

COMMITTEE MEETING EXPANDED AGENDA

APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Grimsley, Chair
Senator Flores, Vice Chair

MEETING DATE: Wednesday, January 16, 2013
TIME: 12:30 —2:45 p.m.
PLACE: *Pat Thomas Committee Room, 412 Knott Building*

MEMBERS: Senator Grimsley, Chair; Senator Flores, Vice Chair; Senators Bean, Benacquisto, Galvano, Garcia, Gibson, Lee, Montford, Richter, Smith, Sobel, and Thrasher

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Introduction of Agency Heads and Brief Discussion of Priority Initiatives Barbara Palmer, Executive Director, Agency for Persons with Disabilities		Presented
2	Intensive base budget review, performance evaluations on recurring local funding initiatives and agency legislative budget requests for: Agency for Health Care Administration Agency for Persons with Disabilities Department of Health Department of Veterans' Affairs		Presented
Other Related Meeting Documents			

No material available

Agency for Health Care Administration

Senate Health and Human Services Appropriations

BASE BUDGET & LEGISLATIVE BUDGET REQUEST
FY 2013-2014
January 16, 2013

Agency for Health Care Administration

OUR MISSION : Better Health Care for All Floridians

RESPONSIBILITIES:

- Administer the Medicaid Program
- Licensure and regulation of health facilities
- Providing information to Floridians about the quality of health care they receive

Agency for Health Care Administration Base Budget for Fiscal Year 2013-2014

The Agency's beginning budget to build from for FY 2013-2014 is:

General Revenue: \$5,025,761,827

State Trust Funds: \$4,341,274,737

Federal Funds \$12,516,986,601

Total \$21,884,023,165

Full Time Equivalents: 1,655

Agency for Health Care Administration Base Budget for Fiscal Year 2013-2014

The Agency's budget is divided into three programs:

Administration and Support - Provides leadership to the agency and houses offices of:

Secretary/Chief of Staff

General Counsel

Inspector General

Legislative Affairs

Communications

Information Technology

Administration

Total Budget: \$23,243,839 FTE: 249

Agency for Health Care Base Budget for Fiscal Year 2013-2014

Health Care Services: provides management of the state's Medicaid and Child Health Insurance Programs and has four budget entities:

Total Budget:	\$21,797,630,988	
Children's Special Health Care	\$530,639,765	No FTE
Executive Direction/Support Services	\$220,823,727	747 FTE
Medicaid Services to Individuals	\$16,316,935,172	No FTE
Medicaid Long Term Care	\$4,729,232,324	No FTE

CHIP and Florida Healthy Kids: 256,561

Medicaid Recipients: 3,214,416

Fee for Service: 1,109,409

Managed Care: 1,509,979

MediPass: 594,314

Program for All Inclusive Care for the Elderly: 714

Agency for Health Care Administration Base Budget for Fiscal Year 2013-2014

Health Care Regulation program provides oversight of health care providers; licenses and/or certifies and regulates 40 different types of health care providers, including hospitals, nursing homes, assisted living facilities, and home health agencies. This program also houses the Florida Center for Health Information that provides various health care information to Floridians.

Total Budget: \$63,148,338 659 FTE

Legislative Budget Request Overview

Total Budget Request for FY 2013-2014

Requesting \$21.98 billion and 1,655 FTE grouped as follows:

1. Improve efficiency and effectiveness of current processes
2. Implement long-term programs that help improve the Medicaid Program
3. Address increased workload

Legislative Budget Request Overview

Improve efficiency and effectiveness of current processes

- Managed Care Network Verification - \$1.5 million
- Online Licensing and Reconciliation System - \$1.7 million
- Background Screening Grant - \$496,931
- Medicaid Electronic Health Records Incentive Program - \$77.9 million

Implement long-term programs that help improve the Medicaid program

- Planning for Diagnosis Code Conversion - \$6.9 million
- Enrollment Broker Services for Statewide Medicaid Managed Care - \$6.9 million
- Transfer Waiver Category Funding to the Agency - \$557.9 million
- Transfer Waiver Funding to Implement Long Term Care - \$194.4 million

Address increased workload

- Consultant for Medicaid Reform - \$420,000
- Supplemental Appropriation for Legal Representation - \$4.4 million

Questions

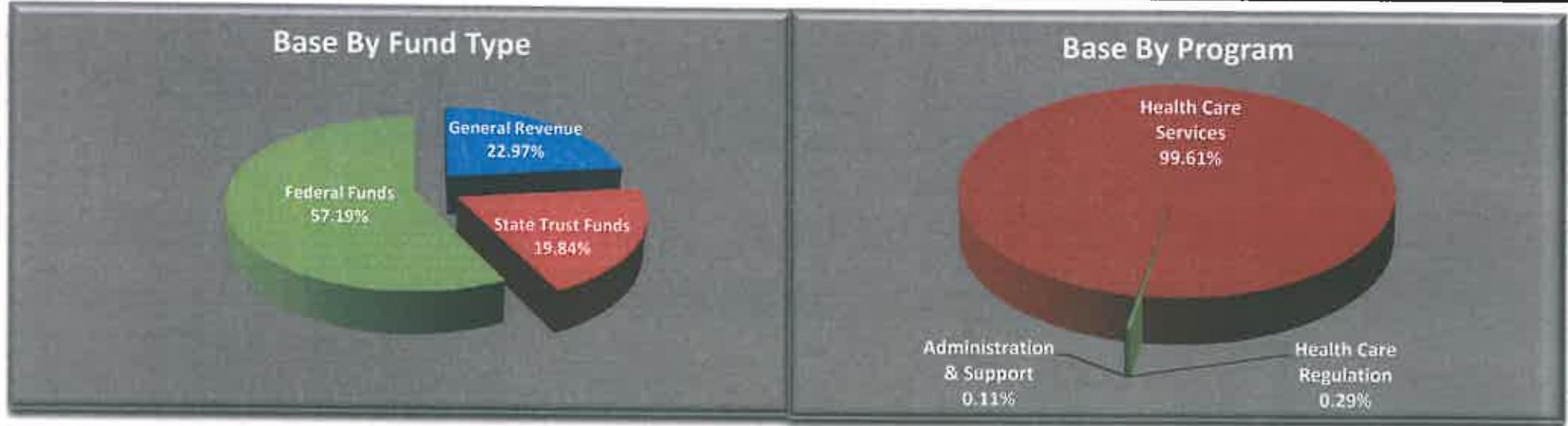
Thank You

Agency for Health Care Administration
Fiscal Year 2013-14 Base Budget Review - Agency Summary

The Agency for Health Care Administration's mission is for better health care for all Floridians. The Agency is responsible for the administration of the Medicaid program, for the licensure and regulation of health facilities and for providing information to Floridians about the quality of the health care they receive. The Agency has established three Agency-wide goals to strive toward over the next five years. These goals are identified in the Agency's Long-Range Program Plan. The three goals are to: 1) Operate an efficient and effective government; 2) Reduce and/or eliminate waste, fraud and abuse in the Florida Medicaid program; and 3) Ensure that Medicaid beneficiaries get access to quality and reasonably priced health services.

	FTE	Recurring	Nonrecurring	Total
Fiscal Year 2011-12 Appropriations:	1,655.00	21,911,471,206	367,416,242	22,278,887,448

<u>Agency Funding Overview</u>		<u>Base Budget FY 2013-14*</u>				
<u>#</u>	<u>Program</u>	<u>FTE</u>	<u>GR</u>	<u>State Trust Funds</u>	<u>Federal Funds</u>	<u>Total</u>
1	Administration & Support	249.00	3,493,987	11,979,036	7,770,816	23,243,839
2	Health Care Services	747.00	5,022,135,716	4,296,189,545	12,479,305,727	21,797,630,988
3	Health Care Regulation	659.00	132,124	33,106,156	29,910,058	63,148,338
4	<u>Total</u>	<u>1,655.00</u>	<u>5,025,761,827</u>	<u>4,341,274,737</u>	<u>12,516,986,601</u>	<u>21,884,023,165</u>



* Base budget differs from the FY 2012-13 appropriation as the base budget does not include any nonrecurring funds but does include annualizations and other adjustments.

Programs & Services Descriptions

A Program: Administration and Support

1 Budget Entity/Service: Executive Leadership/Support Services

Provides leadership and administrative support for the agency's health-related programs by delivering logistical support services such as planning and budgeting, finance and accounting, general counsel, internal audit, legislative affairs and human resources. This service also has oversight of the detection of fraud and abuse in Florida's Medicaid program and throughout the health care system; collects, analyzes, reports and distributes health care information to consumers, legislators and other agency stakeholders; and develops plans and policies for the state's health care system.

B Program: Health Care Services

1 Budget Entity/Service: Children's Special Health Care

Contract with the Florida Healthy Kids Corporation to process Kid Care applications; determine eligibility for the Children's Health Insurance Plans under Title XXI of the Social Security Act (Title XXI SCHIP Program); refer children to Medicaid or Children's Medical Services (CMS); enroll children in Title XXI programs; collect premiums; and administer the Healthy Kids program including selecting networks for care, establishing rates; program outreach, collecting required local contributions, and purchasing insurance coverage for school age children and their siblings; purchasing choice counseling and health care coverage or services for children enrolled in the MediKids program through the Medicaid Managed Care program, as well as special needs children enrolled under Title XXI CMS.

2 Budget Entity/Service: Executive Direction/Support Services

Provides executive direction and support for the Medicaid program by delivering financial, budget, policy and logistical support; purchasing health care services and ensuring that purchased care is appropriate and medically necessary; eliminating waste, fraud and abuse; and improving quality of care provided to beneficiaries.

3 Budget Entity/Service: Medicaid Services to Individuals

Recruit and enroll sufficient providers to meet the medical needs of eligible beneficiaries. Develop programs to improve client outcomes and set standards for service. Purchase medically needed services for beneficiaries under the Medicaid program in which enrolled. Monitor quality of care provided and compliance with standards. Institute steps to improve quality, efficiency, cost, and access to care. Recruit health maintenance organizations (HMO) to participate in Medicaid, set standards, and contract with HMOs electing to participate in Medicaid. Annually set rates for pre-paid plans and ensure compliance with standards. Promote quality improvement by plans. Resolve beneficiary and provider complaints.

4 Budget Entity/Service: Medicaid Long Term Care

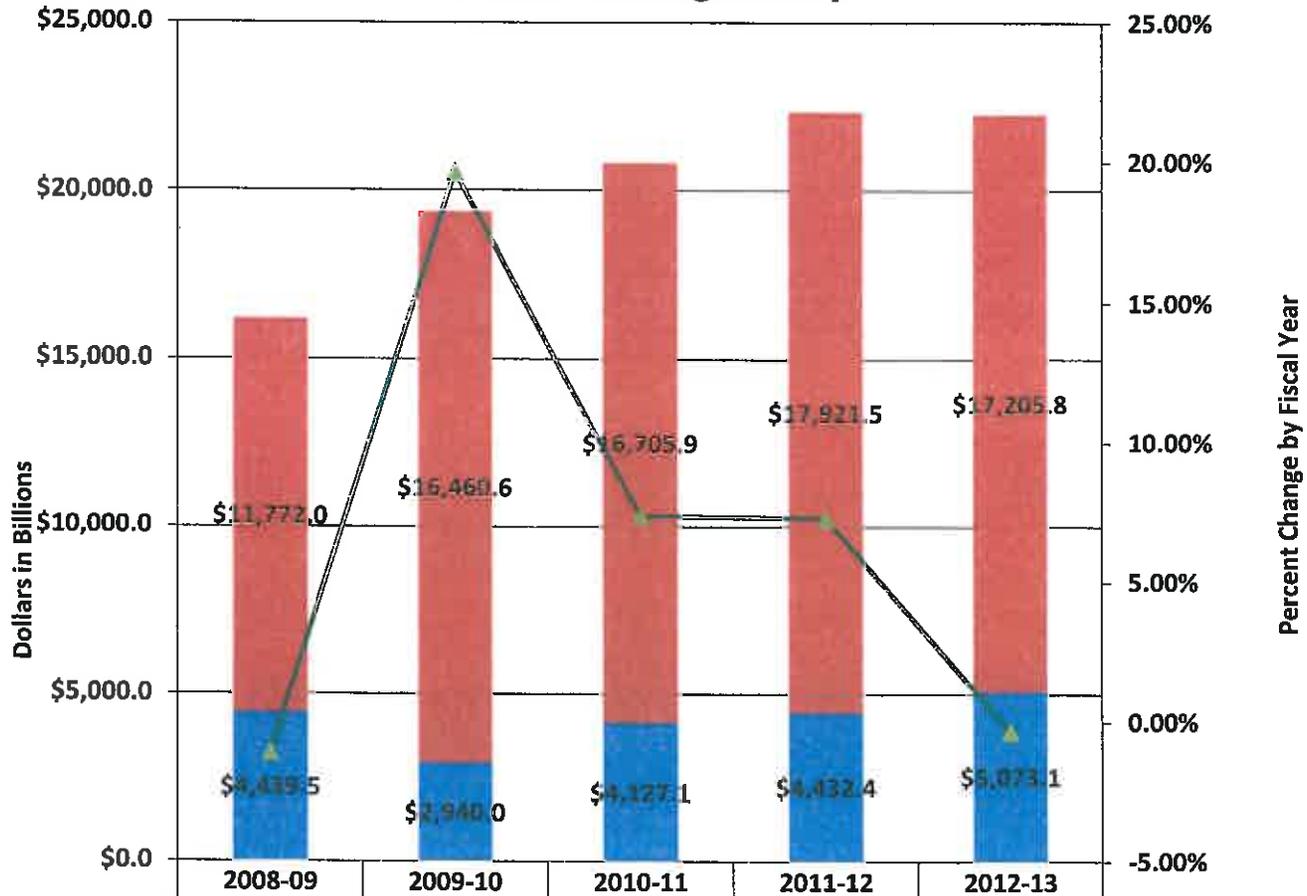
Recruit and enroll long term care providers, set standards, and establish reimbursement levels. Purchase long term care services for persons who meet institutional level of need requirements and are either eligible for regular Medicaid or are financially eligible only if receiving long term care services; purchase eligible services for the developmentally disabled as determined needed by the Agency for Persons with Disabilities. Resolves beneficiary and provider complaints and prepare federal waivers and state plan amendments.

C Program: Health Care Regulation

1 Budget Entity/Service: Health Care Regulation

Provides health facility licensure and survey, as well as practitioner compliance enforcement services in the establishment, construction, maintenance, and operation of health care facilities and service providers by providing for licensure and monitoring of the same through the development and enforcement of minimum standards.

Agency for Health Care Administration 5-Year Funding History



■ Trust Fund	\$11,772.0	\$16,460.6	\$16,705.9	\$17,921.5	\$17,205.8
■ General Revenue	\$4,439.5	\$2,940.0	\$4,127.1	\$4,432.4	\$5,073.1
▲ Percent Change from Prior Year	-1.11%	19.67%	7.38%	7.30%	-0.34%

AGENCY FOR HEALTH CARE ADMINISTRATION
Trust Funds

#	Trust Fund	Controlling Statutory Authority	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2013-14 Base Budget
1	Administrative Trust Fund	CH. 04-191, 00-057, LOF; 215.32, 20.425,	Management activities that are departmental in nature and funded by indirect cost earnings and assessments against trust funds.	Funds are primarily derived from indirect cost earnings and trust fund assessments.	Funds management activities that are departmental in nature.	\$ 19,749,852
2	Grants & Donation Trust Fund	CH. 04-193, 00-059, LOF; s. 215.32, 20.425, 409.916, F.S.	To support the activities associated with allowable grant or donor agreement activities and to support the activities associated with administering the Children's Special Health Care, drug rebate, quality assessment, nursing home lease bond, Medicaid fraud and abuse recoupment programs.	Funds are primarily derived from premiums collections, drug rebates, refunds, county distributions, nursing home lease bond, quality assessments, and state grants.	Funds Children's Special Health Care, drug rebate, quality assessment, nursing home lease bond, and the Medicaid fraud and abuse recoupment programs.	\$ 2,457,460,353
3	Health Care Trust Fund	CH. 04-190, 00-056, LOF; s. 408.16, 20.425, 400.063, F.S.	To support the activities associated with the regulation of facilities and providers pursuant to chapters 408 and 641, F.S., and any other purpose related to the enforcement of these chapters.	Funds are primarily derived from license fees, administrative fines, taxes, cigarette surcharge, federal grants, refunds, and transfers from other state agencies.	Funds regulatory activities.	\$ 885,316,214
4	Medical Care Trust Fund	CH. 04-194, 00-060, LOF; s. 20.425, F.S.	To provide health care services to individuals eligible pursuant to the requirement and limitation of Title XIX and Title XXI of the Social Security Act.	Funds are primarily derived of receipts from federal and state grants, refunds, and distributions from other departments.	Funds health care services provided to eligible individuals through Title XIX and Title XXI of the Social Security Act.	\$ 12,751,987,118
5	Public Medical Assistance Trust Fund	CH. 04-197, 00-063, LOF; s. 20.425, 394.4786, 395.701,	To support program activities associated with providing health care services to indigent persons.	Funds are primarily derived from fines, forfeitures, cigarette taxes and hospital assessments.	Funds health care services provided to eligible individuals through Title XIX of the Social Security Act.	\$ 561,410,000
6	Quality of Long Term Care Trust Fund	CH. 04-229, 01-205, LOF; s. 20.425, 400.0238, 400.0239, 400.0239, F.S.	To support activities and programs directly related to the improvement of the care of nursing homes and assisted living facility residents.	Funds are primarily derived from fines and forfeitures.	Funds activities and programs directly related to the improvement of the care of residents residing in nursing homes and assisted living facilities.	\$ 1,000,000
7	Refugee Assistance Trust Fund	CH. 04-198, 00-064, LOF; s. 20.45, F.S.	To provide medical assistance to individuals eligible pursuant to the requirements and limitations of 45 Code of Federal Regulations Parts 400 and 401.	Funds are primarily derived from federal grant funds under the Refugee Resettlement program and the Cuban/Haitian Entrant program transferred from the Department of Children and Family Services.	Funds medical assistance to individuals under the Refugee Resettlement program and the Cuban/Haitian Entrant program.	\$ 27,603,060
8	Tobacco Settlement Trust Fund	CH. 04-192, 00-058, LOF; s. 20.425, F.S.	To support activities and programs directly related to the implementation of the Children's Special Health Care and Medicaid programs.	Funds are primarily derived from Tobacco Settlement funds transferred from the Department of Financial Services.	Funds health care services provided to eligible individuals through Title XIX and Title XXI of the Social Security Act.	\$ 153,734,741

Agency for Health Care Administration
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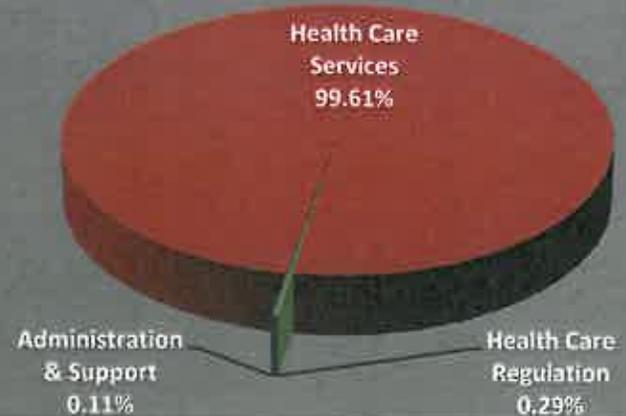
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Base By Fund Type



Base By Program



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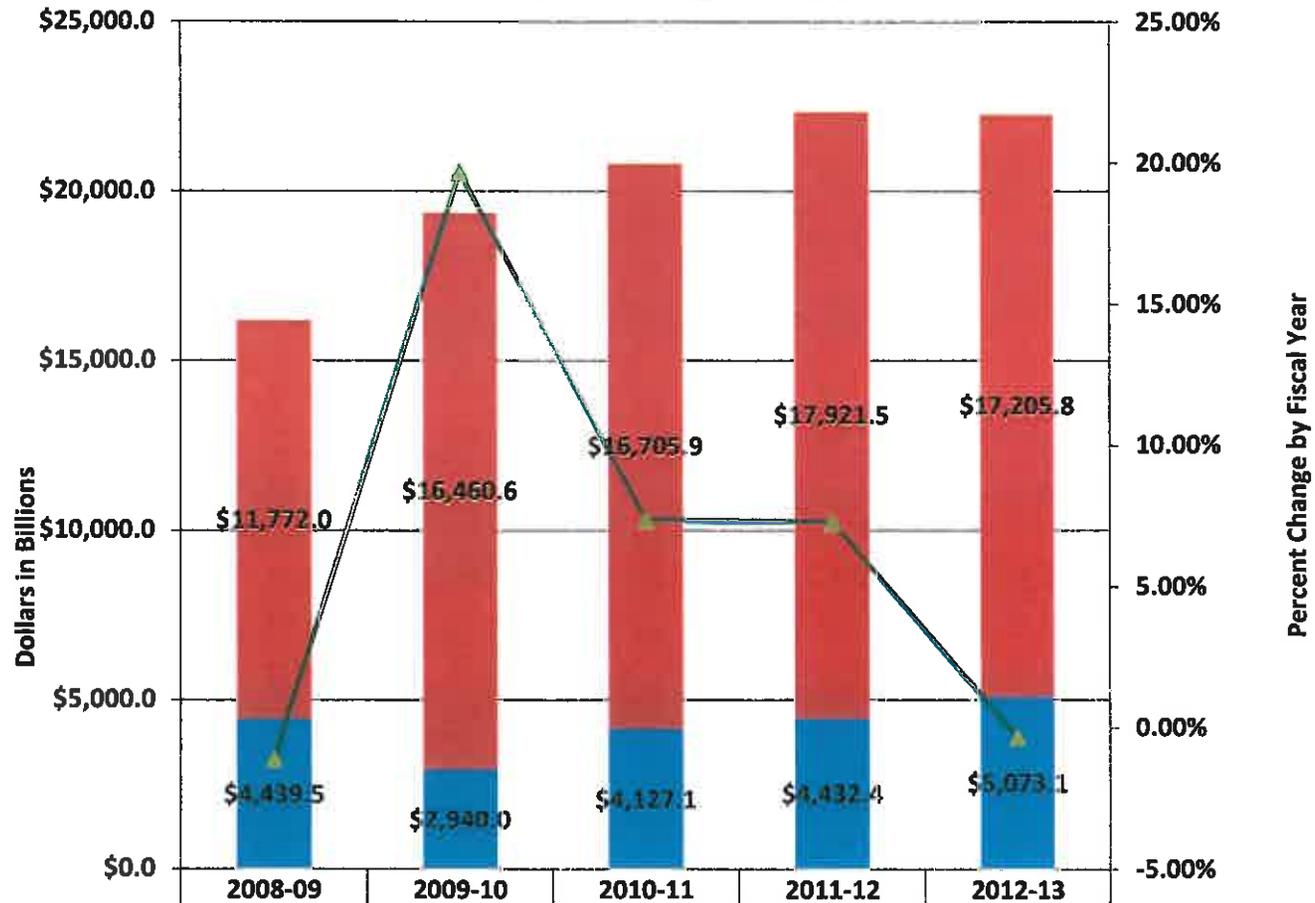
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AGENCY FOR HEALTH CARE ADMINISTRATION
Trust Funds

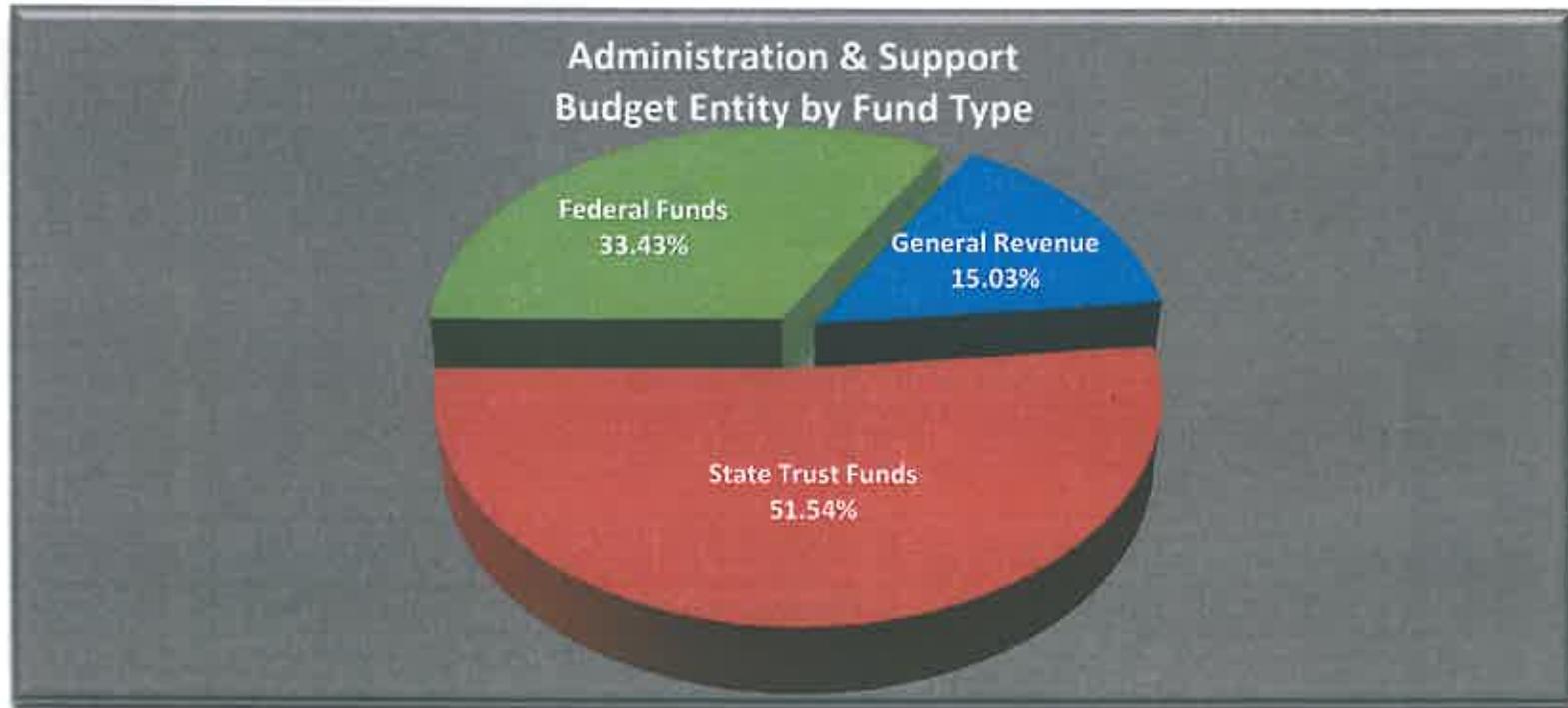
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Administration and Support
FY 2013-14 Base Budget Summary

Program Description

Provides leadership and administrative support for the agency's health-related programs by delivering logistical support services such as planning and budgeting, finance and accounting, general counsel, internal audit, legislative affairs and human resources. This service also has oversight of the detection of fraud and abuse in Florida's Medicaid program and throughout the health care system; collects, analyzes, reports and distributes health care information to consumers, legislators and other agency stakeholders; and develops plans and policies for the state's health care system.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
	Administration and Support	FTE	GR	State Trust Funds	Federal Funds	Total
1	Administration and Support	249.00	3,493,987	11,979,036	7,770,816	23,243,839
2	Program Total	249.00	3,493,987	11,979,036	7,770,816	23,243,839



FY 2013-14 Base-Budget Review Details

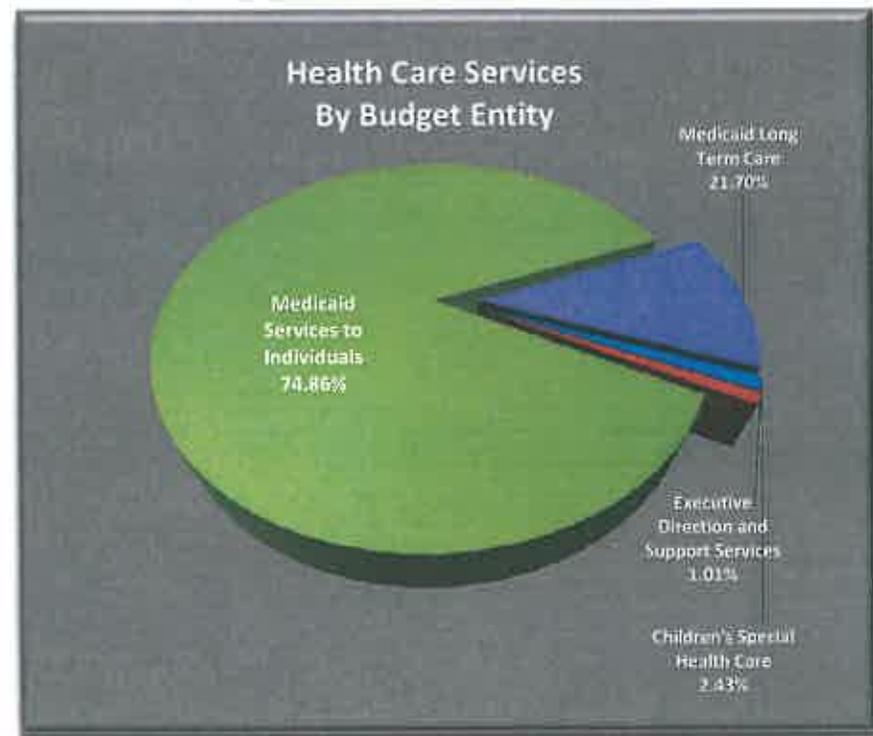
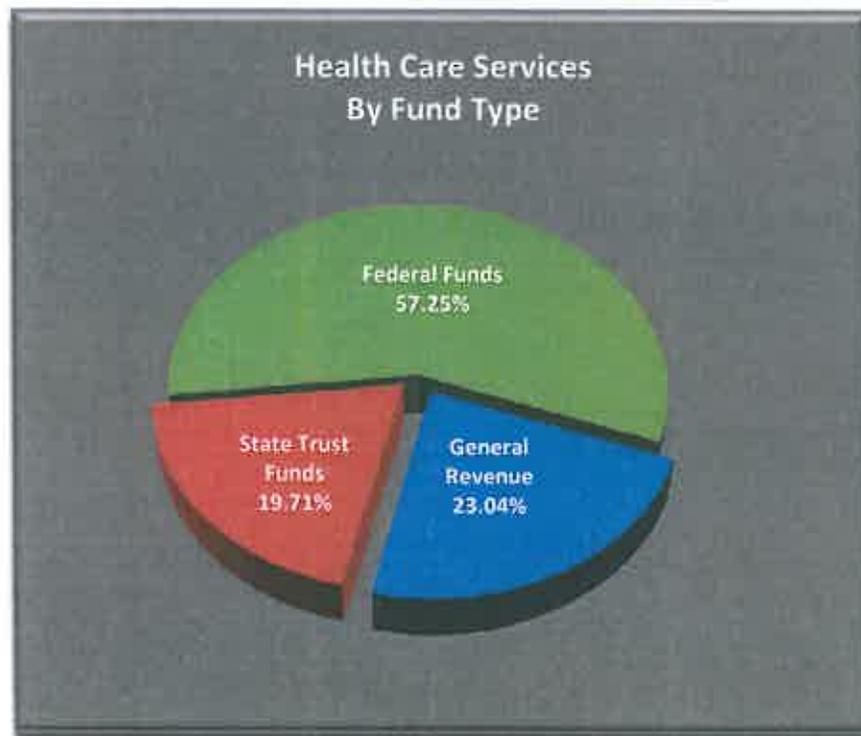
	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
	Administration & Support	249.00	3,493,987	19,749,852	23,243,839	
1	Budget Entity: Administration & Support					
2	Brief Description of Entity: Provides leadership and administrative support for the agency's health-related programs by delivering logistical support services such as planning and budgeting, finance and accounting, general counsel, internal audit, legislative affairs and human resources. This service also has oversight of the detection of fraud and abuse in Florida's Medicaid program and throughout the health care system; collects, analyzes, reports and distributes health care information to consumers, legislators and other agency stakeholders; and develops plans and policies for the state's health care system.					
3	Salaries & Benefits	249.00	2,777,172	12,715,919	15,493,091	Costs associated with salaries and benefits for 249.0 full time equivalents (FTE) positions.
4	Other Personal Services		79,599	459,842	539,441	Costs associated with services rendered by a person who is not filling an established full-time position.
5	Expenses		150,680	2,803,857	2,954,537	Costs associated with usual , ordinary, and incidental operating expenditures.
6	Operating Capital Outlay		180,923	514,701	695,624	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
7	Contracted Services		230,010	1,219,976	1,449,986	Costs associated with services rendered through contractual arrangements.
8	Risk Management Insurance		33,820	262,937	296,757	Provides funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights insurance.
9	Lease Or Lease-Purchase Equipment		18,346	193,114	211,460	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
10	Transfers to DMS for HR services		23,437	73,728	97,165	Provides funding for the People First human resources contract administered by the Department of Management Services.
11	Data Processing Services TRC - DMS		-	647,765	647,765	Provides funding for IT-related services provided through the Southwood Shared Resource Center.
12	Southwood Shared Resource Center		-	13,346	13,346	Provides funding to develop implementation plans and to implement the Medicaid Provider Incentive program and to design and create a statewide infrastructure for Health Information Exchange.
13	Northwood Shared Resource Center		-	844,667	844,667	The NSRC maintains a 7 days a week and 24 hours a day operation offering hardware support, redundant power, back-up generators, and offsite disaster recovery.
14	Total - Administration & Support	249.00	3,493,987	19,749,852	23,243,839	
15	PROGRAM TOTAL	249.00	3,493,987	19,749,852	23,243,839	

Health Care Services
FY 2013-14 Base Budget Summary

Program Description

Provides management of the state's Medicaid and child health insurance programs including the purchasing and oversight of health care services for eligible beneficiaries.

