH	N/A	Capital Improvement/Maintenance and Repair	0.00	\$6.70	\$0.00	\$6.70	N			0.00	\$0.00			
127	DOH		TOTAL	15,830.50	\$480.51	\$1,090.84	\$1,571.36				0.00	\$0.00			
128															
129	DVA	7, 8	Veterans' Nursing Homes	815.50	\$7.55	\$36.05	\$43.60	N			0.00	\$0.00			
130	DVA	9	Executive Direction & Support Services	28.00	\$3.27	\$0.10	\$3.37	N			0.00	\$0.00			
131	DVA	10,11	Veterans' Benefits & Assistance Services	117.00	\$3.94	\$2.33	\$6.27	N			0.00	\$0.00			
132	DVA	7 to 13	Risk Management/Transfers to DOAH & DMS	0.00	\$0.26	\$0.64	\$0.90	N			0.00	\$0.00			
133	DVA	N/A	Start Up Funds for the Sixth State Veterans' Nursing Home	0.00	\$3.96	\$4.11	\$8.07	N			0.00	\$0.00			
134	DVA	N/A	FCO Maintenance & Repair	0.00	\$0.00	\$1.60	\$1.60	N			0.00	\$0.00			

Health Care Appropriations Committee

	A	B	C	D	E	F	G	H	I	J	K	N
2		Base Budget Review Packet Page Number	Program/ Service/ Activity	FY 2010-11 Base Budget Plus 3-Year Plan Issues				Federal Match/MOE Y/N	Select Up To 18 Lowest Priorities Y	Partial Funding %	TARGET AMOUNT: \$704.48	
3				Selection Amount		\$0						
4	Agency			FTEs	GR	State TFs	Total Funds				FTEs	Total Funds
135	DVA			TOTAL	960.50	\$18.98	\$44.82				\$63.80	0.00
136												
137	HCC	N/A	Tobacco Settlement Trust Fund Shortfall	0.00	\$11.90	\$0.00	\$11.90	Y			0.00	\$0.00
138												
139			GRAND TOTAL	35,507.00	\$3,106.91	\$1,589.60	\$4,696.50				0.00	\$0.00

**Budget Prioritization
Phase I**

Health Care Appropriations Committee

	A	B	C	D	E	F	G	H	I	J	K	N
1				Highest Priorities Chair's Proposed Ranking							TARGET AMOUNT: \$3,990.67	
2								Selection Amount \$3,361.33				
3	Agency	Priority Number	Program/ Service/ Activity	FTEs	GR	State TFs	Total Funds	Federal Match/MOE Y/N	Highest Priorities Y	Partial Funding %	FTEs	Total Funds
4	APD	1	Developmental Disabilities Medicaid Waiver Services	0.00	\$269.22	\$0.00	\$269.22	Y	Y		0.00	\$269.22
5	DOH	2	Children's Medical Services	683.50	\$57.85	\$62.20	\$120.04	Y	Y		683.50	\$120.04
6	HCA	3	Children's Special Health Care/Kidcare	0.00	\$54.67	\$100.44	\$155.11	Y	Y		0.00	\$155.11
7	DCF	4	Child Protective Investigations	1,586.50	\$49.82	\$12.63	\$62.45	Y	Y		1,586.50	\$62.45
8	DEA	5	Medicaid Waivers	0.00	\$143.84	\$13.00	\$156.84	Y	Y		0.00	\$156.84
9	DOH	6	Healthy Start	26.00	\$41.43	\$0.00	\$41.43	Y	Y		26.00	\$41.43
10	DCF	7	Disabled Adult Medicaid Waiver Services	0.00	\$4.04	\$0.00	\$4.04	Y	Y		0.00	\$4.04
11	DCF	8	Domestic Violence Program	5.00	\$0.18	\$10.59	\$10.77	Y	Y		5.00	\$10.77
12	DOH	9	Family Health Outpatient Services	116.00	\$41.71	\$22.97	\$64.69	Y	Y		116.00	\$64.69
13	DVA	10	Veterans' Nursing Homes	815.50	\$7.55	\$36.05	\$43.60	N	Y		815.50	\$43.60
14	APD	11	Developmental Disabilities Centers - Civil	2,237.50	\$37.28	\$2.45	\$39.73	Y	Y		2,237.50	\$39.73
15	APD	12	Developmental Disabilities Centers - Forensic	517.00	\$25.52	\$0.00	\$25.52	N	Y		517.00	\$25.52
16	DCF	13	Community Care/Home Care for Disabled Adults	0.00	\$4.26	\$0.00	\$4.26	N	Y		0.00	\$4.26
17	DCF	14	Adult Mental Health Treatment Facilities - Civil	2,302.00	\$103.39	\$1.23	\$104.62	Y	Y		2,302.00	\$104.62
18	DCF	15	Adult Mental Health Services	0.00	\$237.47	\$1.66	\$239.13	Y	Y		0.00	\$239.13
19	DCF	16	Adult Substance Abuse Services	0.00	\$30.34	\$8.19	\$38.53	Y	Y		0.00	\$38.53
20	DEA	17	Comprehensive Assessment and Review for Long Term Care Services (CARES)	251.00	\$3.95	\$0.00	\$3.95	Y	Y		251.00	\$3.95
21	DEA	18	Community Care For the Elderly-CCE	0.00	\$28.71	\$11.77	\$40.48	Y	Y		0.00	\$40.48
22	DEA	19	Aging Resource Centers	0.00	\$1.59	\$0.00	\$1.59	Y	Y		0.00	\$1.59
23	DVA	20	Veterans' Benefits & Assistance Services	117.00	\$3.94	\$2.33	\$6.27	N	Y		117.00	\$6.27
24	HCA	21	Medically Needy/MEDS AD-January 1-June 30, 2011	0.00	\$241.31	\$47.97	\$289.28	Y	Y		0.00	\$289.28
25	DCF	22	Adult Protective Investigations/Services	618.50	\$24.30	\$0.00	\$24.30	Y	Y		618.50	\$24.30
26	DCF	23	Community Based Care Services	0.00	\$210.43	\$122.66	\$333.10	Y	Y		0.00	\$333.10
27	DCF	24	Children's Mental Health Services	0.00	\$64.74	\$3.99	\$68.73	Y	Y		0.00	\$68.73
28	DCF	25	Adult Mental Health Treatment Facilities - Forensic	1,694.50	\$149.45	\$0.69	\$150.13	N	Y		1,694.50	\$150.13
29	DCF	26	Child/Adolescent Substance Abuse Services	0.00	\$38.93	\$2.95	\$41.88	Y	Y		0.00	\$41.88
30	DEA	27	Alzheimer's Projects/Services	0.00	\$12.70	\$0.00	\$12.70	N	Y		0.00	\$12.70
31	DEA	28	Home Care for the Elderly	0.00	\$7.90	\$0.00	\$7.90	N	Y		0.00	\$7.90