Program Funding Overview		Base Budget FY 2013-14				
	Health Care Services	FTE	GR	State Trust Funds	Federal Funds	Total
1	Children's Special Health Care	-	56,622,591	114,732,316	359,284,858	530,639,765
2	Medicaid Exe Dir and Support Services	747.00	45,025,613	33,442,570	142,355,544	220,823,727
3	Medicaid Services to Individuals	-	4,332,150,816	2,769,818,150	9,214,966,206	16,316,935,172
4	Medicaid Long Term Care	-	588,336,696	1,378,196,509	2,762,699,119	4,729,232,324
5	Program Total	747.00	5,022,135,716	4,296,189,545	12,479,305,727	21,797,630,988



	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
	Health Care Services	747.00	5,022,135,716	16,775,495,272	21,797,630,988	
16	Budget Entity: Children's Special Health Care					
17	Brief Description of Entity: Contract with the Florida Healthy Kids Corporation to process Kid Care applications; determine eligibility for the Title XXI program; refer children to Medicaid or Children's Medical Services (CMS); enroll children in Title XXI programs; collect premiums; and administer the Healthy Kids program including selecting networks for care, establishing rates; program outreach, collecting required local contributions, and purchasing insurance coverage for school age children and their siblings; purchasing choice counseling and health care coverage or services for children enrolled in the MediKids program through the Medicaid Managed Care program, as well as special needs children enrolled under Title XXI CMS.					
18	G/A-Florida Healthy Kids Corporation		14,774,237	254,693,107	269,467,344	Purchase health benefits for children ages 5-18 who qualify for the Florida Healthy Kids program.
19	Contracted Services		1,029,792	5,455,130	6,484,922	Administrative activities associated with the MediKids and Children's Medical Services components of the Kidcare Program. Funding is appropriated as a pass through including costs associated with eligibility determinations, staffing, and other administrative costs.
20	G/A - Contract Services - Florida Healthy Kids Administration		2,222,530	18,553,562	20,776,092	Administrative activities associated with the Florida Healthy Kids Corporation to fund third party administrator activities, claims payments and staff of the corporation.
21	G/A - FL Healthy Kids Dental		9,390,637	22,237,007	31,627,644	Purchase dental benefits for children ages 5-18 who qualify for the Florida Healthy Kids component.
22	MediKids		3,421,713	56,977,132	60,398,845	Purchase health benefits for children ages 1-4 who qualify for the MediKids component.
23	Children's Medical Services Network		25,783,682	116,101,236	141,884,918	Purchase health benefits for children with special health care needs through the Department of Health's Children's Medical Services Network (CMS) program for children who qualify for the CMS component. 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.
24	Total - Children's Special Health Care		56,622,591	474,017,174	530,639,765	

	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
25	Budget Entity: Executive Direction and Support Services					
26	Brief Description of Entity: Provides executive direction and support for the Medicaid program by delivering financial, budget, policy and logistical support; purchasing health care services and ensuring that purchased care is appropriate and medically necessary; eliminating waste, fraud and abuse; and improving quality of care provided to beneficiaries.					
27	Salaries & Benefits	747.00	2,656,324	39,516,388	42,172,712	Costs associated with salaries and benefits for 747.0 full time equivalents (FTE) positions.
28	Other Personal Services		1,774,139	23,694,586	25,468,725	Costs associated with services rendered by a person who is not filling an established full-time position.
29	Expenses		906,891	6,740,806	7,647,697	Costs associated with usual , ordinary, and incidental operating expenditures.
30	Operating Capital Outlay		45,391	221,266	266,657	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
31	Pharmaceutical Expense Assistance		50,000		50,000	Provides pharmaceutical expense assistance in accordance with s. 402.81, F.S., 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. Appropriation covers the Medicare Part B prescription drug coinsurance and deductibles for Medicare Part B medications that treat eligible cancer and organ transplant patients.
32	Transfer to Division of Administrative Hearings		50,616	50,616	101,232	Payment to the Division of Administrative Hearings (DOAH) to resolve conflicts between private citizens and organizations and agencies of the state.
33	Contracted Nursing Home Audit Program		827,653	1,129,095	1,956,748	Independent financial audits of nursing home and ICF/DDs to determine compliance with cost reporting requirements set forth in the long-term care reimbursement plan. Cost reports are the basis for institutional Medicaid rates.
34	Contracted Services		17,209,224	47,226,082	64,435,306	Costs associated with services rendered through contractual arrangements.
35	Medicaid Fiscal Contract		19,958,293	51,900,265	71,858,558	Funding for the Florida Medicaid Management Information System (FMMIS). Includes costs associated with Medicaid claims processing, enrollment of Medicaid providers, and Pharmacy Benefit Management activities. Funding for the Agency's Decision Support System (DSS) activities are also included in this category.
36	Medicaid Peer Review		1,093,903	4,403,348	5,497,251	Funding for the purchase utilization review of certain services by independent Peer Review Organizations to help safeguard against unnecessary and inappropriate medical care. Reviews include medical services/records for medical necessity, quality of care and length of stay. Services receiving peer review include Hospital Inpatient, Inpatient Psychiatric Hospital, Community Behavior Health, Home Health, Private Duty Nursing, Developmental Disabilities Quality Assurance, and NICU Utilization. Medicaid Peer Review is federally required.
37	Risk Management Insurance		333,599	556,670	890,269	Funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights insurance.
38	Lease Or Lease-Purchase Equipment		26,165	180,781	206,946	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
39	Transfers to DMS for Human Resources Services Statewide Contract		93,415	178,211	271,626	Funding for the People First human resources contract administered by the Department of Management Services.
40	Total - Executive Direction & Support Services	747.00	45,025,613	175,798,114	220,823,727	

	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
41	Budget Entity: Medicaid Services to Individuals					
42	<p>Brief Description of Entity: Recruit and enroll sufficient providers to meet the medical needs of eligible beneficiaries. Develop programs to improve client outcomes and set standards for service. Purchase medically needed services for beneficiaries under the Medicaid program in which enrolled. Monitor quality of care provided and compliance with standards. Institute steps to improve quality, efficiency, cost, and access to care. Recruit health maintenance organizations (HMO) to participate in Medicaid, set standards, and contract with HMOs electing to participate in Medicaid. Annually set rates for pre-paid plans and ensure compliance with standards. Promote quality improvement by plans. Resolve beneficiary and provider complaints.</p> <p>*Although Medicaid Services are classified as optional or mandatory, all medically necessary services are mandatory for children and pregnant women.</p>					
43	Adult Vision/Hearing Services	-	7,617,533	10,720,146	18,337,679	Reimbursement for vision/hearing services to adult Medicaid recipients. Optional Service
44	Case Management		43,759,419	60,857,380	104,616,799	Reimbursement for case management services to Medicaid clients of Children's Medical Services (CMS), and adults served by Alcohol, Drug Abuse and Mental Health (ADM) programs. Case management is the process of assessing client need for services, developing a plan of care, making arrangements for delivery of needed services and monitoring service effectiveness. This expenditure category also includes funding for the Disease Management (DM) contracts which include: HIV/AIDS, Sickle Cell, Renal Disease, CHF, COPD, Diabetes, Hypertension, Asthma, and Hemophilia. Children; Mandatory Service if medically necessary Adult; Optional Service DM Contracts; optional service
45	Therapeutic Services for Children		31,130,034	42,516,553	73,646,587	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. Mandatory service for children.
46	Community Mental Health Services		25,924,806	43,046,453	68,971,259	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. Optional Service for Adults, mandatory if medically necessary for children.
47	Adult Dental Services		13,913,359	19,287,371	33,200,730	Reimbursement for adult dental services. Optional Service
48	Developmental Evaluation & Intervention/Part C			8,782,789	8,782,789	Provides funds for Medicaid recipients that receive early intervention services through the Department of Health. Services include the evaluation for program eligibility, comprehensive assessment of needs of children age 0 to 36 months and their families; service coordination/case management to assure that services are received as specified in the Family Support Plan; and assessment and intervention services to achieve identified child outcomes. Services must be provided by a Medicaid enrolled provider who has been recognized by the Dept. of Health, Children's Medical Services as a Part C early intervention provider. Optional Service for Children.
49	Early & Periodic Screening of Children		115,504,341	158,032,050	273,536,391	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. Mandatory Service for children.
50	G/A-Rural Hospital Financial Assistance		1,220,185	12,810,581	14,030,766	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, agree to accept all patients regardless of ability to pay, agree to provide backup and referral services to the county public health units and other low-income providers within the hospitals service area. Optional Service
51	Family Planning		2,333,512	21,043,044	23,376,556	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. Mandatory Service

	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
52	G/A-Shands Teaching Hospital		9,673,569		9,673,569	State Funding provided to Shands Teaching Hospital via a legislative appropriation. Funding is used in the current year as match in Low Income Pool and Hospital Exemption programs.
53	Healthy Start Services			23,641,947	23,641,947	Reimbursement for services provided for under the Healthy Start program. Assists recipients in coordinating and gaining access to services that will: reduce the number of infants born with medical problems; and Maintain the health of infants after birth. Waiver service. Program is operated by DOH. Optional Service
54	Home Health Services		79,008,710	108,058,112	187,066,822	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. Mandatory Service
55	Hospice Services		77,769,399	243,851,372	321,620,771	Reimbursement for palliative health care and supportive services for terminally ill patients and their families. Optional Service
56	Hospital Inpatient Services		536,895,053	3,098,730,424	3,635,625,477	Reimbursement for inpatient hospital services include 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 appropriate care and treatment. Mandatory Service
57	Regular Disproportionate Share		750,000	245,820,577	246,570,577	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. Mandatory Service.
58	Low Income Pool		9,249,591	991,000,412	1,000,250,003	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. Under this program, local and some state funds are primarily used to generate federal matching dollars, and are then distributed through the LIP distribution methodology. Optional Program.
59	Freestanding Dialysis Centers		8,072,839	11,025,429	19,098,268	Reimbursement for freestanding dialysis center services include in-center hemodialysis, in-center administration of agency approved drugs, and home peritoneal dialysis. Optional Service.
60	Hospital Insurance Benefit		67,624,696	92,358,024	159,982,720	Reimbursement of inpatient hospital deductible for Medicare Part A, Deductible and coinsurance for Medicare Part B. Medicare deductible for blood under Part A & B. Mandatory Service.
61	Hospital Outpatient Services		179,037,495	881,924,468	1,060,961,963	Reimbursement for preventive, diagnostic, therapeutic or palliative care, and service items provided in an outpatient setting under the direction of a licensed physician or dentist. Mandatory Service.
62	Respiratory Therapy Services		8,519,392	11,638,934	20,158,326	Reimbursement for evaluation and treatment of pulmonary dysfunction for children only. Reimbursable services include: ventilator support, therapeutic use of medical gases, respiratory rehabilitation, management of life support systems, bronchopulmonary drainage, breathing exercises, and chest physiotherapy. Optional service; mandatory if medically necessary for children.
63	Nurse Practitioner Services		3,044,132	4,157,513	7,201,645	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. Mandatory Service
64	Birth Center Services		670,472	915,694	1,586,166	Reimbursement to licensed facilities that provide obstetrical, gynecological and family planning services. Optional service; mandatory if medically necessary for pregnant women.
65	Other Lab & X-ray Services		45,356,292	62,553,508	107,909,800	Reimbursement to independent laboratories and for x-ray services rendered by licensed Medicaid providers. Mandatory Service.
66	Patient Transportation		60,529,149	82,697,481	143,226,630	Reimbursement for non-emergency medical and emergency transportation services. Non-emergency medical transportation services are provided through contracts with the Florida Commission for the Transportation Disadvantaged and through certain HMOs, PSNs and Medicaid Reform fee-for-service specialty plans. Mandatory Service.

	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
67	Physician Assistant Services		4,803,011	6,577,096	11,380,107	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. Optional Service.
68	Personal Care Services		16,063,451	21,949,547	38,012,998	Health care support services that are medically necessary. Mandatory services and they are provided only to children.
69	Physical Rehabilitation Therapy		3,750,728	5,122,536	8,873,264	Reimbursement for physical therapy services provided by licensed Medicaid-participating physical therapists and by supervised physical therapy assistants. Mandatory Service for children only.
70	Physician Services		342,388,250	919,277,813	1,261,666,063	Mandatory Service Chiropractic and Podiatric services are optional for adults, but mandatory for children.
71	Prepaid Health Plan		1,008,785,812	2,552,786,789	3,561,572,601	Capitated reimbursement to managed care organizations for health care services provided to Medicaid recipients under eligibility categories SSI, elderly and disabled, TANF, SOBRA children, SOBRA pregnant women, and unemployed parents.
72	Prescribed Medicine/ Drugs		379,937,139	1,095,838,502	1,475,775,641	Reimbursement for services provided by licensed Medicaid-participating pharmacies. Medicaid reimburses for legend drugs and for specific non-legend drugs. Optional Service. Mandatory for children.
73	Medicare Part D Payment		491,317,257	0	491,317,257	Also known as the "Clawback." Payment that Medicaid makes to the federal government on behalf of each dually eligible Medicaid recipient to help finance Medicare Part D. Mandatory Service
74	Private Duty Nursing Services		71,065,738	97,057,608	168,123,346	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. Mandatory Service
75	Rural Health Services		53,071,723	72,605,884	125,677,607	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. Mandatory Service
76	Speech Therapy Services		22,911,934	31,296,193	54,208,127	Reimbursement for speech-language pathology services to children provided by licensed, Medicaid-participating speech-language pathologists and by supervised, speech language pathologist assistants. The services are available in the home or other appropriate setting. Services may be rendered to a group of children. Mandatory Service
77	MediPass Services		9,425,885	12,925,533	22,351,418	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. Optional Service
78	Supplemental Medical Insurance		543,095,225	728,897,645	1,271,992,870	Payment of Medicare part A and B monthly premiums for Medicaid/Medicare dually eligible beneficiaries. Mandatory Service
79	Occupational Therapy Services		14,629,011	19,980,408	34,609,419	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. Mandatory service for children.
80	Clinic Services		43,301,674	87,429,120	130,730,794	Reimbursement to county health department (per-encounter) for outpatient primary care services for diagnosis and treatment of diseases and/or referral to other health care providers. Optional Service
81	Medicaid School Refinance			97,569,420	97,569,420	Federal share of funds to school districts for Medicaid physical and behavioral services. Optional Service
82	Total - Medicaid Services to Individuals	-	4,332,150,816	11,984,784,356	16,316,935,172	

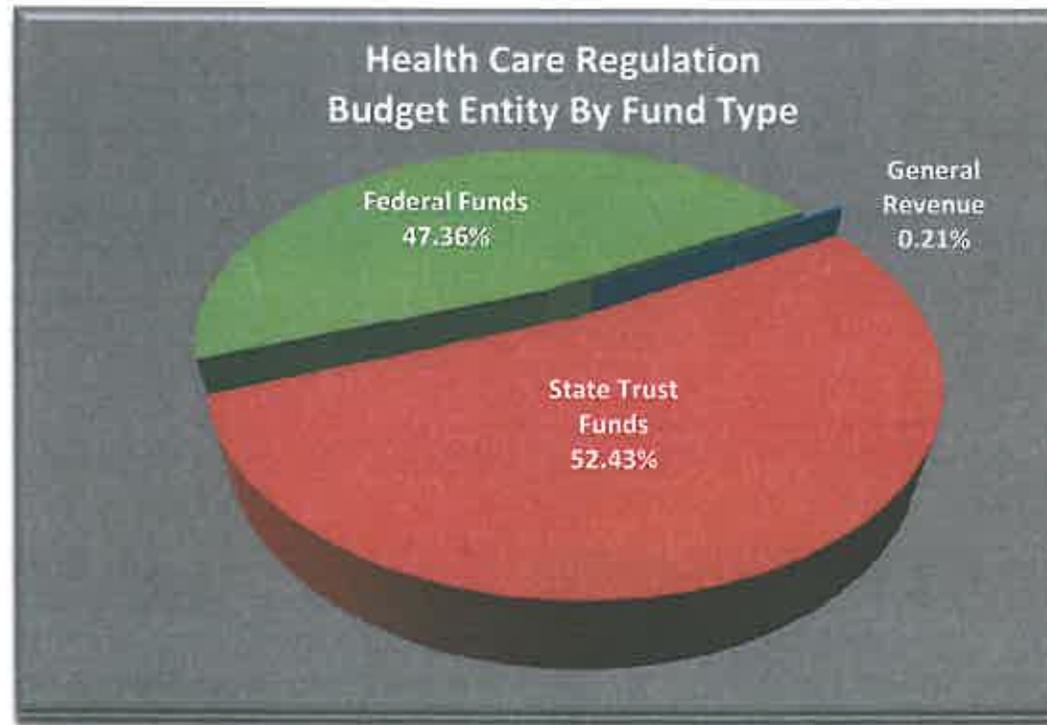
	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
83	Budget Entity: Medicaid Long Term Care					
84	Brief Description of Entity: Recruit and enroll long term care providers, set standards, and establish reimbursement levels. Purchase long term care services for persons who meet institutional level of need requirements and are either eligible for regular Medicaid or are financially eligible only if receiving long term care services; purchase eligible services for the developmentally disabled as determined needed by the Agency for Persons with Disabilities. Resolves beneficiary and provider complaints and prepare federal waivers and state plan amendments. *Although Medicaid Services are classified as optional or mandatory, all medically necessary services are mandatory for children and pregnant women.					
85	Assistive Care Services			26,179,861	26,179,861	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). Optional Service.
86	Home & Community Based Services		9,696,434	1,072,639,449	1,082,335,883	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. The state match is transferred from the Department of Elderly Affairs, the Department of Children and Family Services, the Agency for Persons with Disabilities and the Department of Health. Includes the following waivers: Aged and Disabled Adult, Aging Out, Developmental Disabilities, Channeling, Alzheimer's, Brain & Spinal, Adult Day Care, AIDS, Riley Day Syndrome. Optional Service.
87	ALF Waiver			37,257,303	37,257,303	Provides extra support for elders residing in an ALF and includes three services: case management, assisted living, and if needed, incontinence supplies. Optional Service.
88	ICF/MR - Sunland Center			90,647,711	90,647,711	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. Optional Service.
89	ICF/DD Community		93,070,381	160,686,517	253,756,898	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. Optional Service.
90	Nursing Home Care		485,569,881	2,284,675,764	2,770,245,645	Reimbursement on per day basis for Skilled, Intermediate and General Care. Skilled Care: Mandatory Service Intermediate Care: Optional Service General Care: Optional Service
91	State Mental Health Hospital Program			11,147,258	11,147,258	Medicaid pays for medically necessary inpatient mental health services for recipients age 65 and older who meet the Medicaid Institutional Care Program eligibility requirements and who reside in a state mental health hospital in the state of Florida. Optional Service.
92	Mental Health Hospital Disproportionate Share			69,602,260	69,602,260	Federally regulated program allowing Medicaid payments to state mental health hospitals based upon criteria determined by the state. The program is designed to provide financial resources to hospitals serving as institutes of mental disease. This program is capped annually by a federal allotment. Optional Service.
93	TB Hosp Disproportionate Share			2,444,444	2,444,444	Federally regulated program allowing Medicaid payments to specialized hospitals based upon criteria determined by the state. The program is designed to provide financial resources to hospitals serving specialty purposes, in this case tuberculosis. This program is capped annually by a federal allotment. Optional Service.
94	Nursing Home Diversion Waiver			359,036,110	359,036,110	Provides frail elders with an alternative to nursing facility placement. Offering coordinated acute and long-term care services to frail elders in the community setting. Optional Service.
95	Program Care for the Elderly			26,578,951	26,578,951	Provides a comprehensive range of medical and home and community-based services for individuals who would otherwise qualify for placement in a nursing home.
96	Total - Medicaid Long Term Care	-	588,336,696	4,140,895,628	4,729,232,324	
97	PROGRAM TOTAL	747.00	5,022,135,716	16,775,495,272	21,797,630,988	

Health Care Regulation FY 2013-14 Base Budget Summary

Program Description

Provides health facility licensure and survey, as well as practitioner compliance enforcement services in the establishment, construction, maintenance, and operation of health care facilities and service providers by providing for licensure and monitoring of the same through the development and enforcement of minimum standards.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
	Health Care Regulation	FTE	GR	State Trust Funds	Federal Funds	Total
1	Health Care Regulation	659.00	132,124	33,106,156	29,910,058	63,148,338
2	Program Total	659.00	132,124	33,106,156	29,910,058	63,148,338



	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
	Health Care Regulation	659.00	131,019	62,632,244	62,763,263	
98	Budget Entity: Health Care Regulation					
99	Brief Description of Entity: Provides health facility licensure and survey, as well as practitioner compliance enforcement services in the establishment, construction, maintenance, and operation of health care facilities and service providers by providing for licensure and monitoring of the same through the development and enforcement of minimum standards.					
100	Salaries & Benefits	659.00	108,895	37,654,989	37,763,884	Costs associated with salaries and benefits for 659.0 full time equivalents (FTE) positions.
101	Other Personal Services			535,144	535,144	Costs associated with services rendered by a person who is not filling an established full-time position.
102	Expenses		22,440	8,018,278	8,040,718	Costs associated with usual, ordinary, and incidental operating expenditures.
103	Operating Capital Outlay			87,054	87,054	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
104	Transfer To Division of Administrative Hearings			324,316	324,316	Payment to the Division of Administrative Hearings (DOAH) to resolve conflicts between private citizens and organizations and agencies of the state.
105	Contracted Services			3,515,618	3,515,618	Costs associated with services rendered through contractual arrangements.
106	Emergency Alternative Placement			806,629	806,629	Payments for emergency placement of nursing home residents when necessary.
107	Medicaid Surveillance			111,820	111,820	Medicaid Surveillance captures expenses by Health Quality Assurance field offices made in support of Medicaid Services. Appropriation is used to fund temporary employees working on Medicaid-related issues.
108	Risk Management Insurance			785,392	785,392	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
109	Lease Or Lease-Purchase Equipment			140,269	140,269	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
110	Transfers to DMS for HR services		789	235,011	235,800	People First Human Resources contract administered by the Department of Management Services.
111	State Operations - ARRA 2009			659,564	659,564	Provides funding to develop implementation plans and to implement the Medicaid Provider Incentive program and to design and create a statewide infrastructure for Health Information Exchange.
112	G/A - Contracted Services - ARRA 2009			10,142,130	10,142,130	Provides funding to develop implementation plans and to implement the Medicaid Provider Incentive program and to design and create a statewide infrastructure for Health Information Exchange.
113	Total - Health Care Regulation	659.00	132,124	63,016,214	63,148,338	
114	PROGRAM TOTAL	659.00	132,124	63,016,214	63,148,338	
115	DEPARTMENT TOTAL	1,655.00	5,025,761,827	16,858,261,338	21,884,023,165	

**Agency for Health Care Administration
FY 2013-14 LBR ISSUES**

Priority	Issues	FTE	Total General Revenue	General Revenue Recurring	General Revenue Nonrecurring	Trust Funds
1.	Supplemental Appropriation for Legal Representation		1,624,846		1,624,846	2,224,846
2.	Managed Care Network Verification					1,488,800
3.	Consultant Services for Implementation of Statewide Medicaid Managed Care Long-Term Care		210,000		210,000	210,000
4.	Enrollment Broker Services - Statewide Medicaid Managed Care		3,444,624	1,398,199	2,046,425	3,444,624
5.	Planning for Diagnosis Code Conversion					6,902,813
6.	Background Screening Grant					496,931
7.	Online Licensing and Reconciliation System					1,718,478
8.	Medicaid Electronic Health Record Incentive Program					77,926,079
9.	Transfer Waiver Category Funding to AHCA for Medicaid Long-Term Care ⁽¹⁾		235,675,092	235,675,092		322,209,604
10.	Transfer Waiver Funding to Implement Long-Term Care ⁽¹⁾		82,154,091			112,201,457
TOTAL ISSUES		0.0	323,108,653	237,073,291	3,881,271	528,823,632

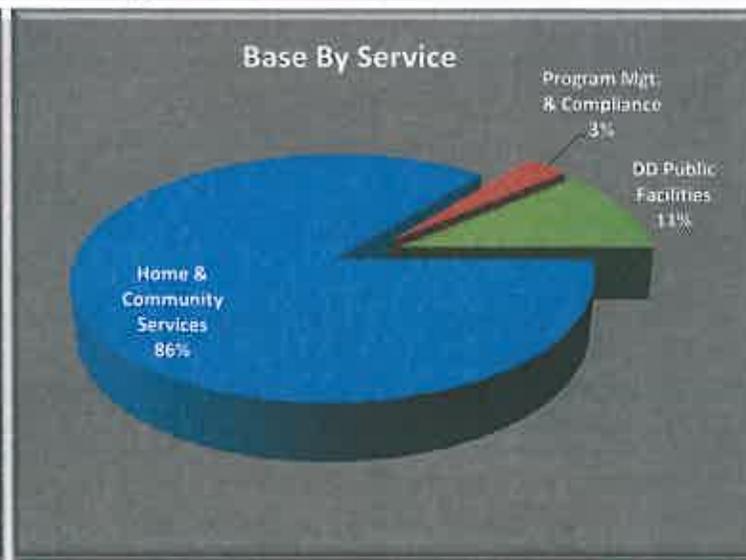
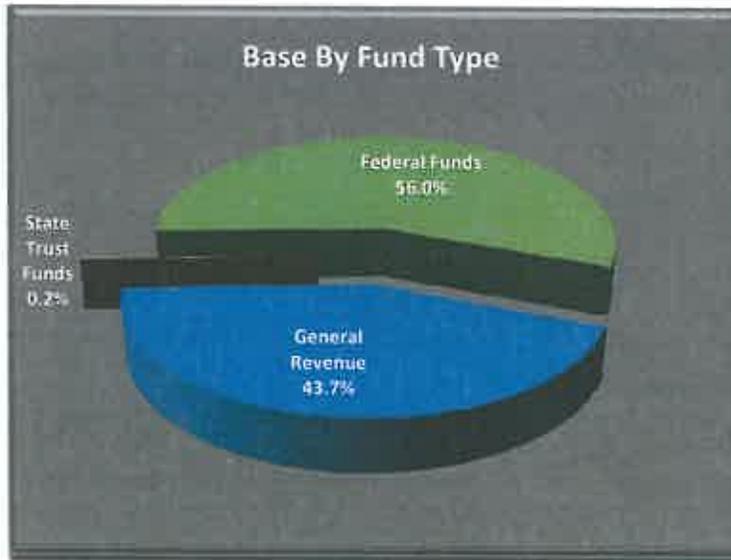
⁽¹⁾ Funding for Medicaid Waivers is deducted from DCF and DOEA.

Agency for Persons with Disabilities
Fiscal Year 2013-14 Base Budget Review - Agency Summary

The Agency for Person with Disabilities mission is to provide support services to persons with developmental disabilities so that they may live, learn and work in their community. These services provide a comprehensive range of services for individuals three years of age and older with a diagnosis of autism, cerebral palsy, mental retardation, spina bifida or Prader-Willi syndrome to assist them in living, learning and working in their communities. The Agency has established four Agency-wide goals to strive toward over the next five years. These goals are identified in the Agency's Long-Range Program Plan, and include: 1) Efficiently manage Agency budget within fiscal allocation; 2) Increase employment opportunities for individuals with developmental disabilities; 3) Increase access to community-based services, treatment, and residential option for persons on the waitlist and not eligible for the Home and Community Based Services waiver; and, 4) Improve management and oversight of Agency and provider services.

	FTE	Recurring	Nonrecurring	Total
Fiscal Year 2012-13 Appropriations:	2,908.00	1,069,174,771	4,806,668	1,073,981,439

<u>Agency Funding Overview</u>		<u>Base Budget FY 2013-14*</u>				
#	Program/Service	FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Home & Community Services	280.50	387,950,778	-	529,530,878	917,481,656
2	Program Management & Compliance	322.00	17,002,393	78,747	16,795,072	33,876,212
3	Developmental Disabilities Public Facilities	2,305.50	63,373,934	2,502,283	53,500,436	119,376,653
4	Total	2,908.00	468,327,105	2,581,030	599,826,386	1,070,734,521



* Base budget differs from the FY 2012-13 appropriation as the base budget does not include any nonrecurring funds, but does include annualizations and other adjustments.

Agency for Persons with Disabilities

Program : Services to Persons with Disabilities

The program provides a comprehensive range of services for individuals three years of age and older with a diagnosis of autism, cerebral palsy, mental retardation, spina bifida or Prader-Willi syndrome to assist them in living, learning and working in their communities.

1 Budget Entity/Service: Home and Community Services

This service provides for people with developmental disabilities based on their individual support plans. These services may include residential services (e.g., group homes and supported living) day activities, supported employment, personal care, health services, therapies, respite care, therapeutic equipment, transportation, behavior management and other services to address needs of the individual.

2 Budget Entity/Service: Program Management and Compliance

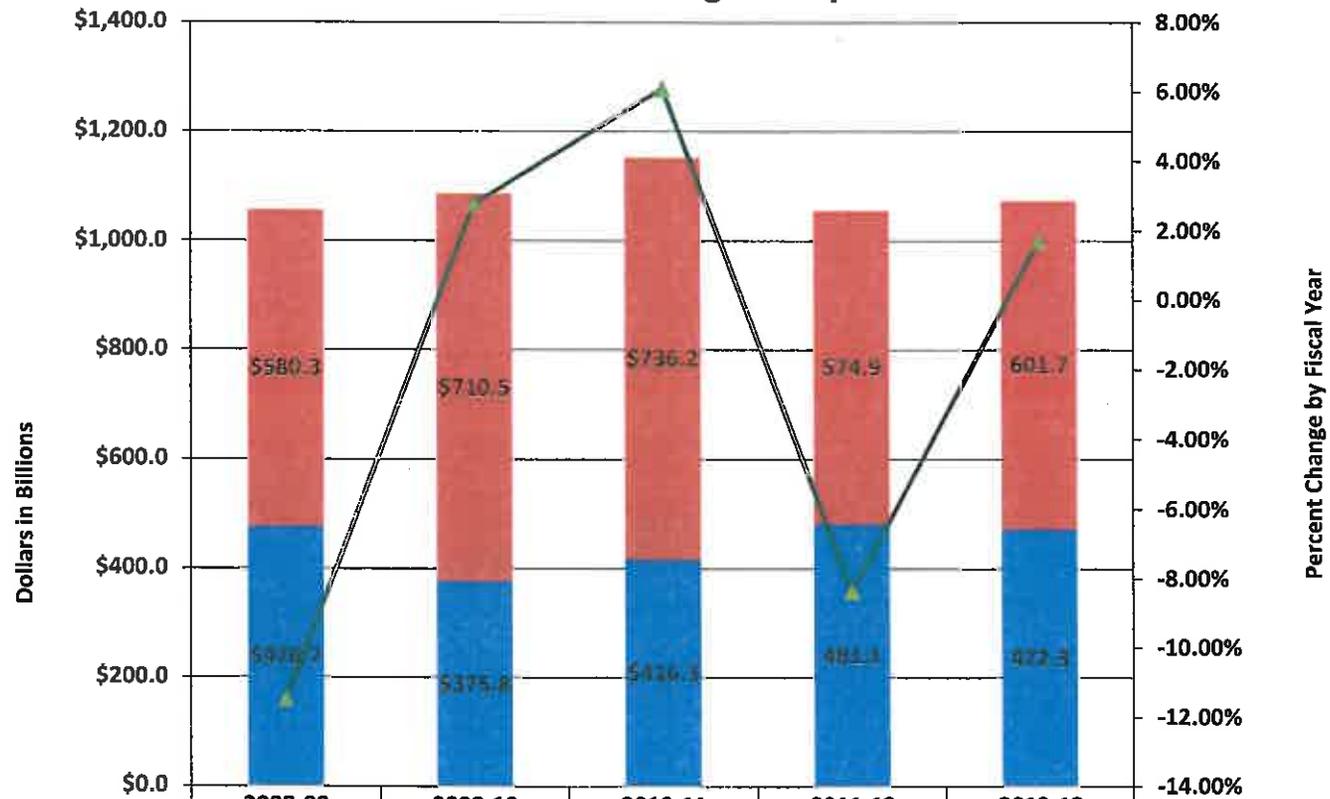
The functions performed in this service involve staff that provide overall direction and administrative support to the area offices located in the Services to Persons with Disabilities program.

3 Budget Entity/Service: Developmental Disabilities Public Facilities

The agency has two regional public centers: Marianna (Sunland) and Gainesville (Tacachale). The agency also serves individuals accused of crimes who are found to be incompetent to proceed to trial through its Mentally Retarded Defendant Program (Chattahoochee-Florida State Hospital). With the exception of the Mentally Retarded Defendant Program, these facilities are licensed according to state law and certified in accordance with federal regulations as providers of Medicaid services.

Agenc

Agency for Persons With Disabilities 5-Year Funding History



■ Trust Fund	\$580.3	\$710.5	\$736.2	574.9	601.7
■ General Revenue	\$476.7	\$375.8	\$416.3	481.1	472.3
▲ Percent Change from Prior Year	-11.51%	2.77%	6.09%	-8.37%	1.70%

**Agency for Persons with Disabilities
Trust Funds**

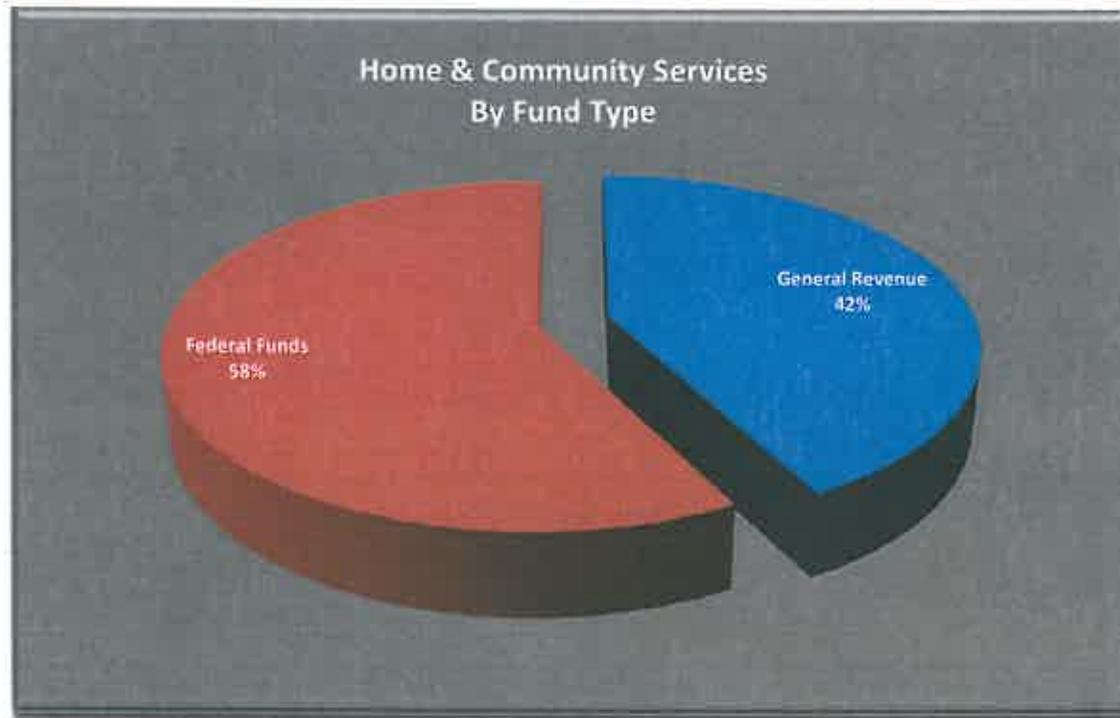
#	Trust Fund	Controlling Statutory Authority	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2013-14 Base Budget
1	Administrative Trust Fund	ss. 20.1971(1), 215.32, and 393.15, F.S.	To provide support of administration for Medicaid programs	Medicaid Administration.	The funding provides support for agency administration functions.	\$262,871
2	Federal Grants Trust Fund	ss. 20.1971(5) and 215.32, F.S.	To provide support services.	Centers for Medicare & Medicaid Services discretionary demonstration and research grants; other small federal grants	The funding supports Executive Leadership and Support Services to included Information Technology activities.	\$1,070,004
3	Operations & Maintenance Trust Fund	ss. 20.1971(2), 215.32, and 393.15, F.S.	Provides health care and support services to agency clients	Client fees, Medicaid Administration, Medicaid fees for client care and other third party collections	The primary activity supported by these funds is the Medicaid Wavier which provides Home and Community-Based Services to persons with disabilities.	\$586,416,862
4	Social Services Block Grant Trust Fund	s. 20.1971(3), F.S.	Provides health care and support services to agency clients	Federal block grant funds transferred for the Department of Children & Family Services	Provides funding to clients for temporary or one-time services such as therapy, supported employment, transportation, respite care, medical and dental services and temporary employment.	\$14,657,679

Home & Community Based Services
FY 2013-14 Base Budget Summary

Program Description

This service provides for people with developmental disabilities based on their individual support plans. These services may include residential services (e.g., group homes and supported living) day activities, supported employment, personal care, health services, therapies, respite care, therapeutic equipment, transportation, behavior management and other services to address needs of the individual.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
		FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Home & Community Services	280.50	387,950,778	-	529,530,878	917,481,656
2	Program Total	280.50	387,950,778	-	529,530,878	917,481,656



**Agency for Persons with Disabilities
FY 2013-14 Base-Budget Review Details**

Program		General Revenue Fund	Trust Funds	Total All Funds	Explanation	
Services to Persons with Disabilities		2,975.00	459,992,786	548,788,298	1,008,781,084	
Budget Entity: Home & Community Services						
<u>Brief Description of Entity:</u> This service provides for people with developmental disabilities based on their individual support plans. These services may include residential services (e.g., group homes and supported living), day activities, supported employment, personal care, health services, therapies, respite care, therapeutic equipment, transportation, behavior management and other services to address needs of the individual.						
1	Salaries and Benefits	280.50	7,061,349	5,724,973	12,786,322	Costs associated with salaries and benefits for 280.5 full-time equivalent (FTE) positions.
2	Other Personal Services		1,748,739	2,193,537	3,942,276	Costs associated with services rendered by a person who is not filling an established full-time position.
3	Expenses		907,982	1,306,347	2,214,329	Costs associated with usual, ordinary, and incidental operating expenditures.
4	Operating Capital Outlay		9,060	26,334	35,394	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
5	G/A-Individual & Family Supports		2,580,000	13,856,771	16,436,771	Support to families and individuals such as 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, environmental modifications to residences, and temporary employment services. Only temporary or one-time services are provided to new clients since ongoing services should be provided through the Home and Community-Based Services Waiver. Includes: Achievement and Rehabilitation Centers, Inc.....\$180,000 Independent Living for Retarded Adults.....\$50,000 Before and After School Child Care.....\$122,400 Applied Behavior Analysis.....\$50,000 Association for Development of the Exceptional.....\$440,000
6	Room & Board Payments		3,490,328	-	3,490,328	Basic group/foster home payments for long-term residential care.
7	Contracted Services		84,698	54,533	139,231	Costs associated with services rendered through contractual arrangements.
8	G/A-Contracted Services		1,088,276	-	1,088,276	Contracted supports and services to individuals with developmental disabilities as defined in chapter 393, Florida Statutes. Includes: Special Olympics/Healthy Athletes...\$500,000

**Agency for Persons with Disabilities
FY 2013-14 Base-Budget Review Details**

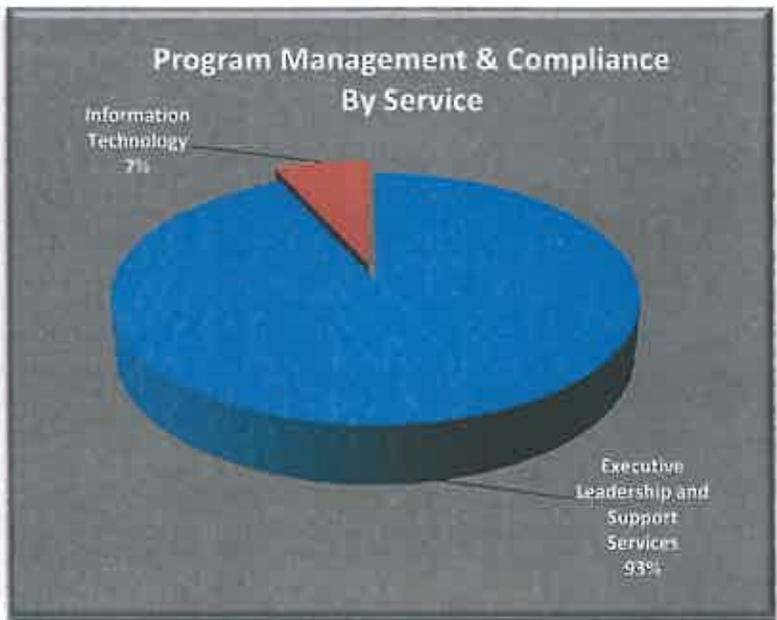
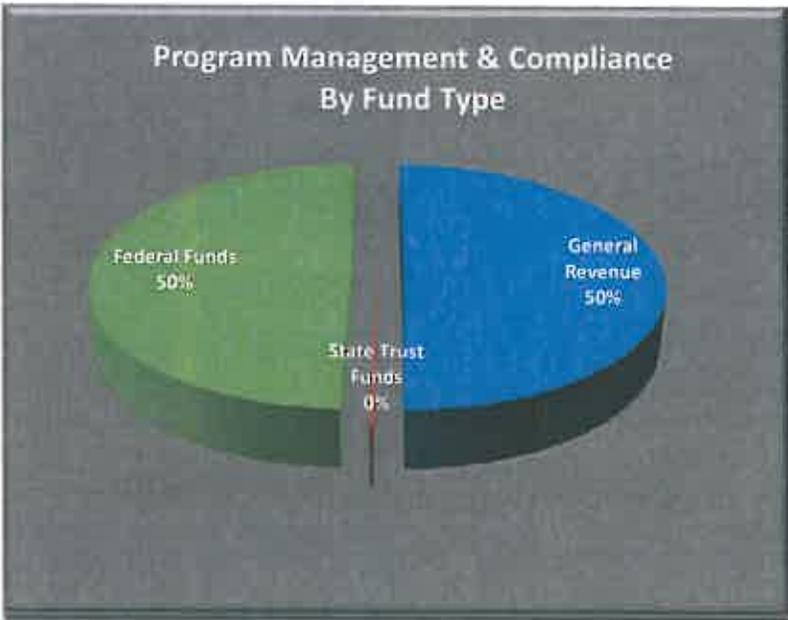
Program		General Revenue Fund	Trust Funds	Total All Funds	Explanation
9	Home & Community Based Services Waiver	343,208,923	468,735,534	811,944,457	<p>Pursuant to s. 393.0661, F.S., this category provides Medicaid eligible persons an array of community supports and services. The agency transfers the state share to the Agency for Health Care Administration for payment to providers.</p> <p>The iBudget waiver is a Medicaid program that provides home and community-based supports and services to eligible persons with developmental disabilities living at home or in a home-like setting. The iBudget waiver program is funded by the federal Centers for Medicare and Medicaid Services (CMS) and matching state dollars.</p> <p>This waiver reflects use of an individual budgeting approach and enhanced opportunities for self-determination. The purpose of the waiver is to promote and maintain the health of eligible individuals with developmental disabilities; to provide medically necessary supports and services to delay or prevent institutionalization, and to foster the principles of self-determination as a foundation for services and supports. The intent of the waiver is to provide an array of services from which eligible individuals can choose, which allow them to live as independently as possible in their own home or in the community and to achieve productive lives. The iBudget waiver program requires using waiver funds as only one of many sources of supporting an individual and is the payer of last resort.</p> <p>The Tier Waiver system which is four separate waivers is being phased out and customers are currently being enrolled in the iBudget waiver pursuant to s. 393.0662, F.S. The transition of customers from the tier waivers to the iBudget waiver will be completed by July 1, 2013.</p>
10	Risk Management Insurance	188,676	-	188,676	Provides funding for the state self-insurance program administered by the Department of Financial Services.
11	Home & Community Based Services Waiver Restructuring	27,524,911	37,591,983	65,116,894	Provides funding for deficits in the Home & Community Based Services Waiver described above, but differentiated in that this is a Qualified Expenditure Category that requires LBC approval before release to the agency.
12	Transfer to DMS for Human Resources Services Purchased Statewide Contract	57,836	40,866	98,702	Provides funding for People First human resources contract administered by the Department of Management Services.
	TOTAL - Home & Community Services	280.50	387,950,778	529,530,878	917,481,656

Program Management & Compliance
FY 2013-14 Base Budget Summary

Program Description

The functions performed in this service involve those central office staff that provide overall direction and administrative support to the area office personnel located in the other subentities within the Services to Persons with Disabilities program.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
		FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Executive Leadership and Support Services	298.00	15,639,919	-	15,969,590	31,609,509
2	Information Technology	24.00	1,362,474	78,747	825,482	2,266,703
3	Program Total	322.00	17,002,393.0	78,747.0	16,795,072.0	33,876,212.0



**Agency for Persons with Disabilities
FY 2013-14 Base-Budget Review Details**

Program		General Revenue Fund	Trust Funds	Total All Funds	Explanation	
Budget Entity: Program Management & Compliance						
<u>Brief Description of Entity:</u> The functions performed in this service involve staff that provide overall direction and administrative support to the area offices pertaining to developmental services and Medicaid waiver programs, as well as statewide coordination and technical assistance relating to clinical services for behavioral analysts and medical case managers. It also includes district level staff not directly involved in client services and case management.						
13	Salaries and Benefits	322.00	10,976,768	8,867,377	19,844,145	Costs associated with salaries and benefits for 322.00 full-time equivalents (FTE) positions.
14	Other Personal Services		137,931	536,924	674,855	Costs associated with services rendered by a person who is not filling an established full-time position.
15	Expenses		1,314,145	1,833,093	3,147,238	Costs associated with usual , ordinary, and incidental operating expenditures.
16	Operating Capital Outlay		23,974	3,800	27,774	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
17	Transfer to Division of Administrative Hearings		79,594	2,218	81,812	Payment to the Division of Administrative Hearings (DOAH) to resolve conflicts between private citizens and organizations and agencies of the state.
18	Contracted Services		238,939	142,636	381,575	Costs associated with services rendered through contractual arrangements.
19	G/A-Contracted Services		899,797	1,113,492	2,013,289	Funds are used to contract for direct services such as speech, occupational and physical therapy, guardianship, psychological services, behavioral evaluations and diagnostic tests, contracted staff training and related travel. General administrative costs are not allowable from this category.
20	G/A-Contracted Professional Services		3,874	-	3,874	Funds from this category are used to contract for professional services such as speech, occupational and physical therapy. Other services may include: legal services, advocacy support, guardianship, dental care, nursing/medical care, psychological services, behavioral evaluations and diagnostic tests, contracted staff training and related travel.
21	Risk Management Insurance		270,104	-	270,104	Provides funding for the state self-insurance program administered by the Department of Financial Services.
22	Home & Community Services Administration		2,608,143	4,009,109	6,617,252	Funding in this category is provided for Home and Community Services administration costs that are associated with services to individuals with developmental disabilities. Services must be directly related to the Developmental Services Program. General administrative costs are not allowable from this category.
23	Transfer to DMS for Human Resources Services Statewide Contract		67,421	58,246	125,667	Provides funding for the People First human resources contract administered by the Department of Management Services.
24	Data Processing Services - DCF Data Center		302,438	-	302,438	Captures costs associated with electronic data processing services provided by DCF, which includes systems design, software development, or time-sharing by other governmental units or budget entities.
25	Data Processing Services- Southwood Shared Resource Center		-	118,660	118,660	Funding in this category is provided for data services provided to APD.
26	Data Processing Services - Northwood Shared Resource Center		79,265	99,940	179,205	Funding in this category is provided for data services provided to APD.
27	Northwest Regional Data Center		-	88,324	88,324	Funding in this category is provided for data services provided to APD.

Agency for Persons with Disabilities
FY 2013-14 Base-Budget Review Details

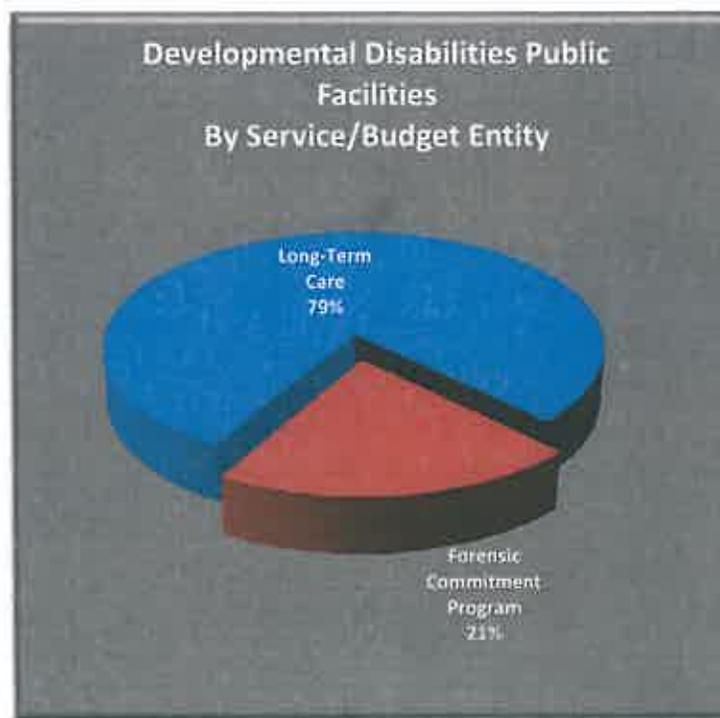
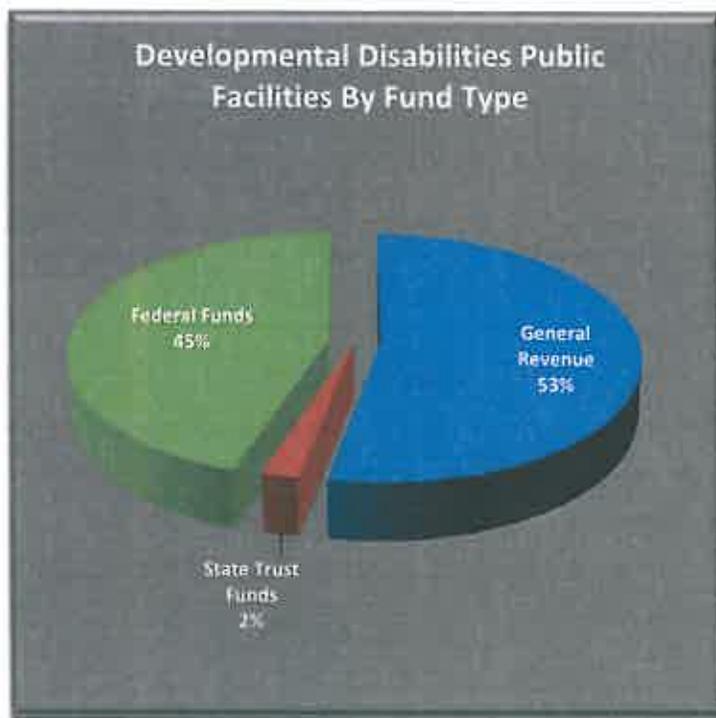
Program		General Revenue Fund	Trust Funds	Total All Funds	Explanation
TOTAL - Program Mgt & Compliance	322.00	17,002,393	16,873,819	33,876,212	

Developmental Disabilities Public Facilities
FY 2013-14 Base Budget Summary

Program Description

The agency has two regional public centers: Marianna (Sunland) and Gainesville (Tacachale). The agency also serves individuals accused of crimes who are found to be incompetent to proceed to trial through its Mentally Incompetent Defendant Program (Chattahoochee-Florida State Hospital). With the exception of the Mentally Incompetent Defendant Program, these facilities are licensed according to state law and certified in accordance with federal regulations as providers of Medicaid services.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
		FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Long-Term Care	1,797.00	38,344,152.0	2,502,283.0	53,500,436.0	94,346,871
2	Forensic Commitment Program	508.50	25,029,782.0	-	-	25,029,782
3	Program Total	2,305.50	63,373,934	2,502,283	53,500,436	119,376,653



Agency for Persons with Disabilities
FY 2013-14 Base-Budget Review Details

Program		General Revenue Fund	Trust Funds	Total All Funds	Explanation	
Budget Entity: Developmental Disabilities Public Facilities						
Brief Description of Entity: Public institutions provide care for individuals at the following locations: Marianna (Sunland), Gainesville (Tacachale), and Chattahoochee (Florida State Hospital-Mental Retarded Defendant Program). With the exception of the Mental Retarded Defendant Program, these facilities are licensed according to state law and certified in accordance with federal regulations as a provider of Medicaid services.						
28	Salaries and Benefits	2,305.50	50,084,791	43,673,795	93,758,586	Costs associated with salaries and benefits for 2,305.50 full-time equivalents (FTE) positions.
29	Other Personal Services		885,756	947,450	1,833,206	Costs associated with services rendered by a person who is not filling an established full-time position.
30	Expenses		3,171,111	3,111,717	6,282,828	Costs associated with usual , ordinary, and incidental operating expenditures.
31	Operating Capital Outlay		166,241	94,779	261,020	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
32	Food Products		1,121,302	1,242,546	2,363,848	Food consumed and purchased in state-run facilities that provide housing to individuals. This category is also used to acquire contracted food service in the agency's institutional facilities.
33	Contracted Services		1,093,594	857,584	1,951,178	Costs associated with services rendered through contractual arrangements.
34	G/A-Contracted Professional Services		2,002,634	3,013,776	5,016,410	Includes contracts for professional services such as speech, occupational and physical therapy. Other services may include: legal services, advocacy support, guardianship, dental care, nursing/medical care, psychological services, behavioral evaluations and diagnostic tests, contracted staff training and related travel.
35	Prescribed Medicine/Drugs		1,145,923	-	1,145,923	Funds are provided for adults with disabilities, persons with forensic issues, and mentally ill persons who are a danger to self or others and in need of various medications. Services include prescriptions, medications and any related lab tests.
36	Risk Management Insurance		3,219,777	2,629,672	5,849,449	Provides funding for the state self-insurance program administered by the Department of Financial Services.
37	Salary Incentive Payments		18,751	-	18,751	Salary incentive payments for continuing education are awarded to security officers who work at MRDP, up to a maximum of \$120 per month.
38	Transfer to DMS for Human Resources Services Statewide Contract		464,054	431,400	895,454	Provides funding for the People First human resources contract administered by the Department of Management Services.
	TOTAL - Developmental Disabilities Public Facilities	2,305.50	63,373,934	56,002,719	119,376,653	
	PROGRAM TOTAL	2,908.00	468,327,105	602,407,416	1,070,734,521	
	TOTAL DEPARTMENT	2,908.00	468,327,105	602,407,416	1,070,734,521	

**Agency for Persons with Disabilities
FY 2013-14 LBR ISSUES**

Priority	Issue	FTE	General Revenue Recurring	General Revenue N/R	SSBG TF	Operations & Maintenance TF Recurring	Operations & Maintenance TF N/R	Total Trust Funds	
1.	RESOURCES TO ADDRESS WAIVER DEFICIT			17,020,370			23,245,469	23,245,469	Requests non-recurring funds for the Home and Community Based Services Waiver for the Fiscal Year 2011-2012 carry forward deficit.
2.	REALIGNMENT OF OPERATIONS AND MAINTENANCE TRUST FUND/GENERAL REVENUE-DEDUCT					(3,750,000)		(3,750,000)	Replaces Operations and Maintenance Trust Fund with General Revenue to correct projected earnings deficiency in APD operations.
3.	REALIGNMENT OF OPERATIONS AND MAINTENANCE TRUST FUND/GENERAL REVENUE-ADD		3,750,000						Replaces Operations and Maintenance Trust Fund with General Revenue to correct projected earnings deficiency in APD operations.
4.	MAINTENANCE AND REPAIR			9,163,455					Request funding for needed fixed capital projects at Sunland, Tacachale, Rish Park, MRDP, Harkins Park, Suncoast Regional Office and the Northeast Regional Office.
5.	RISK MANAGEMENT TRUST FUND SHIFT - ADD		624,464						Replaces Operations and Maintenance Trust Fund with General Revenue in the Risk Management Category for charges imposed against the Landmark and Gulfcoast facilities. These facilities have closed and no longer earn cash to support the trust fund.
6.	RISK MANAGEMENT TRUST FUND SHIFT - DEDUCT					(624,464)		(624,464)	Replaces Operations and Maintenance Trust Fund with General Revenue in the Risk Management Category for charges imposed against the Landmark and Gulfcoast facilities. These facilities have closed and no longer earn cash to support the trust fund.
7.	INTERAGENCY FUND SHIFT -ADD		1,750,000						Replaces Social Services Block Grant from APD with General Revenue from the Department of Children and Families.
8.	INTERAGENCY FUND SHIFT -DEDUCT				(1,750,000)			(1,750,000)	Replaces Social Services Block Grant from APD with General Revenue from the Department of Children and Families.
9.	POSITIONS TO RESTRUCTURE ORGANIZATION TO SUPPORT AGENCY INITIATIVES	6.0	205,137	13,543		136,758	9,029	145,787	Additional FTE and Operating Budget for the Public Benefits Integrity Office.
10.	SETTLEMENT AGREEMENT FOR CLAIMS BILL			950,000					Settlement Agreement: JDS - vs- Strong.
TOTAL ISSUES		6.0	6,329,601	27,147,368	(1,750,000)	(4,237,706)	23,254,498	17,266,792	

Community Issue Performance Evaluation

1. State Agency: Agency for Persons with Disabilities

2. State Program (or Type of Program): Individual Family Supports (IFS)

3. Project Title: Achievement and Rehabilitation Centers, Inc.

4. Recipient name and address: Achievement and Rehabilitation Centers, Inc. , 10250 NW 53rd Street, Sunrise, FL 33351

Location county/counties: Broward County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$	\$180,000.00	\$180,000.00	

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

NA, project had proviso starting in FY 04/05 and then it was placed in base and proviso no longer existed in FY 09/10

8. Project Purpose/Description: Provides Adult Day Training, Supported Employment and Transportation Services to developmentally disabled clients on the Medicaid Waiver Waitlist.