Health Care Appropriations Committee

	A	B	C	D	E	F	G	H	I	J	K	N
1				Highest Priorities Chair's Proposed Ranking							TARGET AMOUNT: \$3,990.67	
2											Selection Amount \$3,361.33	
3	Agency	Priority Number	Program/ Service/ Activity	FTEs	GR	State TFs	Total Funds	Federal Match/MOE Y/N	Highest Priorities Y	Partial Funding %	FTEs	Total Funds
32	DEA	29	Elder Service Related Grants	0.00	\$0.45	\$0.03	\$0.48	Y	Y		0.00	\$0.48
33	DOH	30	County Health Department Local Needs/Primary Care Services	7,531.00	\$139.96	\$440.25	\$580.20	Y	Y		7,531.00	\$580.20
34	DOH	31	Children's Medical Services Projects	0.00	\$1.04	\$0.00	\$1.04	N	Y		0.00	\$1.04
35	HCA	32	Children's Special Health Care/Kidcare- Increased Caseload Funding	0.00	\$17.13	(\$1.33)	\$15.81	Y	Y		0.00	\$15.81
36	APD	33	Home & Community Services Administration	322.50	\$12.75	\$0.00	\$12.75	Y	Y		322.50	\$12.75
37	APD	34	FMAP Adjustment (67.64% to 61.54%)	0.00	\$57.96	\$0.00	\$57.96	Y	Y		0.00	\$57.96
38	DCF	35	Eligibility Determination	4,206.00	\$119.65	\$1.87	\$121.52	Y	Y		4,206.00	\$121.52
39	DCF	36	Fraud Prevention/ Benefit Recovery	200.50	\$3.06	\$2.65	\$5.71	Y	Y		200.50	\$5.71
40	DEA	37	Older American's Act Admin Funds	0.00	\$0.35	\$0.00	\$0.35	Y	Y		0.00	\$0.35
41	DEA	38	Program Management Support Staffing	49.50	\$2.38	\$0.14	\$2.52	Y	Y		49.50	\$2.52
42	DEA	39	Executive Leadership and Support	76.00	\$2.37	\$0.00	\$2.37	Y	Y		76.00	\$2.37
43	DEA	40	Long-Term Care Ombudsman Program	32.50	\$1.35	\$0.00	\$1.35	Y	Y		32.50	\$1.35
44	DOH	41	Executive Direction & Support	398.50	\$12.80	\$5.41	\$18.20	N	Y		398.50	\$18.20
45	DOH	42	Family Health Projects	0.00	\$3.49	\$0.00	\$3.49	N	Y		0.00	\$3.49
46	DOH	43	Infectious Disease Control	415.50	\$55.63	\$3.08	\$58.71	Y	Y		415.50	\$58.71
47	DOH	44	Laboratory Services	282.00	\$9.06	\$11.18	\$20.24	Y	Y		282.00	\$20.24
48	DOH	45	Children's Medical Services-Executive Leadership/Support Services	44.00	\$1.85	\$0.16	\$2.01	Y	Y		44.00	\$2.01
49	DOH	46	Early Steps Program	25.00	\$15.72	\$3.82	\$19.54	Y	Y		25.00	\$19.54
50	DOH	47	Medical Quality Assurance	640.50	\$0.00	\$61.58	\$61.58	N	Y		640.50	\$61.58
51	DOH	48	Brain & Spinal Cord Injury Program	62.00	\$0.00	\$3.79	\$3.79	Y	Y		62.00	\$3.79
52	DVA	49	Executive Direction & Support Services	28.00	\$3.27	\$0.10	\$3.37	N	Y		28.00	\$3.37
53	DVA	50	Start Up Funds for the Sixth State Veterans' Nursing Home	0.00	\$3.96	\$4.11	\$8.07	N	Y		0.00	\$8.07
54	GRAND TOTAL			25,283.50	\$2,360.74	\$1,000.58	\$3,361.33				25,283.50	\$3,361.33