9. Number of years this project has received state funding: 10 plus years

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain): Yes, provides health service screenings to clients and encourages participation in the Special Olympics for clients who are developmentally disabled.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
Yes/No, Yes it meets the needs of clients, but there are several providers for this service in the community. There are multiple providers to meet the needs for this service.

12. What are the intended outcomes/impacts and benefits of the project? The purpose of this contract is to assist clients in achieving their individual support plan outcome. Services are community-based to support the client in living, learning and working, or achieving a greater independence in their daily lives.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced);

Enumerate: Number of clients served, units of service, achievement of support plan goal.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: percentage of clients completing support plan goals.

Unit cost data (e.g., cost per unit produced); Enumerate:

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The provider submits data through monthly invoices, quarterly and annual program reports. It is validated by the Contract Manager, and is monitored by Department of Children and Families (DCF) Contract Oversight Unit.

15. Is there an executed contract between the agency and the recipient? Yes

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The Agency pays current established Medicaid rates for these services.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Yes, clients are meeting their support plan goals.

19. Describe how the information upon which the answer above is based was obtained and validated: The monthly and annual project progress report.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? Unknown

21. List any audits or evaluative reports that have been published for this project (including website links, if available): They are monitored annually by Delmarva under contract with AHCA for Medicaid Services. DCF also conducts on-site monitoring at least once every three years.

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Mitch Fenton

Title: Support Services Director

Phone number and email address: (850) 410-1309, mitch_fenton@apd.state.fl.us

Date: 01/11/13

Community Issue Performance Evaluation

1. State Agency: Agency for Persons with Disabilities

2. State Program (or Type of Program): Individual Family Supports (IFS)

3. Project Title: Association for Development of the Exceptional

4. Recipient name and address: Association for Development of the Exceptional, 24 E. 4th Street, Hialeah, FL 33010

Location county/counties: Miami-Dade and Monroe

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
	\$440,000.00	\$440,000.00	NA

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

N/A, it was originally in the GAA proviso prior to 2008, when APD was under DCF. The GAA contained \$90,000.00 for Adult Day Training (ADT) services. Agency continues to fund \$90,000.00 towards ADT for very difficult clients, and remaining funds are for Supported Employment, ADT and Transportation.

8. Project Purpose/Description: To provide Adult Day Training, Supported Employment and Transportation to Waitlist Clients.

9. Number of years this project has received state funding: Over 10 years

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain): Yes, provides direct services to clients on the Medicaid Waiver Waitlist. Provider is also a Medicaid Waiver provider for the same services.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
Yes/No – ‘Yes’ in that it meets the needs of clients, but ‘no’ in that there are several providers that meet the need for this service in the community. It should be noted that this provider is the largest provider of these services in the geographical area.

12. What are the intended outcomes/impacts and benefits of the project? The purpose of this contract is to assist clients in achieving their individual support plan outcome. Services are community-based to support the client in living, learning and working, or achieving a greater independence in their daily lives.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced);

Enumerate: Number of clients served, units of service, achievement of support plan goal.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: percentage of clients completing support plan goals.

Unit cost data (e.g., cost per unit produced); Enumerate: Services are billed on a unit cost basis

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? The provider submits data through monthly invoices, quarterly program reports. It is validated by the Contract Manager and is monitored by Department of Children and Families (DCF) Contract Oversight Unit.

15. Is there an executed contract between the agency and the recipient? Yes

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The Agency pays current established Medicaid rates for these services.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Yes, clients are meeting their support plan goals.

19. Describe how the information upon which the answer above is based was obtained and validated: The monthly project progress report.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? Unknown. It should be noted that the Provider is also a Medicaid Waiver Provider, and receives a small amount of funds from the City of Miami.

21. List any audits or evaluative reports that have been published for this project (including website links, if

available): They are monitored annually by Delmarva under contract with AHCA for Medicaid Services. DCF conducts on-site monitoring at least once every three years. The Provider obtains an independent external audit annually from a CPA firm.

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Mitch Fenton

Title: Support Services Director

Phone number and email address: (850)410-1309, mitch_fenton@apd.state.fl.us

Date: 01/11/13

Community Issue Performance Evaluation

1. State Agency: Agency for Persons with Disabilities

2. State Program (or Type of Program): Supported Living

3. Project Title: Independent Living for Retarded Adults

4. Recipient name and address: Independent Living for Retarded Adults, Inc., 8660 SW 27th Avenue, Ocala, FL 34476
Location county/counties: Serves Citrus, Hernando, Lake, Marion and Sumter Counties

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$	\$50,000.00	\$50,000.00	

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
 NA, FY 06/07 GAA contained proviso and then it was placed in base proviso no longer existed in FY 09/10

8. Project Purpose/Description: To enhance the lives and independence of the clients by giving them the opportunity to live independently, learning and improving their daily living skills to include cleaning, cooking and managing on their own with the aid of a 24-hour on-site manager. They will also be taken to social and recreational activities to encourage social skills and social interaction with their community.

9. Number of years this project has received state funding: Approximately 9 years

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes, it provides direct services to developmentally disabled adults on the Agency Medicaid Waiver Waitlist.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? Yes/No, 'Yes' in that it meets the needs of the clients, but 'no' in that there are other providers in the community meeting these needs. Due to the number of clients being served, multiple providers are needed.

12. What are the intended outcomes/impacts and benefits of the project? The purpose of this contract is to assist clients in achieving their individual support plan outcome. Services are community-based to support the client in living, learning and working, or achieving a greater independence in their daily lives.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced);

Enumerate: Number of clients served, units of service, achievement of support plan goal.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: % of clients completing support plan goals.

Unit cost data (e.g., cost per unit produced); Enumerate:

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The provider submits data through monthly invoices, quarterly program reports. It is validated by the Contract Manager and through quarterly on-site reviews conducted by the residential community team. DCF Contract Oversight Unit performs on-site reviews at least once every three years.

15. Is there an executed contract between the agency and the recipient? Yes

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The combined services provided makes up a hybrid of several Medicaid Waiver services. If the services were provided individually, the costs would be greatly increased. A detailed cost analysis was conducted to determine current costs vs. individualized Medicaid services.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Yes, clients are meeting their support plan goal.

19. Describe how the information upon which the answer above is based was obtained and validated: The monthly project progress reports and a review of support plan goals.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? Unknown

21. List any audits or evaluative reports that have been published for this project (including website links, if available): They are monitored annually by Delmarva under contract with AHCA for Medicaid Services.

DCF also conducts on-site monitoring at least once every three years.

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Mitch Fenton

Title: Support Services Director

Phone number and email address: (850)410-1309, mitch_fenton@apd.state.fl.us

Date: 01/11/13

Community Issue Performance Evaluation

1. State Agency: Agency for Persons with Disabilities

2. State Program (or Type of Program): Child Care

3. Project Title: Before and After School Child Care

4. Recipient name and address: R'Club Child Care, 4140 49th Street North, St. Petersburg, FL 33709

Location county/counties: Hillsborough

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$	\$122,400.00	\$122,400.00	NA

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
NA, There was proviso During FY 2004-2005 and the Agency has continued to fund

8. Project Purpose/Description: Operates a before and after school day care and full days when school is closed to APD Clients on the Waitlist.

9. Number of years this project has received state funding: Approximately 7 years

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes, provides before and after school care to school aged clients while their parents or guardians work. This allows the school aged clients to be involved in learning activities before and after school.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? Yes, the clients will be able to attend a before and after care program while their parents or guardians work. Without this type of program, clients will have no one supervising them before and after school.

12. What are the intended outcomes/impacts and benefits of the project? Provide learning activities for the school aged clients before and after school.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced);

Enumerate: Number of clients served and units of service,

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: percentage of parents/guardians satisfied.

Unit cost data (e.g., cost per unit produced); Enumerate:

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The provider sends the required reports to the contract manager on a monthly and quarterly basis. The provider sends the incident reports to the contract manager within 24 hours of the incident. The contract manager will visit the provider twice a year to review the incident reports and conduct satisfaction surveys.

15. Is there an executed contract between the agency and the recipient? Yes

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The unit costs for the before and after school care are below the comparable or alternative projects or services.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Unable to determine with current data. The satisfaction surveys are due in March 2013. The Incident Reports and monthly and quarterly reports performance are being met at this time.

19. Describe how the information upon which the answer above is based was obtained and validated: The provider has no incident reports at this time. All required reports are being submitted on time.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? The additional amounts are unknown, but the Provider receives local funding, private funding and some parents pay a fee for services.

21. List any audits or evaluative reports that have been published for this project (including website links, if

available): The Provider is monitored annually by the Juvenile Welfare Board and twice a year by the Pinellas County License Board. Copies of the reports are available upon request. DCF conducts on-site visits every three years.

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Mitch Fenton

Title: Support Services Director

Phone number and email address: (850) 410-1309, mitch_fenton@apd.state.fl.us

Date: 01/11/13

Community Issue Performance Evaluation

1. State Agency: Agency for Persons with Disabilities

2. State Program (or Type of Program): Workshops/Life Skills

3. Project Title: Applied Behavior Analysis/ Individual Education for clients diagnosed with Autism Spectrum Disorder (ASD)

4. Recipient name and address: South Florida Autism Charter School, 13835 NW 97th Avenue, Hialeah, FL 33018

Location county/counties: Miami-Dade, Monroe and Broward

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$	\$50,000.00	\$50,000.00	NA

7. FY 2012-13 GAA proviso specifically associated with the project (if any): No, Specific proviso was in FY 09/10 in the amount of \$200,000.00

8. Project Purpose/Description: To provide life skills training to parents and/or caregivers who have school age children that have been diagnosed with ASD (kindergarten – 8th grade).

9. Number of years this project has received state funding: 4 years

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes, provides supports to clients with ASD.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? Meets a need and were the first provider to render these services in Miami-Dade. There are other providers, however, who provide similar types of services at a reduced level.

12. What are the intended outcomes/impacts and benefits of the project? Clients receive the necessary support for positive behavior modification.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced);

Enumerate: Number of clients served, units of service and percentage of clients who improve communication and behavior skills.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percentage of clients who show improvement.

Unit cost data (e.g., cost per unit produced); Enumerate: A unit rate was negotiated based on the provider line item budget.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The provider submits data through monthly invoices, quarterly program reports. It is validated by the Contract Manager and is monitored by DCF Contract Oversight Unit.

15. Is there an executed contract between the agency and the recipient? Yes

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): Cost analysis was completed based on the provider budget and compared favorably to other provider in the area.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Yes, clients have shown improvement in communication and behavior.

19. Describe how the information upon which the answer above is based was obtained and validated: The quarterly project report.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? Unknown

21. List any audits or evaluative reports that have been published for this project (including website links, if available): DCF conducts on-site monitoring at least once every three years.

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Mitch Fenton

Title: Support Services Director

Phone number and email address: (850) 410-1309, mitch_fenton@apd.state.fl.us

Date: 01/11/13

Community Issue Performance Evaluation

1. State Agency: Agency for Persons with Disabilities

2. State Program (or Type of Program): Health Screenings

3. Project Title: Special Olympics Florida, Inc.

4. Recipient name and address: Special Olympics Florida, Inc.
1915 Don Wickman Drive
Clermont, Florida 34711

Location county/counties: Housed in Lake County, but provides services statewide

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$500,000.00	\$	\$500,000.00	Line 250

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

"From the funds in specific appropriation 250, \$500,000.00 in recurring funds from the general revenue fund is provided for the Special Olympics Healthy Athletes Program".

8. Project Purpose/Description: To improve the health and wellness of persons with developmental disabilities by providing health screenings and referral services that may not otherwise be available to this population. The project will also conduct outreach to health care professionals to increase the availability of volunteer hours and the overall pool of health care professionals who are willing to treat individuals with developmental disabilities in the community.

9. Number of years this project has received state funding: FY12/13 is the first year this specific project received funding, but the Agency had contracts in place with this recipient during FY 06/07 and 07/08.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes, it provides health service screenings to clients and encourages participation in the Special Olympics for clients who are developmentally disabled.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? Yes, this is a unique service and encourages participation in Olympic events in addition to providing basic dental services and referrals for people with developmental disabilities.

12. What are the intended outcomes/impacts and benefits of the project? Provides a minimum of 5,500 screenings to individuals and outreach to health care professionals who are willing to treat individuals with a developmental disability in the community.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced);

Enumerate:

5,500 health screenings shall be provided during the contract term.

A baseline percentage of individuals screened shall receive referrals as needed for services.

Engage volunteers from at least three (3) universities or medical schools to conduct or assist with health screenings.

75% of individuals screened for hearing and eyes and designated as needing services shall be provided follow up services on site (hearing aids, glasses, etc.)

If the provider fails to meet the minimum number of individuals to be served a financial penalty of \$100.00 per individual under the minimum number served shall be assessed.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate:

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Program data is submitted monthly through a program progress report. Since this will be a recurring project, the contract will receive on-site monitoring to validate the data through sampling.

15. Is there an executed contract between the agency and the recipient? Yes

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): A cost analysis was conducted on the line item budget and budget detail and costs were determined to be allowable, reasonable and necessary. A flat monthly rate per screening is provided based on the total number of health screenings provided during the contract term. The provider will submit a detailed expenditure report in accordance with the line item budget. Any funds unearned will be returned to the Agency. This is unique and there are no other comparable services or projects.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Unable to determine with current data. There was start up involved and the provider is just beginning to serve clients. Will be able to determine during this quarter of the FY.

19. Describe how the information upon which the answer above is based was obtained and validated: The monthly project progress report.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? Unknown

21. List any audits or evaluative reports that have been published for this project (including website links, if available): None

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Mitch Fenton

Title: Support Services Director

Phone number and email address: (850) 410-1309, mitch_fenton@apd.state.fl.us

Date: 01/11/13

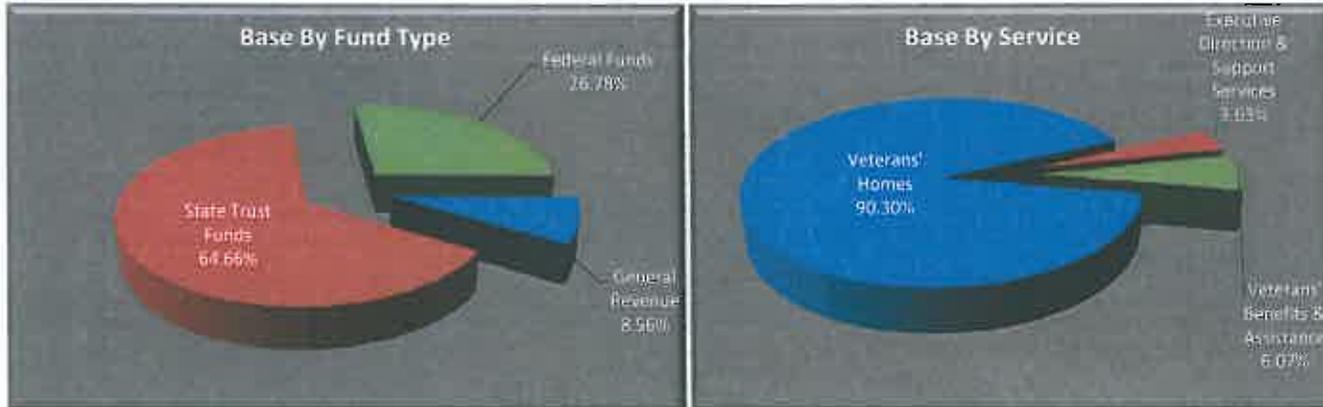
Department of Veterans' Affairs

Fiscal Year 2013-14 Base Budget Review - Agency Summary

The Department of Veterans Affairs' mission is to advocate for Florida's veterans and link them to services, benefits, and support. In pursuit of this mission, the Department has established three Department-wide goals to strive toward over the next five years. These goals are identified in the Department's Long-Range Program Plan. The three goals are to: 1) Provide information and advocacy to Florida veterans, their families, and survivors, and assist them in obtaining all federal and state benefits due to them; 2) Provide quality long-term healthcare services to eligible Florida veterans; and 3) Provide effective and responsive management to support divisions and programs serving veterans.

	FTE	Recurring	Nonrecurring	Total
Fiscal Year 2012-13 Appropriations:	1,088.50	81,555,857	2,890,570	84,446,427

Agency Funding Overview		Base Budget FY 2013-14*				
#	Program/Service	FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Veterans' Homes	978.00	-	54,929,571	21,928,920	76,858,491
2	Executive Direction & Support Services	25.50	2,986,042	100,485	-	3,086,527
3	Veterans' Benefits & Assistance	85.00	4,302,243	3,330	865,051	5,170,624
4	Total	1,088.50	7,288,285	55,033,386	22,793,971	85,115,642



*Base budget differs from the FY 2012-13 appropriation as the base budget does not include any nonrecurring funds but does include annualizations and other adjustments.

Programs & Services Descriptions

Program : Services to Veterans'

1 Budget Entity/Service: Veterans' Homes

The Veterans' Homes division provides comprehensive, high-quality health care services on a cost-effective basis to eligible Florida veterans who are in need of assisted living or skilled long-term nursing home care. The State Domiciliary Home provides shelter, sustenance and incidental medical care on an ambulatory self-care basis to assist eligible veterans who are disabled by age or disease, but who are not in need of hospitalization or skilled nursing home services. The Home is intended for eligible Florida residents who can attend to their personal needs, dress unattended and use a general dining facility, or who are in need of extended congregate care, which provides more assistance to residents. The Home is located in Lake City and is licensed for 149 beds. The State Veterans Nursing Homes (SVNH) provide full service long-term residential care that includes supervision 24 hours daily by registered and licensed nurses. Nursing home staff prepare a care plan for each resident, which includes medical, social and dietary services and therapeutic and recreational programs. The program operates five licensed 120-bed nursing homes: Emory L. Bennett SVNH in Daytona Beach; Baldomero Lopez SVNH in Land O'Lakes; Alexander "Sandy" Nininger SVNH in Pembroke Pines; Clifford Chester Sims SVNH in Panama City; and Douglas T. Jacobson SVNH in Port Charlotte. A sixth home, the Clyde E. Lassen SVNH in St. Augustine, opened in September 2010.

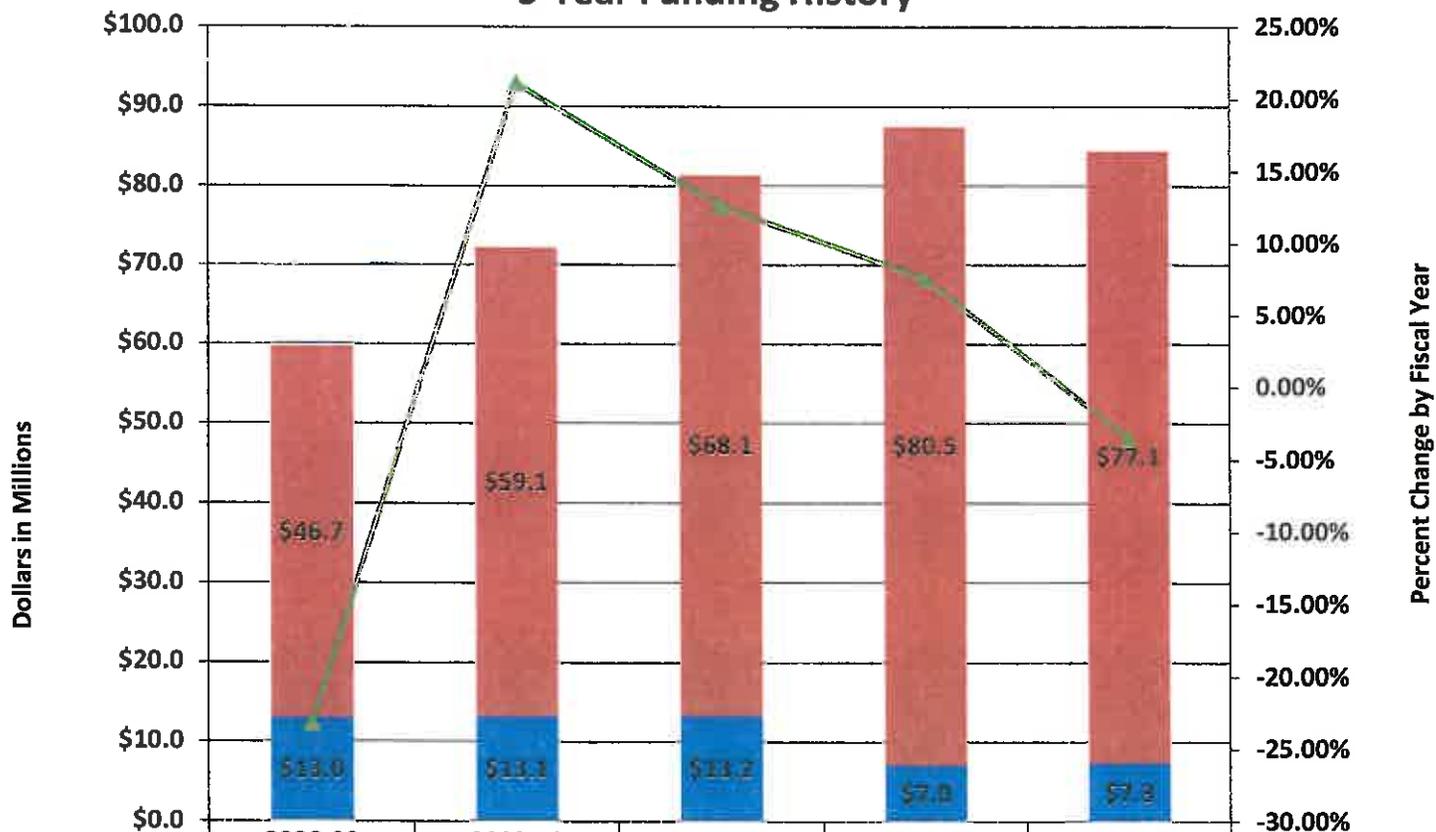
2 Budget Entity/Service: Executive Direction & Support Services

Executive Direction and Support Services provides leadership and administrative support to the Benefits and Assistance and Veterans Homes Program Divisions. The Division is comprised of the Director's Office, accounting, administration, budget, Homes billing, communications, general counsel, internal audit, legislative and cabinet affairs, information technology, personnel, purchasing, staff development and training. The Division is responsible for setting policy; preparation, administration, monitoring of the Agency's Legislative Budget Request and any legislative proposals; providing central support services in the billing and collection and proper identification of revenues, disbursement of payroll, payment of vendor invoices and reimbursements to departmental employees and non employees for travel expenses; administering a comprehensive personnel program including recruitment, employment, classification and pay, attendance and leave, grievances and appeals, labor relations, workers' compensation claims, personnel records, payroll changes and employment benefits; purchasing responsibilities including solicitation, evaluation and awarding Invitations to Bid/Requests for Proposals, and the issuance of purchase orders for both commodities and contractual services; maintenance of property records, storage and record keeping of property, and purchasing card issuance; and providing public records upon request.

3 Budget Entity/Service: Veterans' Benefits and Assistance

Veterans' Benefits and Assistance assists Florida's veterans, their families and survivors to improve their health and economic well being through quality benefit information, advocacy and education. The Division accomplishes its purpose through three Bureaus: 1) the Bureau of Claim Services which 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 application to correct military records; 2) the Bureau of Field Services which provides counseling and benefits assistance to all inpatients and outpatients at 16 VA Medical facilities, State Veterans Nursing Homes and Domiciliary and conducts outreach activities throughout the state; 3) the Bureau of State Approving Agency which provides school and program approval services to Florida educational institutions and monitors these institutions to ensure continued compliance with federal and state regulatory requirements governing administration of the GI Bill.

Department of Veterans' Affairs 5-Year Funding History



■ Trust Fund	\$46.7	\$59.1	\$68.1	\$80.5	\$77.1
■ General Revenue	\$13.0	\$13.1	\$13.2	\$7.0	\$7.3
▲ Percent Change from Prior Year	-23.19%	21.11%	12.62%	7.54%	-3.48%

**Department of Veterans Affairs
Trust Funds**

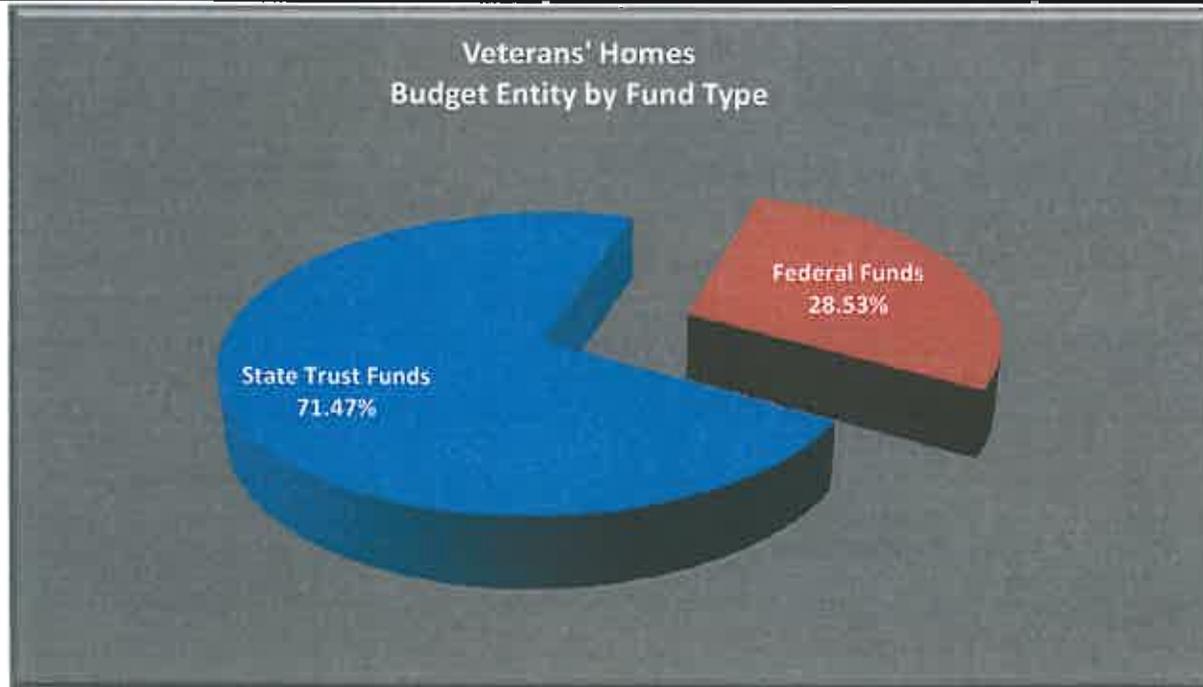
#	Trust Fund	Controlling Statutory Authority	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2013-14 Base Budget
1	Grants & Donations Trust Fund	ss. 20.375(2), 296.11, 296.15, 296.38, and 320.089, F.S.	Providing support services for the common benefit of the residents of the home such as improved facilities or recreational equipment and supplies and goods and services, unless the benefactor requests or instructs the gift grant or endowment be used for a specific purpose	Public and private grants and donations to the department. Revenues from sale of specialty license plates	Recreational supplies and equipment for residents; facility improvements	\$72,500
2	Operations & Maintenance Trust Fund	ss. 20.375(3), 296.11, and 296.38, F.S.	Operating and maintaining the state veterans' homes. Providing long term health care and support services to its residents.	USDVA, Medicaid, Medicare and third party per diem collections from long term care provided to veteran residents	Veterans nursing homes and domiciliary operations	\$77,754,857
3	State Home for Veterans Trust Fund	ss. 20.375, 320.08058, 320.089 and 320.0891, F.S.; ch. 2008-18, L.O.F.	Funds collected between \$100,001 and \$200,001 from the sale of certain specialty license plates, such as POW, Purple Heart, Operation Iraqi Freedom/Operation Enduring Freedom and others, and the remaining fees collected from the Florida Salutes Veterans license plate are credited to the trust fund to be used to construct, operate, and maintain domiciliary and nursing homes for veterans	Specialty license tags sales	Construction, maintenance and repair of veterans nursing homes and domiciliary; emergency contingency fund	-

Veterans' Home
FY 2013-14 Base Budget Summary

Program Description

The Veterans' Homes Program provides comprehensive, high-quality long-term health care services on a cost-effective basis to eligible Florida veterans who are in need of assisted living or skilled nursing home care.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
	Veterans' Home	FTE	GR	State Trust Funds	Federal Funds	Total
1	Veterans' Home	978.00	-	54,929,571	21,928,920	76,858,491
2	Program Total	978.00	-	54,929,571	21,928,920	76,858,491



FY 2013-14 Base-Budget Review Details

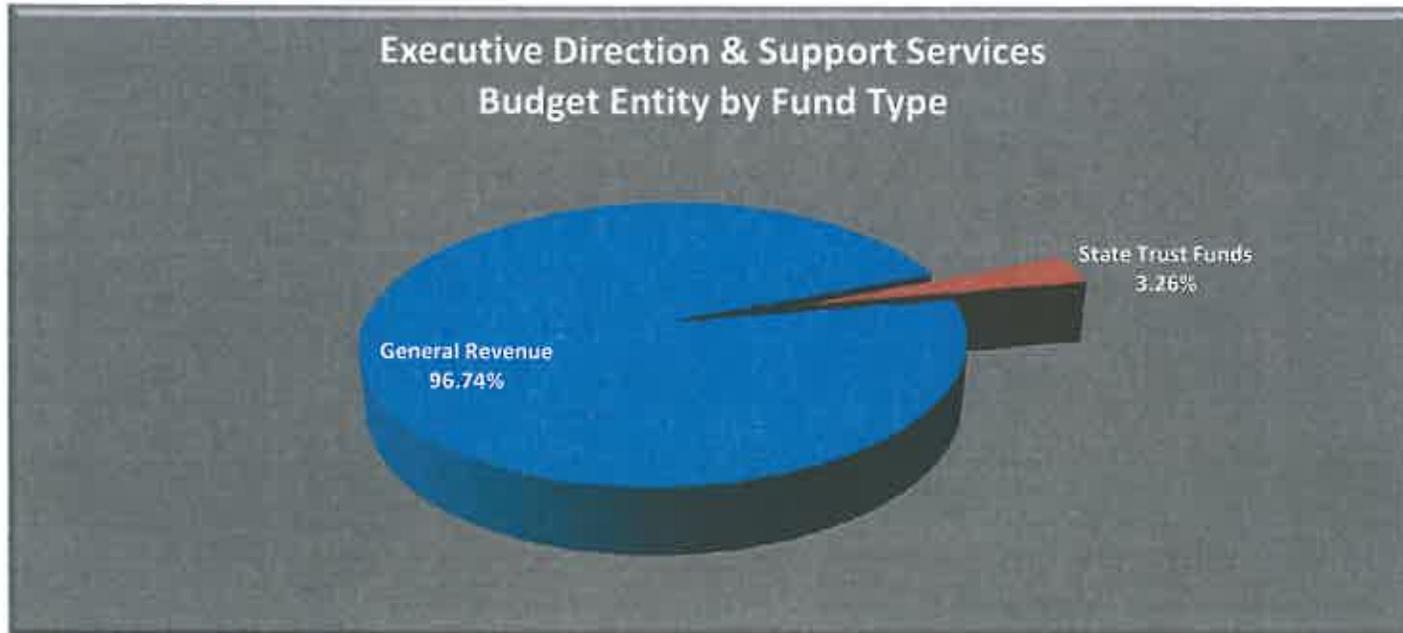
Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation	
Services to Veterans	1,088.50	7,288,285	77,827,357	85,115,642		
1 Budget Entity: Veterans' Homes						
2	Brief Description of Entity: The Veterans' Homes Program provides comprehensive, high-quality health care services on a cost-effective basis to eligible Florida veterans who are in need of assisted living or skilled long-term nursing home care.					
3	Salaries & Benefits	978.00		43,699,649	43,699,649	Costs associated with salaries and benefits for 978.00 full-time positions (FTEs).
4	Other Personal Services			2,986,987	2,986,987	Costs associated with services rendered by a person who is not filling an established full-time position.
5	Expenses			14,783,503	14,783,503	Costs associated with usual, ordinary, and incidental operating expenditures.
6	Operating Capital Outlay			103,994	103,994	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
7	Food Products			3,226,561	3,226,561	Costs associated with food consumed and purchased in state-run facilities that provide housing to individuals.
8	Contracted Services			9,310,854	9,310,854	Costs associated with services rendered through contractual arrangements.
9	Recreational Equipment/Supplies			72,500	72,500	This category provides funding for Veterans' recreational services.
10	Risk Management Insurance			2,304,607	2,304,607	This category provides funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights insurance.
11	Transfers to DMS for HR services			369,836	369,836	This category provides funding for the People First human resources contract administered by the Department of Management Services.
12	Total - Veterans' Home	978.00	0	76,858,491	76,858,491	

Executive Direction and Support Services
FY 2013-14 Base Budget Summary

Program Description

Executive Direction and Support Services provides leadership and administrative support to the Benefits and Assistance and Veterans Homes Program Divisions. The Division is comprised of the Director's Office, accounting, administration, budget, Homes billing, communications, general counsel, internal audit, legislative and cabinet affairs, information technology, personnel, purchasing, staff development and training.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
	Executive Direction & Support Services	FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Executive Direction & Support Services	25.50	2,423,379	100,485	-	2,523,864
2	Information Technology	-	562,663	-	-	562,663
3	Program Total	25.50	2,986,042	100,485	-	3,086,527



FY 2013-14 Base-Budget Review Details

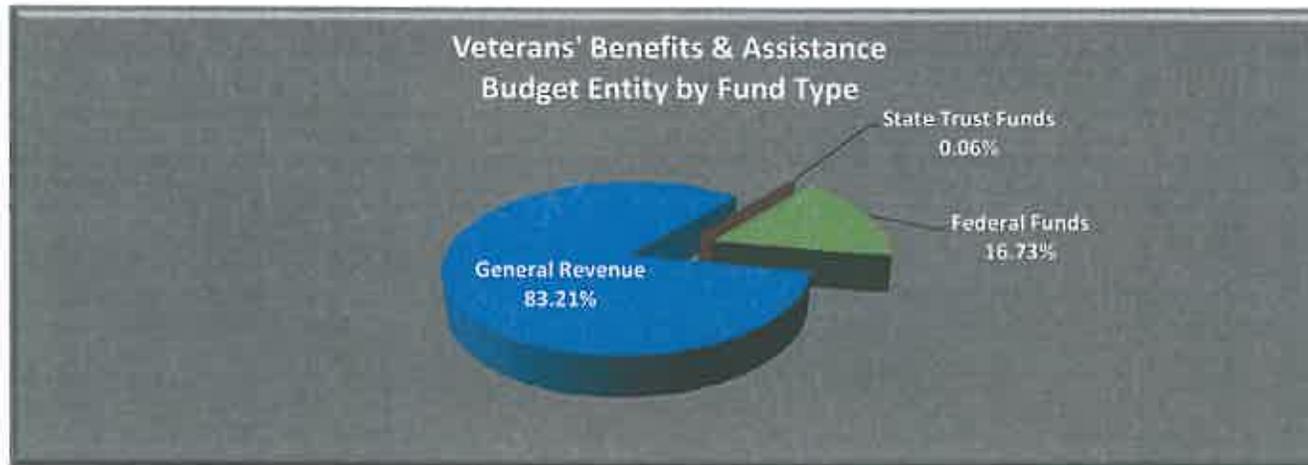
Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation		
13 Budget Entity: Executive Direction & Support Services							
14		Brief Description of Entity: Executive Direction and Support Services provides leadership and administrative support to the Benefits and Assistance and Veterans Homes Program Divisions.					
15		Salaries & Benefits	25.50	2,040,353	2,040,353	Costs associated with salaries and benefits for 25.5 full-time positions (FTEs).	
16		Other Personal Services		19,765	19,765	Costs associated with services rendered by a person who is not filling an established full-time position.	
17		Expenses		658,996	100,458	759,454	Costs associated with usual, ordinary, and incidental operating expenditures.
18		Operating Capital Outlay		120,512		120,512	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
19		Contracted Services		110,882		110,882	Costs associated with services rendered through contractual arrangements.
20		Risk Management Insurance		13,507	27	13,534	This category provides funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights insurance.
21		Transfers to DMS for HR services		9,480		9,480	This category provides funding for the People First human resources contract administered by the Department of Management Services.
22		Data Processing Services Southwood SRC		12,547		12,547	This category provides funding for the IT-related services provided through the Southwood Shared Resource Center.
23		Total - Executive Direction & Support Services	25.50	2,986,042	100,485	3,086,527	

Veterans' Benefits and Assistance
FY 2013-14 Base Budget Summary

Program Description

Veterans' Benefits and Assistance assists Florida's veterans, their families and survivors to improve their health and economic well being through quality benefit information, advocacy and education. The Division accomplishes its purpose through three Bureaus: 1) the Bureau of Claim Services which 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 benefits, as well as application to correct military records; 2) the Bureau of Field Services which provides counseling and benefits assistance to all inpatients and outpatients at 16 VA Medical facilities, State Veterans Nursing Homes and Domiciliary and conducts outreach activities throughout the state; 3) the Bureau of State Approving Agency which provides school and program approval services to Florida educational institutions and monitors these institutions to ensure continued compliance with federal and state regulatory requirements governing administration of the GI Bill.

Program Funding Overview		Base Budget FY 2013-14				
	Veterans' Benefits & Assistance	FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Veterans' Benefits & Assistance	85.00	4,302,243	3,330	865,051	5,170,624
2	Program Total	85.00	4,302,243	3,330	865,051	5,170,624



FY 2013-14 Base-Budget Review Details

Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation		
24	Budget Entity: Veterans' Benefits and Assistance						
25		<u>Brief Description of Entity:</u> Veterans' Benefits and Assistance assists Florida's veterans, their families and survivors to improve their health and economic well being through quality benefit information, advocacy and education.					
26		Salaries & Benefits	85.00	4,043,867	694,902	4,738,769	Costs associated with salaries and benefits for 85 full-time positions (FTEs).
27		Other Personal Services		12,000	10,000	22,000	Costs associated with services rendered by a person who is not filling an established full-time position.
28		Expenses		208,653	149,286	357,939	Costs associated with usual, ordinary, and incidental operating expenditures.
29		Operating Capital Outlay			4,000	4,000	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
30		Contracted Services		2,569	4,000	6,569	Costs associated with services rendered through contractual arrangements.
31		Risk Management Insurance		7,036	3,600	10,636	This category provides funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights
32		Transfers to DMS for HR services		28,118	2,593	30,711	This category provides funding for the People First human resources contract administered by the Department of Management Services.
33		Total - Veterans' Benefits and Assistance	85.00	4,302,243	868,381	5,170,624	
34		PROGRAM Total	1,088.50	7,288,285	77,827,357	85,115,642	
35		DEPARTMENT TOTAL	1,088.50	7,288,285	77,827,357	85,115,642	

Department of Veterans' Affairs

FY 2013-14 LBR ISSUES

Priority	Issues	FTE	Total General Revenue	General Revenue Recurring	General Revenue Nonrecurring	Trust Funds
1.	Replacement of Motor Vehicles					409,050
2.	Benefits and Assistance Increase Staffing	13.0	898,332	860,899	37,433	
3.	Maintenance of Health Information Technology System					133,000
4.	Additional Equipment					691,520
5.	FCO - Maintenance & Repairs for Residential Facilities					550,000
6.	Veterans' Training Increase Staffing	1.0				42,266
7.	Increase to Expense Operations and Maintenance					523,100
8.	Increase to Contracted Services					71,000
9.	State Veterans' Home Staffing Increase	1.0	90,599	85,553	5,046	
10.	Executive Support - Increase Staffing	3.0	283,127	267,989	15,138	
11.	Funding increase for the Bureau of Information and Research	5.0	437,289	413,559	23,730	
12.	Increase to Contracted Services		150,000		150,000	100,000
13.	Executive Directions and Support Services - Outreach		100,000	100,000		
14.	Consolidation of Technology Services		36,374	36,374		
TOTAL ISSUES		23.0	1,995,721	1,764,374	231,347	2,519,936

Department of
Health 2012-13
Budget Overview
& Legislative
Budget Requests
2013-14



January 16, 2013

Executive Direction and Support

Includes:

- Finance and Accounting
- Budget, Personnel
- Public Information
- General Counsel
- General Services
- Inspector General
- Equal Opportunity, Minority Affairs
- Legislative Planning
- Information Technology
- Office of Minority Health
- Tobacco Prevention and Education

	FTE	General Revenue	Trust Funds	Total All Funds
Administrative Support	442.5	10,657,188	104,760,018	115,417,206
Major Programs				
Minority Health Initiative		3,134,044		3,134,044
Tobacco Prevention and Education			64,289,944	64,289,944

Protect, promote and improve the health of all people in Florida



Community Health Promotion

- Community Health Promotion facilitates access to basic family health care services for those with difficulty obtaining this care from the private sector.

<i>Community Health Promotion</i>	FTE	General Revenue	Trust Funds	Total All Funds
Activities include: programmatic oversight of nutrition services for at-risk women and children, child nutrition program, dental health, chronic disease screening and risk reduction activities.	202.50	83,689,540	558,615,392	642,304,932
Major Programs				
Family Planning Services		4,245,455	1,067,783	5,313,238
Primary Care Program		19,221,512		19,221,512
School Health Services		7,006,487	21,528,771	20,035,258
Healthy Start Coalitions		35,625,439	31,652,762	29,174,890
Federal Nutrition Program			475,942,752	475,942,752

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Local Funding Initiatives

Dentistry Projects	2,047,715
Vision Projects	1,500,000
Deerfield Beach School Health Clinic	367,149
Jessie Trice Community Health Center	52,422
Haitian American Association Against Cancer	163,839
Palm Beach Rape Crisis Treatment Center	282,039

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Disease Control and Health Protection

- Disease Control and Health Protection provides services designed to detect, control, prevent and treat diseases.

<i>Disease Control and Health Protection</i>	FTE	General Revenue	Trust Funds	Total All Funds
Activities include: immunizations, infectious diseases counseling and testing, infectious disease reporting and surveillance, epidemiological investigation, partner elicitation and notification, health education and medical treatment including drug therapy for HIV/AIDS and Tuberculosis. Environmental Health Services protect the public from disease of environmental origin, investigate disease clusters and toxicological issues of public concern.	500.50	54,862,341	89,905,500	144,767,841
Major Programs				
AIDS Patient Care		12,609,807	7,060,522	19,670,329
Statewide AIDS and Ryan White Consortia		10,463,853	20,754,358	31,218,211
AIDS Insurance Continuation Program		6,454,951	4,891,498	11,346,449
Outreach/Pregnant Women		500,000		500,000

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Local Funding Initiatives

HIV/AIDS Outreach Program – Haitian & Hispanic Community	239,996
South Florida AIDS Network	719,989

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County Health Departments

- Provides for local health needs services to maintain and improve the health of the public

<i>County Health Departments</i>	FTE	General Revenue	Trust Funds	Total All Funds
Activities include: basic family health outpatient and nutrition services, infectious disease prevention and control and environmental health services, detecting and responding to bioterrorist attacks, recording vital events and improving health outcomes of racial and ethnic populations	12,044.25	114,455,720	863,177,524	977,633,244

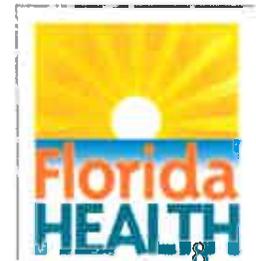
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Local Funding Initiatives

Minority Outreach Penalver Clinic	319,514
La Liga - League Against Cancer	940,000
Manatee County Rural Health Services	82,283
Treasure Coast Midwifery	360,000

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Statewide Public Health Support

- Statewide Public Health Support Services supports bioterrorism preparedness and response, state laboratory, pharmacy, emergency medical services, vital statistics, radiation control, brain and spinal cord injuries.

<i>Statewide Public Health Support Services</i>	FTE	General Revenue	Trust Funds	Total All Funds
Activities include: support for enhancing the state's bioterrorism preparedness and response capabilities, state laboratory screening and testing, pharmacy, vital statistics, emergency medical services, radiation control services, recruitment and placement of health care practitioners in underserved areas, helping persons with brain and spinal cord injuries, assisting local health planning councils, rural health networks, medically fragile and support for the volunteer health care provider program.	788.50	45,712,962	300,450,029	346,162,991
Major Programs				
Domestic Security-Bio Enhancements-Health /Hospital			47,323,907	47,323,907
Drugs/Vaccines/Biologicals		24,477,280	114,867,529	139,344,809
Brain and Spinal Cord Home and Community Based Services Waiver		2,201,241	12,996,146	15,197,387
Purchased Client Services		1,000,000	1,676,352	2,676,352
Trauma Care			12,093,747	12,093,747

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Local Funding Initiatives

Jessie Trice Cancer Center	156,485
SW Alachua County Primary & Community Health Care Clinic	98,529
Traumatic Brain Injury Association/Brain Injury Association of Florida	1,000,000
Diaphragmatic Pacing Demonstration Project at Broward Children's Center	500,000

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Children's Medical Services

- Provides a comprehensive continuum of medical and supporting services to eligible children who are medically involved, complex, fragile or delayed in their development.

<i>Children's Special Health Care</i>	FTE	General Revenue	Trust Funds	Total All Funds
Activities include: prevention and early intervention, primary care, medical and therapeutic care, long-term care and medical services for abused/neglected children.	744.00	72,768,071	246,822,951	319,591,022
<i>Major Programs</i>				
Children's Medical Services Network		15,954,931	181,287,557	197,242,488
Medical Services Abused/Neglected Children		12,292,307	5,763,295	18,055,602
Poison Control Center		1,591,693		1,591,693
Developmental Evaluation And Intervention Services/PartC		23,231,961	27,671,335	50,903,296

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Local Funding Initiatives

Fetal Alcohol Spectrum Disorder	280,000
Islet Cell Transplantation to Cure Diabetes	213,332
Alpha One Program	345,169

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Healthcare Practitioner and Access

<i>Medical Quality Assurance</i>	FTE	General Revenue	Trust Funds	Total All Funds
<p>Activities include: regulation of health care practitioners through licensing and enforcement of policies established by the boards and councils that oversee each profession, evaluation and approving training programs, continuing education providers, overseeing issues related to practitioner profiling. Verifying practitioner credentials, assisting in the identification of unlicensed activity, disseminating information to the public.</p>	600.00		59,198,739	59,198,739

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Disability Determination

<i>Disability Benefits Determination</i>	FTE	General Revenue	Trust Funds	Total All Funds
Activities include: providing 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 based upon information gathered that demonstrates the claimant's ability to function in activities of daily living and to engage in work activities according to SSA guidelines and policies.	1,227.00	865,899	149,579,370	150,445,269

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2013-2014 Legislative Budget Requests

(Governor's Initiatives Pending)

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Early Steps

	Agency Request FY 2013-14	Agency Request Non-Recurring FY 2013-14
General Revenue	9,254,053	3,600,000
Trust Fund	3,433,362	3,433,362

- ✦ Early intervention for children
- ✦ Assessments
- ✦ Home visits
- ✦ Case Management

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Ounce of Prevention

	Agency Request FY 2013-14	Agency Request Non-Recurring FY 2013-14
General Revenue	1,900,000	1,900,000

- ✦ Reduce infant mortality
- ✦ Support services for adolescent pregnancy prevention and parenthood

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County Health Departments

	Agency Request FY 2013-14	Agency Request Non-Recurring FY 2013-14
General Revenue	800,000	

- ✱ Restore non-recurring funds
- ✱ Maintain same level of services in 2013-2014
- ✱ Provide healthcare services in county health departments

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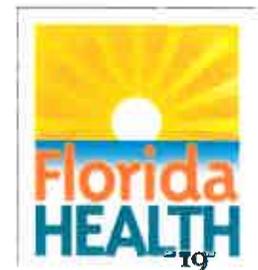


Healthy Start

	Agency Request FY 2013-14	Agency Request Non- Recurring FY 2013-14
General Revenue	1,000,000	

- ✦ Restore non-recurring funds
- ✦ Maintain same level of services in 2013-2014
- ✦ Provide health care services for pregnant women, infants and children

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Telemedicine Network Services

	Agency Request FY 2013-14	Agency Request Non-Recurring FY 2013-14
General Revenue	822,700	522,300

- ✦ Upgrade infrastructure
- ✦ Medical services for children
- ✦ Evaluation of physical or sexual abuse

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Information Technology Infrastructure

	Agency Request FY 2013-14	Agency Request Non-Recurring FY 2013-14
Trust Fund	11,100,635*	2,710,000

*Amended LBR to reduce costs to 6,900,000

- ✦ Email solution
- ✦ Video conferencing
- ✦ Provide budget authority for recurring costs

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Women, Infants and Children (WIC)

	Agency Request FY 2013-14	Agency Request Non-Recurring FY 2013-14
Trust Fund	6,627,030	6,627,030

- ✦ Replace WIC data system
- ✦ Includes Electronic Benefits Transfer (EBT)
- ✦ Improve efficiency of operations

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Laboratory Information Management Services (LIMS) Specimen Gate

	Agency Request FY 2013-14	Agency Request Non-Recurring FY 2013-14
Trust Fund	250,000	250,000

- ✦ Upgrade system
- ✦ Newborn screening
- ✦ Laboratory testing and billing from hospitals

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Medical Quality Assurance Licensure, Regulatory and On-Line Systems

	Agency Request FY 2013-14	Agency Request Non- Recurring FY 2013-14
Trust Fund	7,019,017	1,887,408

- ✦ Upgrade system
- ✦ Improve operations
- ✦ Reduce length of time for licenses

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Biomedical Research

	Agency Request FY 2013-14	Agency Request Non-Recurring FY 2013-14
Trust Fund	25,000,000	

- ✳ Coordinate with Florida Cancer Control and Research Advisory Council
- ✳ Establish cancer research and treatment programs
- ✳ Integrated system of cancer care
- ✳ Collaborative state cancer care and research partnerships

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Other Budget Reductions

Super Act Programs

- Transfer 6 FTE and \$484,104 to the Department of Environmental Protection (DEP)
- Well surveillance program
- DEP will provide testing

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2013-2014 Legislative Staffing Requests

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Staffing Requests

- Birth defects registry will use existing FTE – realign between categories – 70,000 to salaries
- Pharmacy realigns 112,000 between categories to cover existing FTEs
- Disability Determinations realigns 2,900,000 between surplus salaries to OPS – to cover existing OPS staff and contracted consultants
- Moves 3 FTE from CHDs for use by Central Pharmacy – 119,000 needed due to increased workload
- Medically Needy program will use 3 existing FTEs - 185,000 needed to process increasing number of applications for benefits

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Contract Negotiations

- 78,103 – Redirect indirect costs/increase services
- 1,200,000 – Redirect CMS Early Steps administrative costs/increase services
- 336,000 – CMS pharmacy costs/increase services
- 6,000,000 – ADAP pharmacy rebates/eliminate wait list

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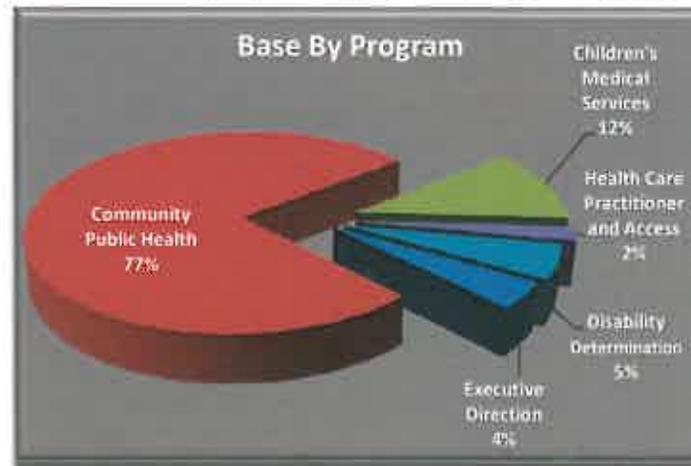
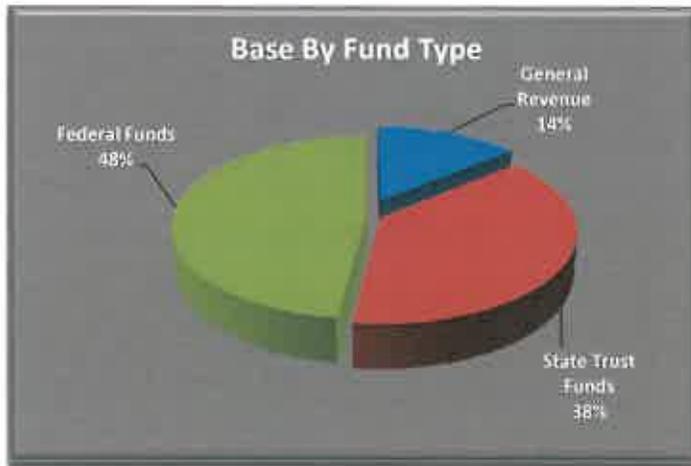


Department of Health
Fiscal Year 2013-14 Base Budget Review - Agency Summary

The mission of the Department of Health is to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts. The department is statutorily responsible for the health and safety of all citizens and visitors to the state. There are nine agency goals delineated in the Long Range Program Plan (LRPP): (1) prevent and treat diseases of public health interest, (2) provide access to care for children with special health care needs, (3) ensure Florida's health and medical system achieves and maintains national preparedness capabilities, (4) improve access to basic family health care services, (5) prevent diseases of environmental origin, (6) prevent and reduce tobacco use, (7) ensure health care practitioners meet relevant standards of knowledge and care, (8) enhance and improve emergency medical services and (9) process medical disability determinations. The head of the Department of Health is the State Surgeon General. Public health services are provided to the public through a partnership between the state and the counties, and are administered by 67 County Health Departments at no charge or a small fee based on income. The department, in conjunction with 22 boards and 6 councils, works to maintain a high-quality system of health care in Florida by regulating over one million health care practitioners and facilities.

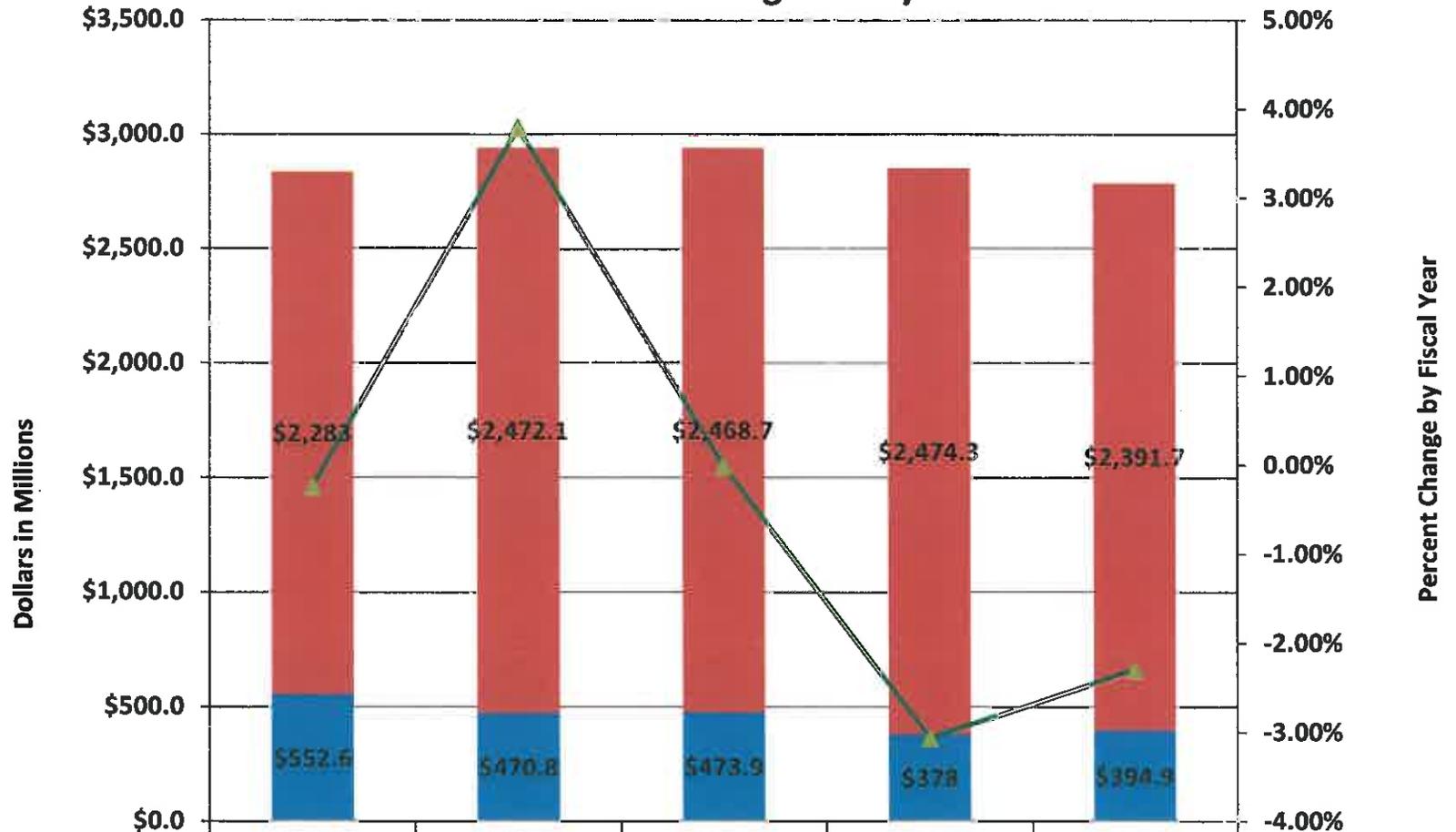
	FTE	Recurring	Nonrecurring	Total
Fiscal Year 2012-13 Appropriations:	16,549.25	2,743,761,467	42,877,343	2,786,638,810

Agency Funding Overview		Base Budget FY 2013-14*				
#	Program	FTE	GR	State Trust Funds	Federal Funds	Total
1	Executive Direction and Support Services	442.50	10,657,188	70,825,961	33,934,057	115,417,206
2	Community Public Health	13,535.75	298,720,563	851,827,165	960,321,280	2,110,869,008
3	Children's Medical Services	744.00	72,768,071	71,873,075	174,949,876	319,591,022
4	Health Care Practitioner and Access	600.00	-	58,975,108	223,631	59,198,739
5	Disability Determinations	1,227.00	865,899	-	149,579,370	150,445,269
6	Total	16,549.25	383,011,721	1,053,501,309	1,319,008,214	2,755,521,244



* Base budget differs from the FY 2012-13 appropriation as the base budget does not include any nonrecurring funds, but does include annualizations and other adjustments.

Department of Health 5-Year Funding History



■ Trust Fund	\$2,283	\$2,472.1	\$2,468.7	\$2,474.3	\$2,391.7
■ General Revenue	\$552.6	\$470.8	\$473.9	\$378	\$394.9
▲ Percent Change from Prior Year	-0.24%	3.78%	-0.01%	-3.07%	-2.30%

Department of Health Programs and Services Descriptions

A Program: Executive Direction and Support

The Executive Direction and Support Program provides oversight, direction, and coordination for the Administrative Support, Information Technology and Tobacco Prevention and Education services.

1 Budget Entity/Service: Administrative Support

Administrative Support provides leadership and policy development for the Department of Health programs and operations. Administrative support services such as finance and accounting, budget, personnel, public information, general counsel, general services, inspector general, equal opportunity and minority affairs, and legislative affairs are provided. Information Technology provides support to information resources including support of the Department of Health's computer information systems for 16,000 users. Systems include those supporting sixty-seven (67) County Health Departments and twenty-two (22) Children's Medical Services Networks.

B Program: Community Public Health

The Community Public Health Program provides support for Community Health Promotion services, Disease Control and Health Protection services, County Health Departments- Local Health Needs and Statewide Public Health Support services.

1 Budget Entity/Service: Community Health Promotion

Community Health Promotion facilitates access to basic family health care services for persons who have difficulty obtaining this care from the private sector by administration of programs through contracts with local providers and through allocations to county health departments. Activities include statewide programmatic oversight of nutrition services to at-risk women and children, child nutrition programs, dental health prevention and treatment, chronic disease screening and risk reduction activities. Provides administrative oversight of maternal and child health care, the Healthy Start program, the Family Planning program, the abstinence education program and school health services program.

2 Budget Entity/Service: Disease Control and Health Protection

Disease Control and Health Protection provides a broad array of services designed to detect, control, prevent and treat diseases. Specific services include immunizations, infectious disease counseling and testing, infectious disease reporting and surveillance, epidemiological investigation, partner elicitation and notification, health 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. The department delivers infectious disease control services directly through county health departments and in collaboration with hospitals, private providers, laboratories and other entities. Environmental Health Services protect the public from diseases of environmental origin such as salmonella, giardia, hepatitis A, rabies, encephalitis and protect the public from exposure to hazardous substances such as lead, heavy metals and pesticides. Environmental epidemiological activities provide an early warning system to detect health threats of environmental origin, investigate disease clusters and investigate toxicological issues of public concern.

3 Budget Entity/Service: County Health Departments- Local Health Needs

County Health Departments- Local Health Needs services maintain and improve the health of the public through the provision of personal health, disease control and environmental sanitation services. Family Health programs which provide personal health services improve access to basic family health care services for persons who have difficulty obtaining this care from the private sector. Disease control services provide a broad array of services designed to detect, control, prevent and treat infectious diseases. Environmental health services protect the public from diseases of environmental origin such as salmonella, giardia, hepatitis A, rabies, encephalitis and protect the public from exposure to hazardous substances such as lead, heavy metals and pesticides. The majority of services are delivered by the county health departments although many services are provided through contracts with private providers. In addition, county health departments play a pivotal role with regards to detecting and responding to bioterrorist attacks, recording vital events, and improving the health outcomes of racial and ethnic populations.

Department of Health Programs and Services Descriptions

4 Budget Entity/Service: Statewide Public Health Support Services

Statewide Health Services includes support for enhancing the state's bioterrorism preparedness and response capabilities. The state laboratory provides screening and testing services to identify sexually transmitted diseases, tuberculosis, HIV/AIDS, rabies, parasitology, the presence of hereditary diseases, and contaminants in water, food and the workplace as well as certifying environmental and water testing laboratories. The Pharmacy dispenses pharmaceuticals including HIV/AIDS treatment drugs, insulin, vaccines, antibiotics, contraceptives and other medications to county health departments and other providers, and purchases drugs for agencies and organizations under a statewide contract that results in significant cost savings to the state. Vital Statistics provides registration of vital records such as birth, death, marriage and divorce documents. Emergency Medical Services supports statewide trauma systems and system development, and provides grants to improve and expand emergency medical services systems. Radiation control services protect the public from unnecessary exposure to radiation from x-ray machines, phosphate mines, shipments of radioactive waste and other radiation emitting sources. Services also recruit and place health care practitioners in underserved areas, support the delivery of continuing education services including services to practitioners in underserved areas, help persons who have suffered brain and spinal cord injuries to return to their communities at an appropriate level of functioning, assist local health planning councils, rural health networks, the medically fragile, and support the volunteer health care provider program.

C Program: Children's Medical Services

Children's Medical Services (CMS) is a statewide, integrated system of care for children up to 21 years of age who have special health care needs.

1 Budget Entity/Service: Children's Special Health Care

Children's Medical Services (CMS) is a statewide integrated system of care for children up to 21 years of age who have special health care needs. As Florida's Title V Program under the Maternal and Child Health State Plan, CMS provides a comprehensive continuum of medical and supporting services to eligible children who are medically involved, complex or fragile, or who are delayed in their development. The continuum of care includes prevention and early intervention programs, primary care, medical and therapeutic care, long-term care and medical services for abused/neglected children. CMS operates as a public/private partnership where medical and medically related services are purchased and delivered through a network of private sector providers such as physicians, multidisciplinary health care providers, hospitals, medical schools and regional health clinics. CMS staff monitor utilization, quality of care, premiums and capitation rates as well as provide case management services to coordinate the delivery of care from multiple providers.

D Program: Health Care Practitioner and Access

The Health Care Practitioner and Access Program provides oversight, direction, and coordination for Medical Quality Assurance services.

1 Budget Entity/Service: Medical Quality Assurance

Medical Quality Assurance regulates health care practitioners through licensing and enforcement, evaluation and approval of training programs and continuing education providers, administering policies of the boards and councils that oversee each profession, and disseminating information to the public.

E Program: Disability Determination

The Disability Determination program provides oversight, direction, and coordination for the Disability Benefits Determination services.

1 Budget Entity/Service: Disability Benefits Determination

The Division of Disability Determinations 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. Claims are adjudicated based upon information gathered that demonstrates the claimant's ability to function in activities of daily living and to engage in work activities according to SSA guidelines and policies.

DEPARTMENT OF HEALTH

Trust Funds

#	Trust Fund	Statutory Authority/ Laws of Florida	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2013-14 Base Budget
1	Administrative Trust Fund	Ch. 04-167, 00-038, LOF; s. 215.32, F.S.	Funds to be used for management activities that are departmental in nature and funded by indirect cost earnings and assessments against trust funds.	Funds are primarily derived from indirect cost earnings and trust fund assessments.	Administrative activities and Information Technology services.	\$ 44,036,509
2	Biomedical Research Trust Fund	Ch. 03-421, LOF; s. 20.435(8), F.S.	Supporting the James and Esther King Biomedical Research Program and the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program.	Transfers from the Lawton Chiles Endowment Fund earnings and through transfers related to Tobacco surcharges.	Program administration, biomedical grants and fellowships.	\$ 27,152,047
3	Brain and Spinal Cord Injury Program Trust Fund	Ch. 04-177, 00-048, LOF; s. 381.79, F.S.	Supporting the cost of care for brain and spinal cord injuries as a payor of last resort for multilevel programs of care.	Percentage of all civil penalties received by a county for traffic infractions that are transferred from Department Highway Safety and Motor Vehicles and the Department of Revenue; Medicaid waiver earnings transferred from the Agency for Health Care Administration; ss. 320.08068, 381.765, F.S.	Services for victims of brain and spinal cord injuries and for spinal cord injury research.	\$ 21,029,058
4	County Health Department Trust Fund	Ch. 04-169, 00-040, LOF; s. 154.02, F.S.	Providing health services and facilities within each county served by the county health department.	Transfers from General Revenue, Tobacco Settlement funds and federal grants; fees and fines, direct federal grants, private sector grants, local contributions, and transfers from Department of Environmental Protection, Department of Children and Families, and Department of Transportation.	School Health Services, Dental Health Services, Healthy Start Services, Women, Infants and Children Nutrition Services, Family Planning Services, Primary Care for Adults and Children, Chronic Disease Screening and Education, Immunizations, Sexually Transmitted Disease Services, HIV/AIDS Services, Tuberculosis Services, Infectious Disease Surveillance, Monitor and Regulate Facilities and Onsite Sewage Disposal Systems, Racial and Ethnic Disparity Grants, Community Hygiene Services, Monitor Water System/Groundwater Quality, and Vital Statistics.	\$ 861,526,002
5	Donations Trust Fund	Ch. 04-170, 00-041, 96-111, LOF; s. 20.435(12), F.S.	Providing health care and support services to department clients.	Transfers from the Agency for Health Care Administration for Medicaid and Title XXI portion of Kidcare, fees collected for infant screening, and other third party earnings.	Early Intervention Services, Poison Control Centers, Genetic Intervention, Children's Medical Services Network, and medical services to Abused/Neglected Children.	\$ 180,881,995
6	Emergency Medical Services Trust Fund	Ch. 04-172, 00-043, LOF; s. 401.345, F.S.	Improving and expanding pre-hospital emergency medical services.	Fees for licensure and regulatory activities of emergency medical service providers and any other funds that become available for functions related to emergency medical services; transfers from the Department Highway Safety and Motor Vehicles and Department of Revenue for fines that are collected for traffic infractions such as leaving the scene of an accident, reckless driving, and driving or boating under the influence.	To improve and expand pre-hospital emergency medical services in the state. 85% of the funds received are returned to counties and EMS providers to improve and expand pre-hospital EMS in the state. Supports the state trauma service system.	\$ 27,882,783

DEPARTMENT OF HEALTH

Trust Funds

#	Trust Fund	Statutory Authority/ Laws of Florida	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2013-14 Base Budget
7	Epilepsy Services Trust Fund	Ch. 04-173, 00-044, 96-403, LOF; s. 385.207(3), F.S.	Implementing programs for epilepsy prevention, education, case management and administration.	Civil penalties associated with seat belt and child restraint violations transferred from Department Highway Safety and Motor Vehicles and the Department of Revenue.	Epilepsy prevention and education programs.	\$ 1,522,137
8	Federal Grants Trust Fund	Ch. 04-174, 00-045, LOF; s. 20.435(2), F.S.	Supporting allowable grant activities funded by restricted program revenues from federal sources.	Federal grants include HIV/AIDS, Woman, Infants, and Children (WIC), Immunizations, Medicaid, environmental health, Developmental Evaluation and Intervention Services Part C, CMS Waivers and Child Care Food program. Transfers from Agency for Health Care Administration, Department of Education and Department of Children and Families.	Administration, Information Technology, School Health, Healthy Start, Women, Infants and Children Nutrition, Family Planning, Primary Care for Adults and Children Chronic Disease Screening and Education, Immunizations, Sexually Transmitted Disease, HIV/AIDS, Tuberculosis Services, Infectious Disease Surveillance, Monitor and Regulate Facilities and Onsite Sewage Disposal Systems, Environmental Epidemiology, Public Health Pharmacy, Public Health Laboratory, Disaster Preparedness, Early Intervention Services, Children's Medical Services, Support Rural Health Networks, License Emergency Medical Services Providers, and dispense grant funds to local providers.	\$ 806,218,077
9	Grants and Donations Trust Fund	Ch. 04-175, 00-046, LOF; ss. 20.435(3), 215.32, F.S.	Supporting allowable grant or donor agreement activities funded by private and public nonfederal sources.	Distribution from health facility regulatory fees, transfers from the Department of Environmental Protection, other private and public grants, counties, municipalities, and other entities designated in the state emergency management plan, and voluntary contributions received from licensed nurses (expended through budget amendment for FY 10-11).	Primary Care for Adults and Children, Chronic Disease Screening and Education Services, Infectious Disease Surveillance, Monitor and Regulate Onsite Sewage Disposal (OSDS) Systems, Public Health Pharmacy Services, Support Area Health Education Centers, Recruit Providers to Underserved Areas, Local Health Planning Councils, Rural Health Networks License, License Emergency Medical Services (EMS) Providers and the Florida Center for Nursing.	\$ 28,755,933
10	Maternal/Child Health Block Grant Trust Fund	Ch. 04-178, 00-049, 96-403, LOF; ss. 20.435(15), 383.011, F.S.	Providing health care and support services to department clients.	Federal block grant funds.	Healthy Start Services, Children's Medical Services Network and Regional Perinatal Intensive Care Centers.	\$ 18,920,363

DEPARTMENT OF HEALTH

Trust Funds

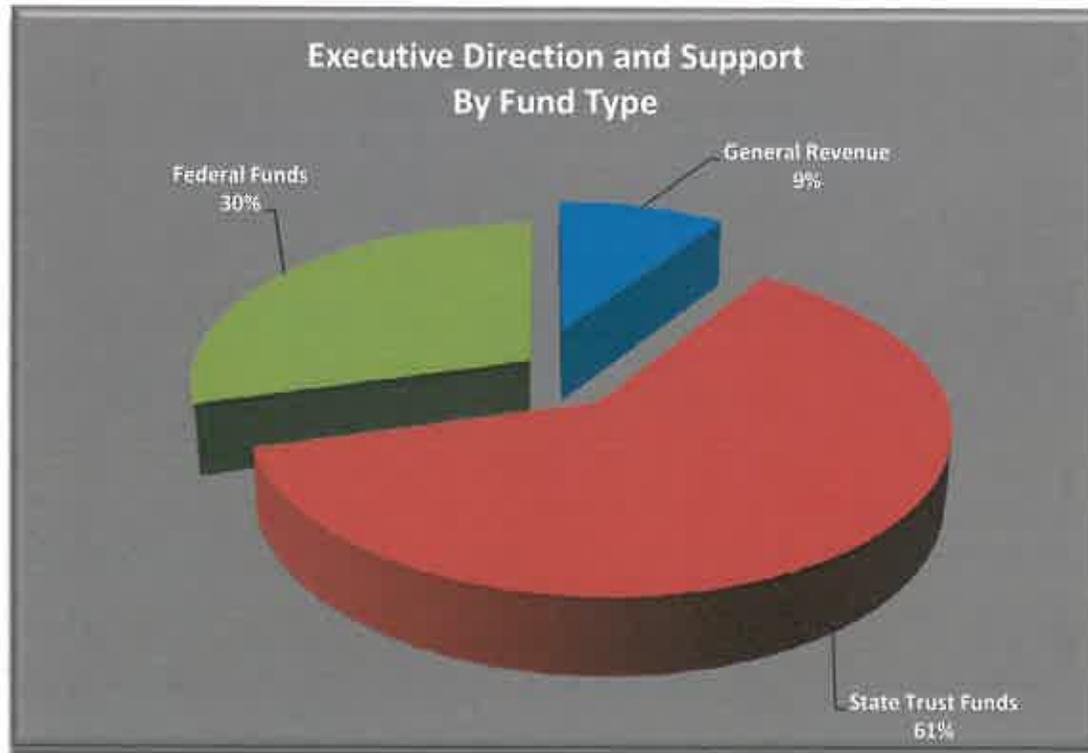
#	Trust Fund	Statutory Authority/ Laws of Florida	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2013-14 Base Budget
11	Medical Quality Assurance Trust Fund	Ch. 04-176, 00-047, LOF; s. 456.025, F.S.	Providing administrative support for the regulation of health care professionals.	Medical professional application, examination, continuing education, and licensure fees, fines from enforcement activities, and transfers from the Agency for Health Care Administration for certified nursing assistance.	Issue Licenses and Renewals, Credential Practitioners, Investigate Unlicensed Activity, Profile Practitioners, Investigative Services, Practitioner Regulation, Legal Services, and Consumer Services.	\$ 59,198,739
12	Operations and Maintenance Trust Fund	Ch. 04-179, 00-050, LOF; ss. 20.435(5), 215.32, F.S.	Providing a depository for client services funded by third-party payors of health care services.	Third-party payors of health care services such as Medicare and Medicaid and the Medicaid Disproportionate Share.	A. G. Holley Hospital operations.	\$ 7,308,620
13	Planning and Evaluation Trust Fund	Ch. 04-180, 00-051, LOF; s. 382.0255, F.S.	Administering, processing and maintaining vital records, and providing state laboratory services (including infant screening).	Fees related to vital statistics records (e.g. Birth, death, and marriage), fees for the provision of Laboratory Services and transfers from the Department of Children and Families from Child Support Enforcement (CSE) incentive earnings.	Administrative Activities, Vital Statistics, and the State Laboratories.	\$ 29,062,654
14	Preventive Health Services Block Grant Trust Fund	Ch. 04-181, 00-052, 96-403, LOF; Ch. 383, F.S.	Providing health care and support services to department clients.	Federal block grant funds.	Dental Health Services, Healthy Start Services, Primary Care for Adults and Children, Chronic Disease Screening and Education Services, and Infectious Disease Surveillance.	\$ 1,472,457
15	Radiation Protection Trust Fund	Ch. 04-182, 00-053, LOF; s. 404.122, F.S.	Preventing or mitigating the adverse effects from licensees' abandonment of radioactive materials, assuring the protection of the public health and safety and environment from adverse effects of ionizing radiation, and certifying radiological personnel.	Fees from x-ray machine registration and inspections; x-ray technologists; radioactive material licenses; radon certifications; and other radioactive licensure and inspection activities and transfers from the Department of Community Affairs.	Inspection and registration of x-ray machines; licensure and inspection of users of radioactive materials; certification of radiological technologists; environmental surveillance around nuclear power plants.	\$ 8,210,406
16	Rape Crisis Program Trust Fund	Ch. 04-225, 03-140, LOF; s. 794.056, F.S.	Providing services for victims of sexual assault through rape crisis centers.	Fines paid by persons found guilty of sexual assault or battery, stalking, and grants from public or private entities.	Recovery services through rape crisis centers to victims of sexual assault or battery.	\$ 1,605,022
17	Social Services Block Grant Trust Fund	Ch. 04-183, 00-054, LOF; s. 20.435(6), F.S.	Providing health care and support services to department clients.	Federal block grant funds transferred from Department of Children and Families.	Child Protection Teams and Children's Medical Services Network.	\$ 7,376,558
18	Tobacco Settlement Trust Fund	Ch. 04-168, 00-039, LOF; s. 20.435(7), F.S.	Providing health care and support services to department clients.	Tobacco Settlement funds transferred from the Department of Financial Services.	Tobacco Control/Prevention Program, CMS Network, Early Intervention Services, Pharmacy Services, and pass through funding for County Health Departments.	\$ 91,737,179
19	U.S. Trust Fund	Ch. 04-184, 00-055, LOF; s. 20.435(21), F.S.	Consists of federal funds from the Social Security Administration to determine eligibility of individuals applying for disability benefits under the federal Social Security and Supplemental Security Income programs.	Social Security Administration.	Supports the Office of Disability Determinations, responsible for making disability determinations under Title II (20 CFR 404.1610) and XVI (20 CFR 416.1010) of the Social Security Act. Title II, the Social Security Disability Insurance Program.	\$ 148,612,984
20	Welfare Transition Trust Fund	Ch. 08-017, 04-363, LOF, s. 20.435(9), F.S.	Providing services to individuals eligible for Temporary Assistance for Needy Families.	Federal block grant funds transferred from Department of Children and Families.	School Health Services, Children's Medical Services, Teen Pregnancy, and Abstinence Education.	\$ -

Executive Direction and Support
FY 2013-14 Base Budget Summary

Program Description

The Executive Direction and Support program provides policy and administrative development and direction, public outreach, supervision of operations, administration of financial functions, development and support of information technology services and systems, and the implementation of the Comprehensive Statewide Tobacco Education and Use Prevention Program as required by the Florida Constitution. The Office of the State Surgeon General includes the Offices of General Counsel, Legislative Planning, Communications, Inspector General, Minority Health, and Performance and Quality Improvement. The Division of Administration includes the Bureaus of Finance and Accounting, Human Resource Management, General Services, Budget and Revenue Management.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
	Executive Direction and Support	FTE	GR	State Trust Funds	Federal Funds	Total
1	Administrative Support	442.50	10,657,188	70,825,961	33,934,057	115,417,206
2	Program Total	442.50	10,657,188	70,825,961	33,934,057	115,417,206



FY 2013-14 Base-Budget Review Details

Program		FTE	General Revenue	Trust Funds	Total All Funds	Explanation
1	EXECUTIVE DIRECTION AND SUPPORT	442.50	10,657,188	104,760,018	115,417,206	
2	Budget Entity: Administrative Support					
3	Administrative Support provides leadership and policy development for the Department of Health programs and operations. Administrative support services such as finance and accounting, budget, personnel, public information, general counsel, general services, inspector general, equal opportunity and minority affairs and legislative affairs are provided. Information Technology (IT) Services provides oversight and direction for information technology issues. Activities include the design, development, implementation, maintenance and support of the Department of Health's computer information systems for 16,000 users and IT infrastructure including a Wide Area Network, Local Area Networks, Metropolitan Area Network, phone systems, personal computers, IT policies and procedures, and technology standards. The Comprehensive Statewide Tobacco Education and Use Prevention Program is administered by this entity.					
4	Salaries and Benefits	442.50	3,367,768	21,951,680	25,319,448	Costs associated with salaries and benefits for 442.5 full time equivalents (FTE) positions.
5	Other Personal Services		-	1,404,733	1,404,733	Services rendered by a person who is not filling an established position.
6	Expenses		1,695,940	3,474,366	5,170,306	Usual, ordinary, and incidental operating expenditures.
7	G/A - Minority Health Initiative		3,134,044	-	3,134,044	Funds are used for the treatment, care and prevention of diseases which have disproportionately affected minorities.
8	Operating Capital Outlay		63,408	394,150	457,558	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
9	Transfer To Division of Administrative Hearings		-	35,572	35,572	Payments to the Division of Administrative Hearings (DOAH) to resolve conflicts between private citizens and organizations and agencies of the state.
10	Contracted Services		1,092,724	4,170,850	5,263,574	Usual, ordinary, and incidental operating contractual expenditures.
11	G/A-Contracted Services		150,800	437,153	587,953	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
12	Risk Management Insurance		166,579	155,703	322,282	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
13	Tenant Broker Commissions		-	1,584,000	1,584,000	Tenant broker services through the Department of Management Services state contact for lease negotiation tasks and associated commissions paid by the lessor to the broker. Average commission per lease is \$72,000.
14	Tobacco Prevention and Education Program		-	64,289,944	64,289,944	Provides funding to implement the Comprehensive Statewide Tobacco Education and Use Prevention Program as required by the Florida Constitution.
15	Lease/Lease Purchase of Equipment		10,397	11,439	21,836	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
16	Transfer to DMS for Human Resources Services Statewide Contract		42,315	136,601	178,916	People First Human Resources contract administered by the Department of Management Services.
17	Data Processing Services - DCF Data Center		-	1,282,859	1,282,859	Authority is provided to transfer payments per s. 216.272, F.S., to Department of Children and Families Data Center to run computer applications for various entities within DOH.

FY 2013-14 Base-Budget Review Details

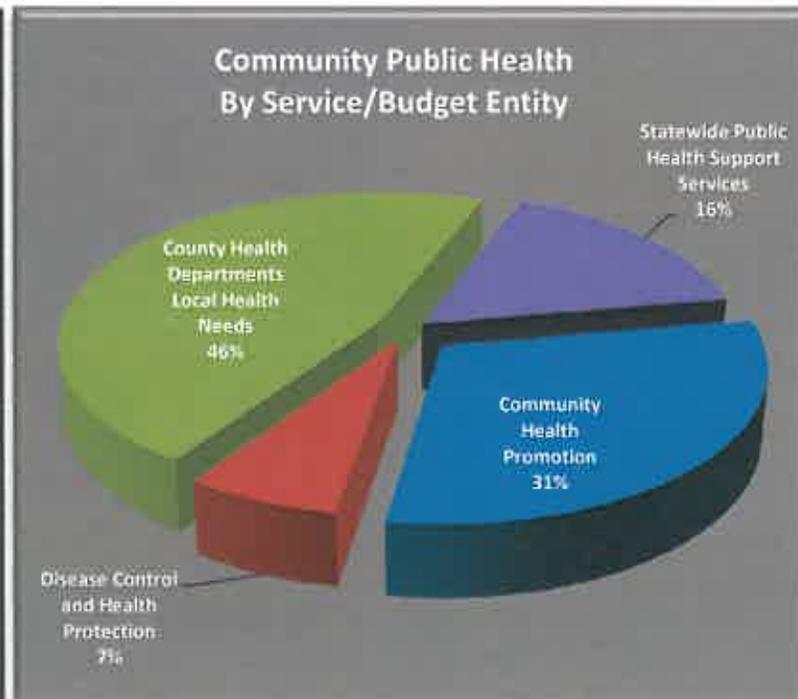
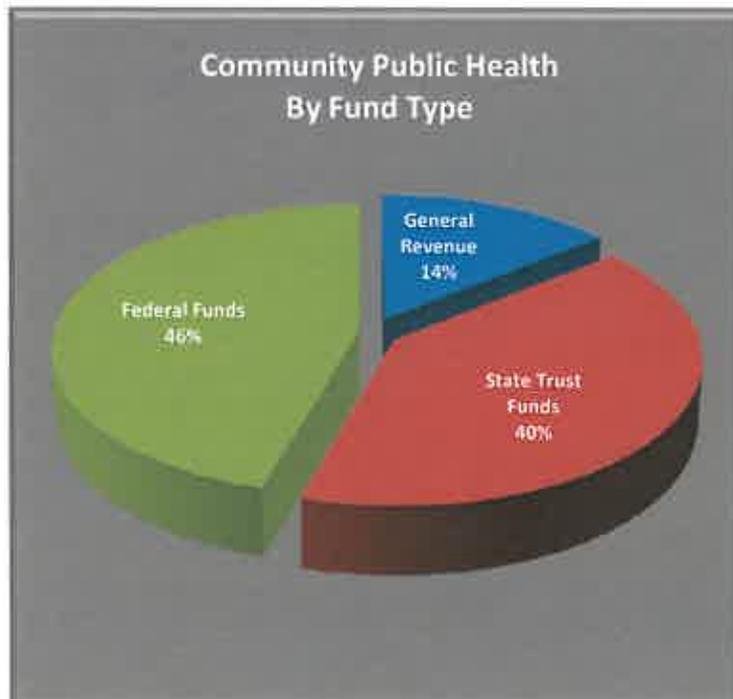
Program		FTE	General Revenue	Trust Funds	Total All Funds	Explanation
18	Southwood SRC (SSRC)		98,911	3,980,308	4,079,219	Provides funding for IT-related services provided through the Southwood Shared Resource Center.
19	Northwood SRC (NSRC)		834,302	1,383,533	2,217,835	The Northwood Shared Resource Center (NSRC) 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, and Department of Health. NSRC also leases raised floor space to the Department of Education and the Department of State. The NSRC maintains a 7 days a week and 24 hours a day operation offering hardware support, redundant power, back-up generators, and offsite disaster recovery.
20	Northwest Regional Data Center (NWRDC)		-	50,116	50,116	Provides funding for IT-related services provided through the Northwest Regional Data Center
21	NSRC Depreciation		-	17,011	17,011	Depreciation costs related to the Northwood Shared Resource Center (NSRC).
22	TOTAL ADMINISTRATIVE SUPPORT	442.50	10,657,188	104,760,018	115,417,206	

Community Public Health FY 2013-14 Base Budget Summary

Program Description

The Community Public Health program provides support for Community Health Promotion, Disease Control and Health Protection, County Health Departments-Local Health Needs and Statewide Public Health Support Services. Community Health Promotion facilitates access to basic family health care services for persons with difficulty obtaining this care from the private sector by administration of programs through contracts with local providers and through allocations to county health departments. Disease Control and Health Protection provides a broad array of services designed to detect, control, prevent and treat diseases. Specific services include immunizations, infectious disease counseling and testing, infectious disease reporting and surveillance, epidemiological investigation, partner elicitation and notification, and health education and medical treatment including drug therapy for HIV/AIDS and tuberculosis to cure or mitigate illness. County Health Departments- Local Health Need services maintain and improve the health of the public through the provision of personal health, disease control and environmental sanitation services. Statewide Health Services includes state laboratory services, dispensing pharmaceuticals, support of emergency medical services, vital statistics, radiation control, and support for enhancing the state's bioterrorism preparedness and response capabilities.

Program Funding Overview		Base Budget FY 2013-14				
	Community Public Health	FTE	GR	State Trust Funds	Federal Funds	Total
1	Community Health Promotion	202.50	83,689,540	14,013,258	544,602,134	642,304,932
2	Disease Control and Health Protection	500.50	54,862,341	13,419,520	76,485,980	144,767,841
3	County Health Departments Local Needs	12,044.25	114,455,720	707,115,848	156,061,676	977,633,244
4	Statewide Public Health Support Services	788.50	45,712,962	117,278,539	183,171,490	346,162,991
5	Program Total	13,535.75	298,720,563	851,827,165	960,321,280	2,110,869,008



FY 2013-14 Base-Budget Review Details

Program		FTE	General Revenue	Trust Funds	Total All Funds	Explanation
23						
24	COMMUNITY-PUBLIC HEALTH	13,535.75	298,720,563	1,812,148,445	2,110,869,008	
25	Budget Entity: Community Health Promotion					
26	Community Health Promotion facilitates access to basic family health care services for persons with difficulty obtaining this care from the private sector by administration of programs through contracts with local providers and through allocations to county health departments. Activities include statewide programmatic oversight of nutrition services to at-risk women and children, child nutrition program, dental health prevention and treatment, chronic disease screening and risk reduction activities. Administrative oversight of maternal and child health care, the Healthy Start programs, the Family planning program, the abstinence program and school health services programs is provided.					
27	Salaries and Benefits	202.50	1,921,862	9,956,087	11,877,949	Costs associated with salaries and benefits for 202.5 full time equivalents (FTE) positions.
28	Other Personal Services		-	1,009,448	1,009,448	Services rendered by a person who is not filling an established position.
29	Expenses		155,572	3,712,110	3,867,682	Usual, ordinary, and incidental operating expenditures.
30	G/A-Family Planning Services		4,245,455	1,067,783	5,313,238	Used by county health departments to provide family planning services that include medical exams, counseling, education and contraceptives to low income men and women of child bearing age by the county health departments and contract providers.
31	G/A-Epilepsy Services		2,107,152	1,427,831	3,534,983	Contract funds are used to provide epilepsy treatment and referral services to eligible clients.
32	Contribution To County Health Units		3,455,424	-	3,455,424	Funds are used to support primary care activities, maternal and child health field staff, dental programs and enhanced dental services provided at the county health department.
33	G/A-Primary Care Program		19,221,512	-	19,221,512	Funds are used to provide medical care for children and adults for minor illness and injuries, screening services, lab and pharmacy, chronic disease control services and referral to specialists as necessary to low-income children and adults.
34	G/A-Fluoridation Project		-	150,000	150,000	Budget is used to contract with local governmental entities to establish municipal fluoridation systems.
35	G/A - Rural Primary Care Residency Slots		3,000,000	-	3,000,000	Funds are used for a rural primary care residency expansion initiative available to hospital based and non hospital based osteopathic and allopathic graduate medical education programs. Such programs must be engaged in developing new or expanding existing graduate medical education primary care positions or programs. Specific project includes the Sacred Heart Hospital Rural Primary Care Residency Slots (\$3,000,000).
36	School Health Services		1,006,487	19,028,771	20,035,258	Funds are used to provide school health services statewide to K-12 public schools through three programs: Basic School Health, Comprehensive School Health Services and Full Service Schools.
37	Operating Capital Outlay		-	81,500	81,500	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.

FY 2013-14 Base-Budget Review Details

Program		FTE	General Revenue	Trust Funds	Total All Funds	Explanation
38	Crisis Counseling		2,000,000	-	2,000,000	Funds are used to enhance pregnancy support services and may not be used for the purchase of medical equipment or to pay for medical procedures such as ultrasounds.
39	Contracted Services		105,527	1,613,961	1,719,488	Usual, ordinary, and incidental operating contractual expenditures.
40	G/A-Contracted Services		4,773,164	10,336,844	15,110,008	Funds are used to contract for family dental health care and preventive education. Specific projects include the Florida Heiken Vision Program (\$750,000); the Statewide Dentistry Network - Escambia County (\$112,892); County Specific Dental Project in Escambia County (\$136,149), County Specific Dental Project in Charlotte, Lee and Collier Counties (\$453,834); Reducing Oral Health Disparities (\$346,678); VisionQuest (\$750,000); Deerfield Beach School Health Clinic (\$367,149); Economic Opportunity-Dade (\$52,422); Haitian American Association Against Cancer-Miami/Dade (\$163,839); University of Florida Dental Clinics Statewide (\$714,519); Community Smiles (\$283,643); the Palm Beach Rape Crisis Center (\$282,039); and Treasury Coast Midwifery (\$360,000).
41	G/A-Healthy Start Coalitions		20,454,198	8,720,692	29,174,890	Funds are used to contract with Healthy Start Coalitions and three county health departments, who provide care coordination case management, and specialized education services to pregnant women and infants at-risk for poor birth outcomes and developmental problems.
42	Health Education Risk Reduction Project		-	12,686	12,686	Funds are used to contract with the University of Miami for the statewide cancer registry program and an education intervention campaign.
43	Healthy Start Waiver		15,171,241	22,932,070	38,103,311	Funds are used to provide more intensive Healthy Start services for at-risk Medicaid-eligible women and infants and help Medicaid-eligible women receive the prenatal care they need through the MomCare program as early as possible.
44	G/A-Federal Nutrition Program		-	475,942,752	475,942,752	Federal funds are used to reimburse contractors who provide nutritious meals and snacks to children in child care settings. Reimbursement is determined by the number of eligible enrolled participants who are served creditable meals, and the current reimbursement rates set by the U.S. Department of Agriculture (USDA). These funds are for expenditures related to the Child Nutrition program and also food purchases, and education and counseling services for individuals in the Women, Infant and Children (WIC) program.
45	Full Service Schools		6,000,000	2,500,000	8,500,000	Funds are transferred to county health departments for coordination with local school districts to provide health services and coordination of social and other human services at selected school sites to at-risk students.
46	Risk Management Insurance		53,504	43,305	96,809	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.

FY 2013-14 Base-Budget Review Details

Program		FTE	General Revenue	Trust Funds	Total All Funds	Explanation
47	Lease/Lease Purchase of Equipment		-	8,116	8,116	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
48	Transfer to DMS for Human Resources Services Statewide Contract		18,442	71,436	89,878	People First Human Resources contract administered by the Department of Management Services.
49	TOTAL COMMUNITY HEALTH PROMOTION	202.50	83,689,540	558,615,392	642,304,932	

FY 2013-14 Base-Budget Review Details

Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation	
50						
51	Budget Entity: Disease Control and Health Protection					
52	Disease Control and Health Protection provides a broad array of services designed to detect, control, prevent and treat diseases. Specific services include immunizations, infectious disease counseling and testing, infectious disease reporting and surveillance, epidemiological investigation, partner elicitation and notification, health 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. The department delivers infectious disease control services directly through county health departments and in collaboration with hospitals, private providers, laboratories and other entities. Environmental Health Services protect the public from diseases of environmental origin such as salmonella, giardia, hepatitis A, rabies, encephalitis and protect the public from exposure to hazardous substances such as lead, heavy metals and pesticides. Environmental epidemiological activities provide an early warning system to detect health threats of environmental origin, investigate disease clusters and investigate toxicological issue of public concern.					
53	Salaries and Benefits	500.50	5,606,952	21,961,652	27,568,604	Costs associated with salaries and benefits for 500.5 full time equivalents (FTE) positions.
54	Other Personal Services		-	1,001,904	1,001,904	Services rendered by a person who is not filling an established position.
55	Expenses		1,130,095	11,212,466	12,342,561	Usual, ordinary, and incidental operating expenditures.
56	G/A-AIDS Patient Care		12,609,807	7,060,522	19,670,329	Budget is used to support case management activities for HIV individuals, and to protect the health of the general public through education, detection and control of HIV/AIDS. Special projects include the HIV/AIDS outreach program for the Haitian and Hispanic community (\$239,996); and the South Florida AIDS Network at Jackson Memorial (\$719,989).
57	G/A-Ryan White Consortia		-	20,754,358	20,754,358	Budget is used to provide ambulatory/outpatient care, drug reimbursement, health insurance, home health care, mental health services, oral health care, substance abuse services, and case management to HIV individuals.
58	G/A-Statewide AIDS Networks		10,463,853	-	10,463,853	Funds are used to provide ambulatory/outpatient care, drug reimbursement, health insurance, home health care, mental health services, oral health care, substance abuse services, and case management to HIV individuals.
59	Contribution To County Health Units		14,662,823	2,621,997	17,284,820	Funds are used to support primary communicable disease such as AIDS prevention and surveillance; community tuberculosis program; sexually transmitted disease program; and immunization outreach teams at the county health departments.
60	Operating Capital Outlay		20,562	239,842	260,404	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
61	Food Products		167,470	58,213	225,683	Funds are used to purchase food for Tuberculosis patients admitted to A.G. Holley for treatment.
62	Contracted Services		1,213,084	7,213,438	8,426,522	Usual, ordinary, and incidental operating contractual expenditures.
63	G/A-Contracted Services		1,530,876	11,916,097	13,446,973	Funds are used to contract services for HIV/AIDS prevention activities, support for the TB physicians network, increased Immunization Registry Participation, and assistance to the refugee population to obtain health care.

FY 2013-14 Base-Budget Review Details

Program		FTE	General Revenue	Trust Funds	Total All Funds	Explanation
64	G/A-Contract Professional Services		139,356	-	139,356	Funds are used to contract for nursing staff at AG Holley.
65	G/A-AIDS Insurance Continuation Program		6,454,951	4,891,498	11,346,449	Through a contract, funds are used to pay private health insurance premiums that provide medical care and treatment, dental, vision, and mental health services for AIDS or symptomatic HIV infected individuals up to 300% of federal poverty level.
66	Purchased Client Services		106,323	-	106,323	Funding used to provide incentives to Tuberculosis patients to encourage compliance with treatment protocols.
67	Risk Management Insurance		162,599	211,066	373,665	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
68	Lease/Lease Purchase of Equipment		29,818	59,141	88,959	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
69	Transfer to DMS for Human Resources Services Statewide Contract		63,772	168,531	232,303	People First Human Resources contract administered by the Department of Management Services.
70	SUPER Act Reimbursement		-	534,775	534,775	Budget is used to reimburse county health departments for petroleum sample collection, analysis, and testing equipment.
71	Outreach/Pregnant Women		500,000	-	500,000	Funds are used to contract with local providers, who provide HIV education, information, and testing to pregnant women at risk for or infected with HIV.
72	TOTAL DISEASE CONTROL AND HEALTH PROTECTION	500.50	54,862,341	89,905,500	144,767,841	

FY 2013-14 Base-Budget Review Details

Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation	
73						
74	Budget Entity: County Health Departments- Local Health Needs					
75	County Health Departments- Local Health Needs services maintain and improve the health of the public through the provision of personal health, disease control and environmental sanitation services. The Department of Health's county health departments (CHDs) are the primary delivery system of public health services in Florida. The department operates CHDs in all 67 counties. In addition, the CHDs are major safety net providers with more than 200 clinic sites offering varying levels of personal health care services. The CHD service delivery system has the responsibility to provide direct client services relating to basic family health outpatient and nutrition services, infectious disease prevention and control and environmental health services. CHDs also play a pivotal role in detecting and responding to bioterrorist attacks, recording vital events and improving the health outcomes of racial and ethnic populations.					
76	Salaries and Benefits	11,703.00	-	607,299,740	607,299,740	Costs associated with salaries and benefits for 11,703.0 full time equivalents (FTE) positions.
77	Other Personal Services		-	46,697,185	46,697,185	Services rendered by a person who is not filling an established position.
78	Expenses		-	109,451,459	109,451,459	Usual, ordinary, and incidental operating expenditures.
79	Contribution To County Health Units		112,560,446	1,651,522	114,211,968	Funds are transferred to the county health departments (CHDs) to support public health activities designed protect and improve community well-being by preventing disease, illness, and injury and impacting social, economic and environmental factors fundamental to excellent health.
80	Community Health Initiatives		1,895,274	500,000	2,395,274	Funds for the DOH Emergency Fund to be used, at the Secretary's discretion, by County Health Departments to respond to public health emergencies such as epidemics and natural disasters. Special projects include the La Liga- League Against Cancer (\$940,000); Minority Outreach - Penalver Clinic (\$319,514); and Manatee County Rural Health Services (\$82,283).
81	Operating Capital Outlay		-	11,235,802	11,235,802	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
82	Lump Sum	341.25	-	-	-	Lump sum of full time equivalents (FTE) that was established in the FY 2012-13 GAA to provide FTE upon request to county health departments that obtain new federal grants or local funding.
83	Acquisition/Motor Vehicles		-	2,809,253	2,809,253	Funds for the acquisition of motor vehicles.
84	Contracted Services		-	69,984,660	69,984,660	Usual, ordinary, and incidental operating contractual expenditures.
85	G/A-Contracted Services		-	27,500	27,500	Funds for Local Health Councils.
86	Risk Management Insurance		-	6,909,762	6,909,762	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
87	Deferred-Payment for Commodity Contracts		-	288,347	288,347	Lease payments for a new phone system in Hillsborough County.
88	Lease/Lease Purchase of Equipment		-	3,098,117	3,098,117	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
89	Transfer to DMS for Human Resources Services Statewide Contract		-	3,224,177	3,224,177	People First Human Resources contract administered by the Department of Management Services.
90	TOTAL COUNTY HEALTH DEPARTMENTS LOCAL HEALTH NEEDS	12,044.25	114,455,720	863,177,524	977,633,244	

FY 2013-14 Base-Budget Review Details

Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation	
91						
92	Budget Entity: Statewide Public Health Support Services					
93	Statewide Health Services includes support for enhancing the state's bioterrorism preparedness and response capabilities. The state laboratory provides screening and testing services to identify sexually transmitted diseases, tuberculosis, HIV/AIDS, rabies, parasitology, the presence of hereditary diseases, and contaminants in the water, food and the workplace as well as certifying environmental and water testing laboratories. The Pharmacy dispenses pharmaceuticals that results in significant cost savings to the state. Vital Statistics provides registration of vital records such as birth, death, marriage and divorce documents. Emergency Medical Services supports statewide trauma systems and system development and provides grants to improve and expand emergency medical services systems. Radiation control services protect the public from unnecessary exposure to radiation from x-ray machines, phosphate mines, shipments of radioactive waste and other radiation emitting sources. Other activities include recruitment and placement of health care practitioners in underserved areas, helping persons who have suffered brain and spinal cord injuries to return to their communities at an appropriate level of functioning, assisting local health planning councils, rural health networks, the medically fragile and supporting the volunteer health care provider program.					
94	Salaries and Benefits	788.50	7,262,473	33,835,374	41,097,847	Costs associated with salaries and benefits for 788.5 full time equivalents (FTE) positions.
95	Other Personal Services		-	1,600,976	1,600,976	Services rendered by a person who is not filling an established position.
96	Expenses		595,623	19,948,224	20,543,847	Usual, ordinary, and incidental operating expenditures.
97	G/A-Local Health Councils		-	1,006,000	1,006,000	Contract with Local Health Councils for services specified in section 408.033(1), F.S.
98	G/A-EMS County Grants		-	6,211,675	6,211,675	Funds for counties to improve and expand pre-hospital emergency medical services. Funding cannot be used to match grant funds.
99	G/A-EMS Matching Grants		-	4,681,461	4,681,461	Funding for matching grants to local agencies, municipalities, and EMS organizations for the purpose of conducting research, evaluation, community education, injury prevention and other lifesaving techniques.
100	Operating Capital Outlay		53,693	560,297	613,990	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
101	Acquisition of Motor Vehicles		-	210,856	210,856	Funds for the acquisition of motor vehicles.
102	G/A-Domestic Security-Bio Enhancements-Health/Hospital		-	47,323,907	47,323,907	Funding for statewide planning, training and equipment for preparedness and response to bioterrorism events including funding to hospitals and other public health providers.
103	Contracted Services		270,987	9,719,944	9,990,931	Usual, ordinary, and incidental operating contractual expenditures.
104	G/A-Contracted Services		1,380,124	1,919,836	3,299,960	Funds are used to contract services for the Traumatic Brain Injury Association, Brain Injury Association of Florida, Cystic Fibrosis contact with Abilities, Inc., and expanded access to the appropriate continuum of care and related support services. Specific projects include the Jessie Trice Community Health Center (\$156,485); the Alachua County Primary and Community Health Clinic (\$98,529); and the Traumatic Brain Injury Association/Brain Injury Association of Florida (\$1,000,000).
105	Drugs/Vaccines/Biologicals		24,477,280	114,867,529	139,344,809	Funds for the purchase, delivery, storage, and dispensing of pharmaceuticals by county health departments and local providers.
106	G/A-Rural Health Network Grants		500,000	574,305	1,074,305	Certified networks receive grant funds to help defray the costs of network infrastructure development, patient care and network administration.

FY 2013-14 Base-Budget Review Details

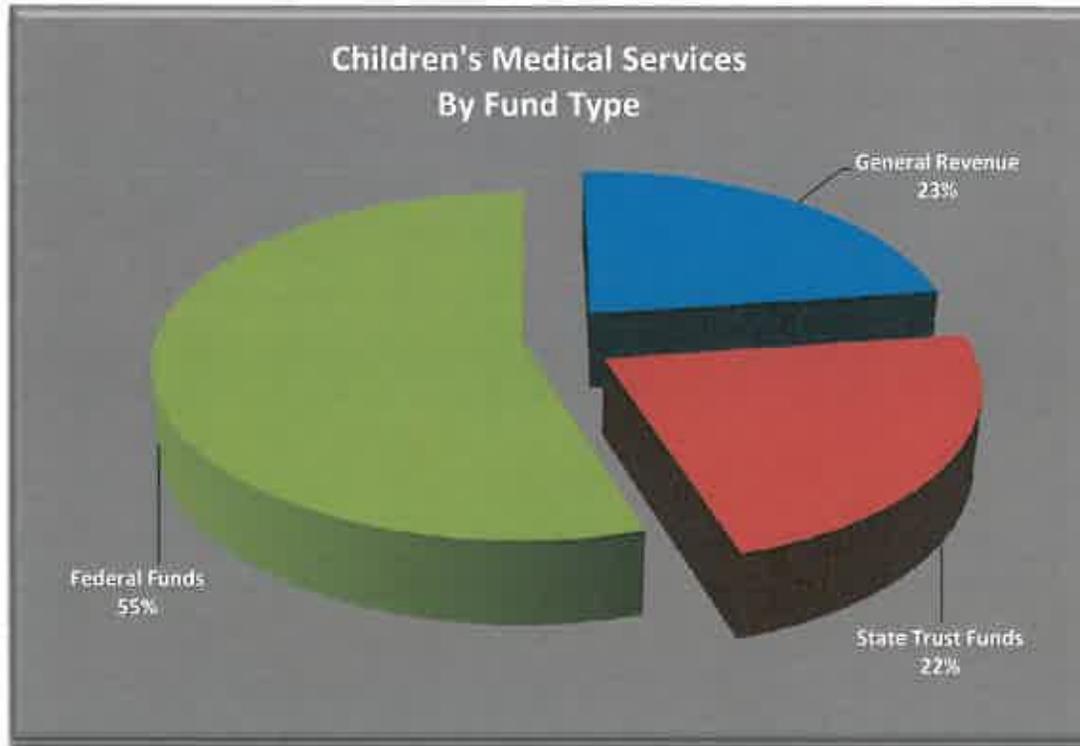
Program		FTE	General Revenue	Trust Funds	Total All Funds	Explanation
107	James & Esther King Biomedical Research		-	7,150,000	7,150,000	Provide funding to support research initiatives that address health care problems in the areas of tobacco-related cancer, cardiovascular disease, stroke and pulmonary disease per section 215.5602, F.S.
108	Bankhead/Coley/Cancer Research		-	5,000,000	5,000,000	Funding to support research initiatives for the search of further cures of cancer per section 381.922, F.S.
109	Moffitt Cancer Center and Research Institute		-	5,000,000	5,000,000	Funding to support research initiatives of tobacco-related or cancer-related illnesses per section 215.5602, F.S.
110	Biomedical Research		3,000,000	10,000,000	13,000,000	Funding to support research initiatives of tobacco-related or cancer-related illnesses per section 215.5602, F.S. Specific funds are provided for Shands Cancer Center and the Sylvester Cancer Center at the University of Miami. Special project includes the Sanford-Burnham Medical Research Institute (\$3,000,000).
111	Brain and Spinal Cord Home and Community Based Services Waiver		2,201,241	12,996,146	15,197,387	The Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) 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 living in a nursing facility.
112	Cystic Fibrosis Home and Community Based Services Waiver		1,044,540	1,426,574	2,471,114	Funding for services to clients allowing them to obtain appropriate treatment and support to minimize the symptoms and progression of cystic fibrosis.
113	Purchased Client Services		1,000,000	1,676,352	2,676,352	Funding for community reintegration services for newly injured individuals who have sustained a traumatic brain and/or spinal cord injury.
114	Risk Management Insurance		3,200,942	143,087	3,344,029	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
115	G/A-State/Federal Disaster Relief		-	1,000,000	1,000,000	Emergency funding for disaster related health and medical response.
116	G/A-Trauma Care		-	12,093,747	12,093,747	Funds for financial support to the current verified trauma centers and to provide incentives for the establishment of additional trauma centers to ensure the availability and accessibility of trauma services.
117	G/A-Spinal Cord Research		-	1,000,000	1,000,000	The University of Florida and the University of Miami each receive \$500,000 for spinal cord injury and brain injury research.
118	Deferred-Payment Commodity Contracts		-	98,943	98,943	Energy Savings Performance Contract with Johnson Controls, Inc. with the Bureau of Laboratory Services. 16-year loan through a third party lender.
119	Lease/Lease Purchase of Equipment		13,755	162,674	176,429	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
120	Transfer to DMS for Human Resources Services Statewide Contract		102,284	242,122	344,406	People First Human Resources contract administered by the Department of Management Services.
121	Medically Fragile Enhancement Payment		610,020	-	610,020	Provides funding for residential care for ventilator dependent individuals.
122	TOTAL STATEWIDE PUBLIC HEALTH SUPPORT SERVICES	788.50	45,712,962	300,450,029	346,162,991	

Children's Medical Services
FY 2013-14 Base Budget Summary

Program Description

Children's Medical Services (CMS) is a statewide integrated system of care for children up to 21 years of age who have special health care needs. As Florida's Title V Program under the Maternal and Child Health State Plan, CMS provides a comprehensive continuum of medical and supporting services to eligible children who are medically involved, complex or fragile, or who are delayed in their development. The continuum of care includes prevention and early intervention programs, primary care, medical and therapeutic care, long-term care and medical services for abused/neglected children. CMS operates as a public/private partnership where medical and medically related services are purchased and delivered through a network of private sector providers such as physicians, multidisciplinary health providers, hospitals, medical schools and regional health clinics.

Program Funding Overview		Base Budget FY 2013-14				
	Children's Medical Services	FTE	GR	State Trust Funds	Federal Funds	Total
1	Children's Special Health Care	744.00	72,768,071	71,873,075	174,949,876	319,591,022
2	Program Total	744.00	72,768,071	71,873,075	174,949,876	319,591,022



FY 2013-14 Base-Budget Review Details

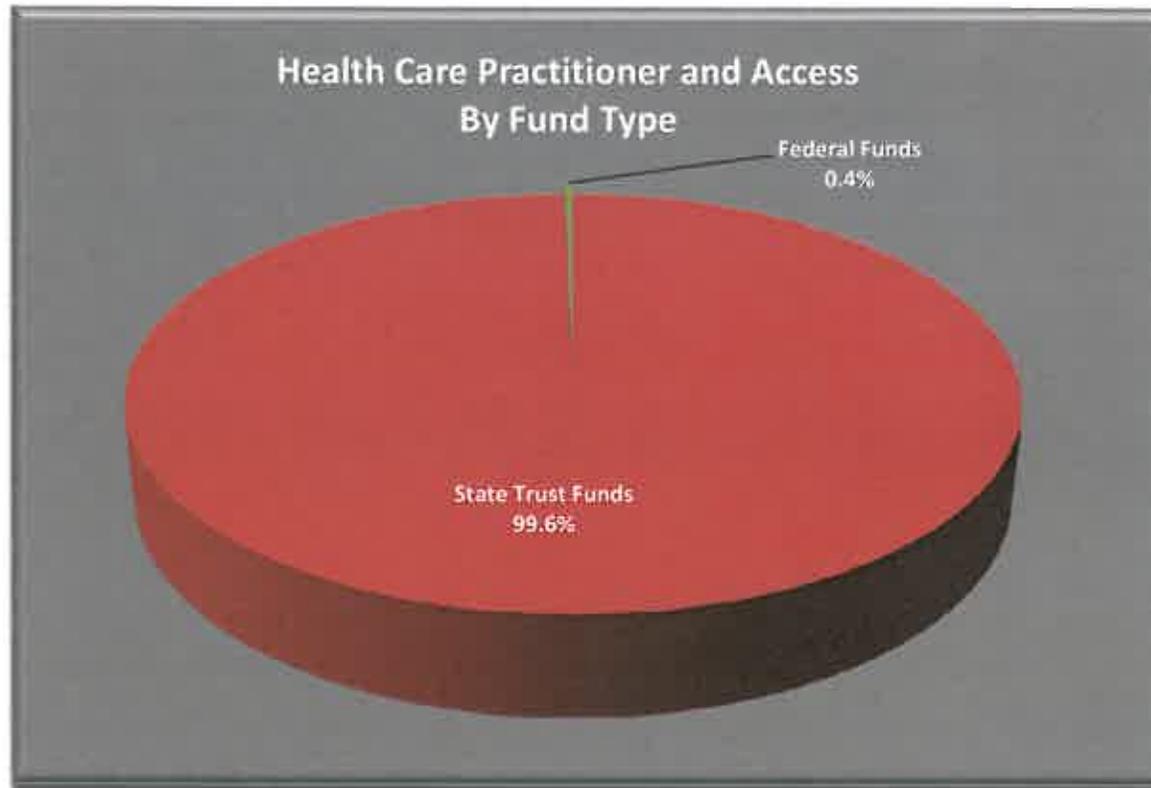
Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation	
123						
124	CHILDREN'S MEDICAL SERVICES	744.00	72,768,071	246,822,951	319,591,022	
125	Budget Entity: Children's Special Health Care					
126	As Florida's Title V Program under the Maternal and Child Health State Plan, Children's Medical Services (CMS) provides a comprehensive continuum of medical and supporting services to eligible children who are medically involved, complex or fragile, or who are delayed in their development. The continuum of care includes prevention and early intervention programs, primary care, medical and therapeutic care, long-term care and medical services for abused/neglected children. CMS operates as a public/private partnership where medical and medically related services are purchased and delivered through a network of private sector providers such as physicians, multidisciplinary health providers, hospitals, medical schools and regional health clinics.					
127	Salaries and Benefits	744.00	16,752,698	21,769,159	38,521,857	Costs associated with salaries and benefits for 744.0 full time equivalents (FTE) positions.
128	Other Personal Services		140,466	477,750	618,216	Services rendered by a person who is not filling an established position.
129	Expenses		1,312,787	6,448,588	7,761,375	Usual, ordinary, and incidental operating expenditures.
130	Operating Capital Outlay		29,319	142,454	171,773	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
131	G/A-Children's Medical Service Network		15,954,931	181,287,557	197,242,488	Managed system of care for Medicaid (Title XIX), KidCare (SCHIP Title XXI), and safety net children. Specific project includes Fetal Alcohol Spectrum Disorder (\$280,000).
132	G/A-Medical Services Abused/Neglect Child		12,292,307	5,763,295	18,055,602	Provides medically-directed, multi disciplinary assessment services to children alleged to be physically or sexually abused.
133	Contracted Services		-	2,190,190	2,190,190	Usual, ordinary, and incidental operating contractual expenditures.
134	G/A-Contracted Services		1,058,501	-	1,058,501	Specific projects include the Islet Cell Transplantation to Cure Diabetes (\$213,332); Alpha One Program (\$345,169); and the Diaphragmatic Pacing Demonstration Project at the Broward Children's Center (\$500,000).
135	Poison Control Center		1,591,693	-	1,591,693	Provides 24/7 toll-free hot line professional poison information to consumers and health practitioners.
136	Risk Management Insurance		162,816	710,876	873,692	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
137	G/A-Developmental Evaluation and Intervention Services/Part C		23,231,961	27,671,335	50,903,296	Serves infants at high risk for developmental disabilities and hearing impairment in designated neonatal intensive care units.
138	Lease/Lease Purchase of Equipment		82,009	197,116	279,125	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
139	Transfer to DMS for Human Resources Services Statewide Contract		158,583	164,631	323,214	People First Human Resources contract administered by the Department of Management Services.
140	TOTAL CHILDREN'S SPECIAL HEALTH CARE	744.00	72,768,071	246,822,951	319,591,022	

Health Care Practitioner and Access
FY 2013-14 Base Budget Summary

Program Description

The Health Care Practitioner and Access program regulates health care practitioners through licensing and enforcement of policies established by the boards and councils that oversee each profession. Other activities include evaluating and approving training programs and continuing education providers, overseeing issues related to practitioner profiling, verifying practitioner credentials, assisting in the identification of unlicensed activity, and disseminating information to the public.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
	Health Care Practitioner and Access	FTE	GR	State Trust Funds	Federal Funds	Total
1	Medical Quality Assurance	600.00	-	58,975,108	223,631	59,198,739
2	Program Total	600.00	0	58,975,108	223,631	59,198,739



FY 2013-14 Base-Budget Review Details

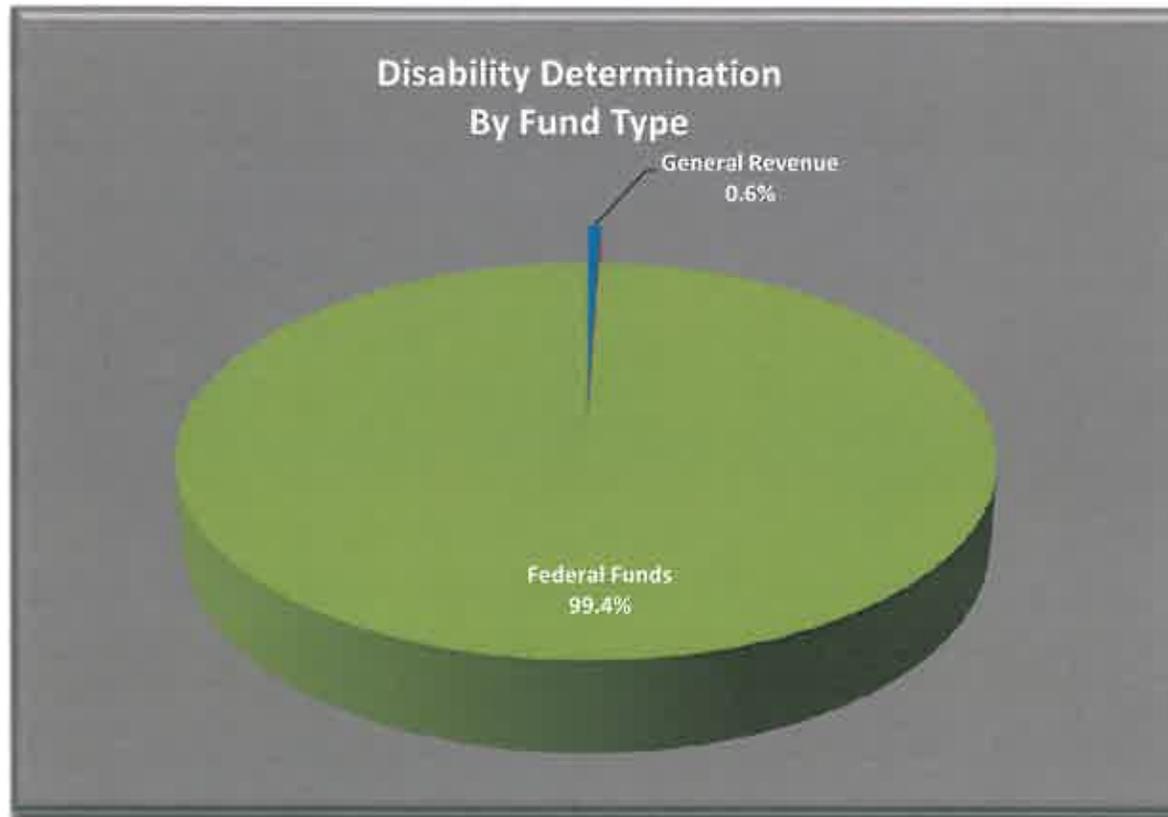
Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
141					
142	600.00	-	59,198,739	59,198,739	
143	Budget Entity: Medical Quality Assurance				
144	Medical Quality Assurance regulates health care practitioners through licensing and enforcement of policies established by the boards and councils that oversee each profession. Other activities include evaluating and approving training programs and continuing education providers, overseeing issues related to practitioner profiling, verifying practitioner credentials, assisting in the identification of unlicensed activity, and disseminating information to the public.				
145	600.00	-	30,281,890	30,281,890	Costs associated with salaries and benefits for 600.0 full time equivalents (FTE) positions.
146		-	5,365,666	5,365,666	Services rendered by a person who is not filling an established position.
147		-	7,068,722	7,068,722	Usual, ordinary, and incidental operating expenditures.
148		-	57,604	57,604	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
149		-	13,000	13,000	Funds for the acquisition of motor vehicles.
150		-	1,231,856	1,231,856	Enforcement of section 456.065, F.S., unlicensed practice of a health care profession.
151		-	297,494	297,494	Payments to the Division of Administrative Hearings (DOAH) to resolve conflicts between private citizens and organizations and agencies of the state.
152		-	13,825,119	13,825,119	Usual, ordinary, and incidental operating contractual expenditures.
153		-	471,042	471,042	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
154		-	339,364	339,364	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
155		-	246,982	246,982	People First Human Resources contract administered by the Department of Management Services.
156	600.00	-	59,198,739	59,198,739	

Disability Determination FY 2013-14 Base Budget Summary

Program Description

The Disability Determination program 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. Claims are adjudicated based upon information gathered that demonstrates the claimant's ability to function in activities of daily living and to engage in work activities according to SSA guidelines and polices.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
	Disability Determination	FTE	GR	State Trust Funds	Federal Funds	Total
1	Disability Benefits Determination	1,227.00	865,899	-	149,579,370	150,445,269
2	Program Total	1,227.00	865,899	-	149,579,370	150,445,269



FY 2013-14 Base-Budget Review Details

Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation	
157						
158	DISABILITY DETERMINATION	1,227.00	865,899	149,579,370	150,445,269	
159	Budget Entity: Disability Benefits Determination					
160	The Disability Determination program 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. Claims are adjudicated based upon information gathered that demonstrates the claimant's ability to function in activities of daily living and to engage in work activities according to SSA guidelines and polices.					
161	Salaries and Benefits	1,227.00	576,092	72,819,344	73,395,436	Costs associated with salaries and benefits for 1,227.0 full time equivalents (FTE) positions.
162	Other Personal Services		25,996	16,122,632	16,148,628	Services rendered by a person who is not filling an established position.
163	Expenses		118,839	23,238,797	23,357,636	Usual, ordinary, and incidental operating expenditures.
164	Operating Capital Outlay		4,000	204,000	208,000	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
165	Contracted Services		135,331	36,384,237	36,519,568	Usual, ordinary, and incidental operating contractual expenditures.
166	Risk Management Insurance		1,784	379,394	381,178	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
167	Lease/Lease Purchase of Equipment		-	3,334	3,334	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
168	Transfer to DMS for Human Resources Services Statewide Contract		3,857	427,632	431,489	People First Human Resources contract administered by the Department of Management Services.
169	TOTAL DISABILITY BENEFITS DETERMINATION	1,227.00	865,899	149,579,370	150,445,269	
170						
171	GRAND TOTAL	16,549.25	383,011,721	2,372,509,523	2,755,521,244	

**Department of Health
FY 2013-14 LBR ISSUES**

Priority	Issues	FTE	Total General Revenue	General Revenue Recurring	General Revenue Nonrecurring	Trust Funds
1.	Information Technology - Infrastructure Support					11,100,635
2.	Information Technology - Upgrade Medical Quality Assurance Licensure, Regulatory, and Online Systems					7,019,017
3.	Information Technology - Women, Infants, and Children (WIC)					6,627,030
4.	Information Technology - Telemedicine Network Services		822,700	300,400	522,300	
5.	Laboratory Information Management Services (LIMS) Specimen Gate Upgrade					250,000
6.	Administrative Initiatives - Restore Funding Identified as Non-Recurring in the FY 2012-13 General Appropriations Act		1,800,000	1,800,000		
7.	Early Steps - Individuals with Disabilities Education Act (IDEA) Part C		5,654,053	5,654,053		
8.	Children's Medical Services (CMS) - Additional Federal Funding for the Early Steps Program					3,433,362
9.	Special Categories - Ounce of Prevention		5,500,000		5,500,000	
	County Health Departments (CHDs) - Maintenance and Repair					7,533,960
	Fixed Capital Outlay - Construction					4,000,000
	Fixed Capital Outlay - Construction/Maintenance		27,263,600		27,263,600	
	Fixed Capital Outlay - ADA Compliance		670,000		670,000	
	Health Facilities Maintenance and Repair		13,845,000		13,845,000	
	Fixed Capital Outlay - Health Facilities Maintenance and Repair					1,499,372
	Fixed Capital Outlay - Construction/Maintenance		7,738,100		7,738,100	
TOTAL ISSUES		0.0	63,293,453	7,754,453	55,539,000	41,463,376

Community Issue Performance Evaluation
 (If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Rural Primary Care Residency Slots-Sacred Heart

4. Recipient name and address:
 Name: *Sacred Heart Health Systems, Inc.*
 Address 1: *5151 North 9th Avenue*
 Address 2:
 City: *Pensacola*
 State: *FL*
 Zip Code: *32504*
 Location county/counties: *Escambia*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private for profit

6. <u>FUNDING:</u>			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$3,000,000</i>		<i>\$3,000,000</i>	<i>471</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
The Florida Legislature recognizes that residency programs are an important part of the health care safety net and that medical residents who complete a program are likely to practice in that area. It is also state policy to enhance access to primary care in underserved and rural communities. Offering financial and training motivation for rotations in rural and underserved areas for primary care medical residents provides the opportunity to recruit and retain primary care physicians in these communities, improving health access through integrated training programs. This program and funding supports residency rotations for Pediatric, Internal medicine, OBGYN, and Family Practice areas of medicine. These resident MD's practice in a variety of rural underserved sites. The project also supports the development of a motivational rural physician retention and recruitment program.

9. Number of years this project has received state funding:
This project has received state funding for 2 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
 (Explain):
Yes, The Florida Legislature recognizes that residency programs are an important part of the health care safety net and that medical residents who complete a program are likely to practice in that area. It is also state policy to enhance access to primary care in underserved and rural communities. Offering financial and training motivation for rotations in rural and underserved areas for primary care medical residents provides the opportunity to recruit and retain primary care physicians in these communities, improving health access through integrated training programs.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
 (Explain):
Yes. This program provides residency program practice to the North Florida counties, those with the greatest primary care physician shortages and to populations with the most barriers to access to care (poverty, lack of transportation, compromised health status, etc.) This program also provides the tools and incentives needed to cultivate a continuing sustainable supply of primary care physicians to practice in these communities for decades into the future.

12. What are the intended outcomes/impacts and benefits of the project?
The immediate outcomes each year are the creation of 17 residency positions; nearly 1500 hour of clinical training while at the same time providing care to the underserved in rural areas of North Florida, the institution of a model motivational and incentive driven physician recruitment and retention program and a model "pipeline" program that targets middle and high school students in rural public schools to interest them in the profession of medicine, provides career counseling and motivational support for striving to meet the goal of attending college and eventually applying for medical school in Florida.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate:
<i>Patients served, number of residency slots, training hours, number of patients served, number of students mentored in pipeline programs,</i>	
	Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
<i>17 residency slots; minimum of 1408 clinical hours provided, exceeded this in 2012 with 2,436 clinical hours to patients, approximately 200 patients served in 2012</i>	
	Unit cost data (e.g., cost per unit produced); Enumerate:
<i>Not applicable</i>	
	Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
Invoices are submitted and is monitored according to DOH contract monitoring procedures.

15. Is there an executed contract between the agency and the recipient?
Yes

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?
Yes, residency slots in practice, clinical hours, patients, students in pipeline program, hours of residency training

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):
They are not comparable as this is the only such project with the uniqueness of serving the rural panhandle area, or any rural or underserved area of the state. Average Graduate Medical Education, residency costs are not available even on a national level as each program is so unique, and data on such programs is not publicly available. Not collected by any national or state source.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):
Yes, this program is exceeding expectations, has cultivated residency pipeline with Florida State University College of Medicine, and St. Vincent's Healthcare, a medical center in rural panhandle that benefits from the placement of residents.

19. Describe how the information upon which the answer above is based was obtained and validated:
The above cited information comes from monitoring reports, invoices and progress reports of the contract.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

A report was recently posted on FACTS.

<https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=640000&ContractId=COTEQ>

22. Provide any other information that can be used to evaluate the performance of this project:

This program creates an investment in the state's physician workforce. It also prevents uninsured and underserved rural citizens from inappropriately using the emergency rooms of the area hospitals as they now use the various rural clinics staffed by the primary care residents. The FSU college of Medicine is also able to train in accordance with its founding mission, physicians who will commit for a lifetime of service to underserved patients in underserved areas.

23. CONTACT INFORMATION for person completing this form:

Name: *Debbie Reich*

Title: *Program Administrator State Primary Care Office Division of Public Health Statistics and Performance*

Phone: *(850) 245-4446, ext 2702*

Email: *debbie_reich@doh.state.fl.us*

Date: *01/11/13*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Community Smiles, Inc.

4. Recipient name and address:
 Name: Community Smiles, Inc.
 Address 1: 750 NW 20th Street
 Address 2:
 City: Miami
 State: Florida
 Zip Code: 33127
 Location county/counties: Miami-Dade

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Non-profit

<u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$283,643</i>		<i>\$283,643</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
To enhance access to comprehensive dental care to the underserved, uninsured, underinsured children in Miami-Dade County, Florida; to develop competent pediatric dentists; to improve residents' skills in pediatric dentistry; and, to promote and improve pediatric oral health.

9. Number of years this project has received state funding:
This project has received state funding for 5 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes. This program addresses the need to reduce emergency room visits for dental health care through a residency program.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Yes. The project provides dental services to indigent Floridians. These services are part of the dental safety net in South Florida.

12. What are the intended outcomes/impacts and benefits of the project?
To provide 3,000 uninsured, underinsured, and underserved children in Miami-Dade County, Florida with no less than 15,000 dental services and/or treatments; to provide quality pediatric dental services and/or treatments to needy families; to provide residents with a balanced curriculum, didactic material, clinical experience, and knowledge of various specialties of pediatric dentistry.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate:
<i>The agency collects the providers Case Managed Report and Unit Cost Analysis Report. The Case Manged Report outlines the number of patients seen and the type of service provided. The Unit Cost Analysis Report reflects the number of pediatric visits and dental services and/or treatment provided; the number of residents enrolled in the program, and the comparative cost-savings to the state.</i>	
	Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
<i>Treatment is considered to be on-going.</i>	
	Unit cost data (e.g., cost per unit produced); Enumerate:
<i>Unit Cost for this project is either at or below Medicaid rates for dental care. For instance, D0140, Oral Exam: \$8; D0210, Full Series including Bitewings, \$32.</i>	
	Other (Explain):
<i>N/A</i>	

14. How is program data collected and has it been independently validated for accuracy and completeness?
Program data is collected monthly. At least once per year the provider is subjected to a Programmatic and Pediatric Dental Records Review to validate services and accuracy.

15. Is there an executed contract between the agency and the recipient?
Yes.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?
Yes.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):
Services provided at or below Medicaid rates represent a significant cost-savings.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):
Yes. The Pediatric Dentistry Residency Program includes training in advanced Pediatric Dentistry, instruction in behavior management, treatment of children with special needs, preventive and interceptive treatment of malocclusion, general anesthesia, biostatistics, research, physical diagnosis and sedation. Instruction and training is conducted at the provider's dental clinic. Upon completion of the program the residents receive a certificate of specialty in Pediatric dentistry and meet requirements for the American Board of Pediatric Dentistry Examination

19. Describe how the information upon which the answer above is based was obtained and validated:

The above information was obtained and validated through monthly review of the provider's documentation, Programmatic Monitoring, and Dental Chart Review. Additionally, periodic discussions held with provider and residents.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

Unknown

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

Programmatic Monitoring and Records Review (2011 - 2012 FY).

22. Provide any other information that can be used to evaluate the performance of this project:

N/A

23. CONTACT INFORMATION for person completing this form:

Name: *JD Shingles*

Title: *Contract Manager*

Phone: *786-845-0358*

Email: *jd_shingles@doh.stae.fl.us*

Date: *January 4, 2013*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
County Specific Dental Project - Escambia

4. Recipient name and address:
 Name: Sacred Heart Health System, Inc.
 Address 1 5151 N. 9th Avenue
 Address 2
 City: Pensacola
 State: FL
 Zip Code: 32504

 Location
 county/counties: Escambia

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private non-profit

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$136,149</i>		<i>\$136,149</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
NONE

8. Project Purpose/Description:
Provides for preventive and restorative dental services for uninsured and low-income adults.

9. Number of years this project has received state funding:
12

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
The main focus of our CHD is to improve the general oral health of low income residents. This program addresses a severe need to reduce emergency room visits for infected dentition of low income adults.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
This program barely addresses the demonstrated need. There are many uninsured dental patients with severe dental pain and infection in our community whose only option for temporary relief is the emergency room. Those visits to the emergency rooms are a lose-lose situation for everyone involved. Patients only get temporary treatment instead of a cure; the hospital and community spends a lot of resources without any meaningful gain.

12. What are the intended outcomes/impacts and benefits of the project?
This program plays a unique and indispensable role in our community by curing those dental diseases for our patients while saving precious resources of emergency care. This program delivers absolutely needed primary dental care to improve the oral health of our vulnerable low income patients and in the mean time amplifies the investment by eliminating costly and ineffective emergency visits due to predictable and preventable dental pain and infection.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate: # of clients served 943
	Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: 90% of clients successfully complete treatment
	Unit cost data (e.g., cost per unit produced); Enumerate: \$144.38 per client.
	Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
The data is collected by the provider and 5% is independently validated for accuracy.

15. Is there an executed contract between the agency and the recipient?
Yes, EB205

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?
Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):
\$144.38 per client for an extraction of infected tooth. \$15,000 (approx) per client for emergency room visit. \$100,000 (approx) for 3 day stay at hospital if one of these infected teeth turns into cellulitis.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):
As the contract is written the provider is exceeding the minimum outcome of 350 clients seen by 593. This still falls short of the community need.

19. Describe how the information upon which the answer above is based was obtained and validated:
Obtained by quarterly reports from provider. 5% validated by onsite visit.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?
N/A

21. List any audits or evaluative reports that have been published for this project (including website links, if available):
Programmatic contract monitoring completed on 1/13/2012.

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:
Name: *Dr. Liu*
Title: *Dental Executive Director*
Phone: *850-595-6607*
Email: jiguo.Liu@doh.state.fl.us
Date: *1/08/13*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
County Specific Dental Projects - Charlotte, Lee, Collier

4. Recipient name and address:
 Name: Family Health Centers of Southwest Florida, Inc.
 Address 1: *2256 Heitman Street*
 Address 2: *P. O. Box 1357*
 City: *Fort Myers*
 State: *Florida*
 Zip Code: *33902*
 Location: *Charlotte, Lee, Collier counties*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private non-profit

6. <u>FUNDING:</u>	FY 2012-13 Recurring General Revenue	FY 2012-13 Trust Funds	FY 2012-13 Total Funds	GAA Specific App Number
	<i>\$453,834</i>		<i>\$453,834</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides funding for a contract with the Family Health Centers of Southwest Florida to provide direct client dental services.

9. Number of years this project has received state funding:
10 years

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes. This project aligns with the core mission of the agency because it protects, promotes, and improves the dental health of those that receive the services. This project is an integrated collaborative project between the State of Florida (Department of Health) and a local community partner (Family Health Centers of Southwest Florida).

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Yes. The project provides dental services to indigent Floridians in their local communities. These services are a major part of the dental safety net in the southwest Florida counties and communities served.

12. What are the intended outcomes/impacts and benefits of the project?
The project's intended outcomes/impacts are to provide access to care to disadvantaged families in need of dental care. The impact will include decreased rates of dental decay, dental disease, and missing teeth of those in the area served. This contract benefits the community by providing dental care to low-income patients.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate: <i>Number of patient visits, number of eligible patients, number of treated adults and children</i>
	Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: <i>Number of dental care visits provided to low income families</i>
	Unit cost data (e.g., cost per unit produced); Enumerate: <i>The unit cost ratio is \$103.34 per patient visit.</i>
	Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
The provider is required to send data quarterly along with the invoice request for payment. The provider has an independent auditor to validate the information.

15. Is there an executed contract between the agency and the recipient?
Yes, there is an executed contract between the agency and the recipient.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?
Yes, the outputs, measures, and costs are specified in the contract.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):
The unit costs are below market price of comparable services in the private market.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):
Yes, based on the performance data, the project is meeting expected outputs. The provider is meeting and exceeding the expected number of outputs and outcomes.

19. Describe how the information upon which the answer above is based was obtained and validated:
The department monitors the provider by reviewing the quarterly reports that are sent along with each invoice and the department receives an annual report. In addition, the department has the ability to validate and report information directly to the provider's auditor. Also, the department monitors the provider using desk-top reviews and on-site inspections.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?
Matching funding is not required.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):
N/A

22. Provide any other information that can be used to evaluate the performance of this project:
N/A

23. CONTACT INFORMATION for person completing this form:
Name: *SEAN ISAAC*
Title: *CONTRACT MANAGER*
Phone: *850-245-4333*
Email: *SEAN_ISAAC@DOH.STATE.FL.US*
Date: *01/03/13*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Deerfield Beach School Health Clinic

4. Recipient name and address:
 Name: *North Broward Hospital District*
 Address 1: *1608 SE 3rd Avenue*
 Address 2:
 City: *Fort Lauderdale*
 State: *Florida*
 Zip Code: *33316*

 Location
 county/counties: *Broward*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private non-profit entity

6. <u>FUNDING:</u>			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$367,149</i>		<i>\$367,149</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
This school-based health center provides primary health care, dental and school health services to students, their families and the communities surrounding Deerfield Beach.

9. Number of years this project has received state funding:
This project has received state funding for 15 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
The Deerfield Beach Health Center provides school health services to Deerfield High School students as required by the Florida statutes and administrative rules which pertain to school health programs, including sections 381.0056, 381.0057, 381.0059, F.S., s. 1006.062, F.S., s. 381.88, F.S., and with Chapter 64F-6.001- 6.006, F.A.C.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
The project provides enhanced medical and social services to any student attending Deerfield Beach High School or feeder schools to Deerfield Beach High School and their families. Current year enrollment at Deerfield Beach High School is 2,470, inclusive of a high number of economically disadvantaged students with approximately 50% of the students qualify for the free and reduced lunch program. Without this project in place, access to health services for this population would be difficult to obtain.

12. What are the intended outcomes/impacts and benefits of the project?

The two intended outcomes for this project include: 1) Comprehensive primary care and preventive services will be provided to students, their families and the surrounding community; and 2) Basic school health will be provided to students attending Deerfield Beach High School or feeder schools to Deerfield Beach High School.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Quarterly reports are provided to the agency by the provider that shows the type of health services provided, number of visits, and distinguishes between student and non-student visits.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

During fiscal year 2011/2012 the provider exceeded the contract requirements by providing 4,562 primary health care visits (Contract Requirements: 2,500), 2088 social services hours (Contract Requirements: 300), and 5,784 basic school health services (Contract Requirements: 2,250).

Unit cost data (e.g., cost per unit produced); Enumerate:

This is a multiple year fixed price (fixed fee) contract. The Department pays the Provider the amount of \$367,149 for each twelve month funding period from July 01, 2012 through June 30, 2015 (to be paid in four equal quarterly payments of \$ 91,787.25). The total amount paid to the Provider will not exceed \$1,101,447.00, subject to the availability of funds.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program data is collected through the submission of quarterly reports from the Provider that show the type of health services provided, number of visits, and distinguishes between student and non-student visits. The Department's Contract Manager for this Provider conducts an annual monitoring visit and submits a report thereafter. This report reflects the Provider's adherence to the requirements set forth in the contract.

15. Is there an executed contract between the agency and the recipient?

Yes (Contract #COHA6)

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes. The contract does specify outcomes, measures, and costs.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

The Department does not have any other projects comparable to this project.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

During fiscal year 2011/2012 the provider exceeded the contract requirements by providing 4,562 primary health care visits (Contract Requirements: 2,500), 2088 social services hours (Contract Requirements: 300), and 5,784 basic school health services (Contract Requirements: 2,250).

19. Describe how the information upon which the answer above is based was obtained and validated:

The information was obtained and validated from an executed contract, monthly progress reports, and a programmatic monitoring report.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

There is not any additional funding or matching funds for this project.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

North Broward Hospital District: Reports on Federal and State Awards in Accordance with OMB Circular A-133 and Chapter 10.550, Rules of Auditor General. (Annual).

22. Provide any other information that can be used to evaluate the performance of this project:

March 20 - 21, 2012 Contract Programmatic Monitoring Report

23. CONTACT INFORMATION for person completing this form:

Name: *Wes Payne*
Title: *School Health Consultant*
Phone: *850-245-4444 x2931*
Email: *Wes_Payne@doh.state.fl.us*
Date: *December 27, 2012*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Jessie Trice Community Health Center (Economic Opportunity)-Dade

4. Recipient name and address:
 Name: *Jessie Trice Community Health Center*
 Address 1: *5607 Northwest 27th Ave.*
 Address 2:
 City: *Miami*
 State: *FL*
 Zip Code: *33142*
 Location county/counties: *Dade*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private, non-profit

<u>FUNDING:</u>			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$52,422</i>		<i>\$52,422</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides outreach cardiovascular prevention services from the Jessie Trice Community Health Center including cardiovascular risk assessments, referrals and education to the at-risk population of racial and ethnic minorities of Dade county in order to improve health outcomes.

9. Number of years this project has received state funding:
This project has received state funding for 11 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
Yes, the project aligns with the Division of Community Health Promotion, Bureau of Chronic Disease Prevention. This is a heart disease prevention program.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
Yes, it is a community resource in a high risk area. The program has provided assessments, education, and referrals to this community for several years.

12. What are the intended outcomes/impacts and benefits of the project?
The benefits are to improve the cardiovascular health outcomes of racial and ethnic populations, increase the awareness in minority communities of quality healthcare, and partner with community organizations to provide culturally competent strategies of prevention.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate:
<i>The Provider has participated in over 80 community outreach activities, and involved over 1800 community participants in the last year.</i>	
	Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
<i>Over 1000 outreach participants had an assessment, which included taking a blood pressure, and provided education about cardiovascular disease symptoms and prevention. Over 80 participants were referred for further services.</i>	
	Unit cost data (e.g., cost per unit produced); Enumerate:
<i>The provider had a cost reimbursement contract and not a unit cost contract. However, just the unit cost per assessment (\$52,422 / 1044 assessments) would equal \$50.21.</i>	
	Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
The provider submits a monthly progress report with the data for the month and year-to-date. A programmatic monitoring was completed at the providers site and records were reviewed.

15. Is there an executed contract between the agency and the recipient?
Yes, there is an executed contract.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?
Yes, the contract lists measures to be completed by the provider.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):
The costs of providing these services has remained constant through the last few years. Previous years the cost was comparable to other contracted prevention services in the bureau of Chronic Disease Prevention.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):
Yes, the provider is meeting the contract requirements for outreach activities, disseminating education materials, and providing health risk assessments.

19. Describe how the information upon which the answer above is based was obtained and validated:
The information was from an executed contract, monthly progress reports, and a programmatic monitoring report.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None known.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

Independent audit through January 31, 2012 was sent to the Contract Administrative Monitoring Unit, DOH.

22. Provide any other information that can be used to evaluate the performance of this project:

N/A

23. CONTACT INFORMATION for person completing this form:

Name: *Dan Washburn*

Title: *Health Education Program Consultant*

Phone: *850-245-4444, ext. 3807*

Email: *Washburn_daniel@doh.state.fl.us*

Date: *December 31, 2012*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Florida Heiken Children's Vision Program

4. Recipient name and address:
 Name: Miami Lighthouse for the Blind/Florida Heiken Children's Vision Program
 Address 1: *601 SW 8th Avenue*
 Address 2:
 City: *Miami*
 State: *Fl.*
 Zip Code: *33130*
 Location county/counties: *Miami/Dade*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private non-profit

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$750,000</i>		<i>\$750,000</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
From the funds in Specific Appropriation 477, \$750,000 in recurring funds from the General Revenue Fund is provided to the Florida Heiken Children's Vision Program to provide free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no other source for vision care.

8. Project Purpose/Description:
Provides free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no other source for vision care.

9. Number of years this project has received state funding:
The project has received state funding since 2010.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
The project aligns with the core missions of the program area in which it is funded. S.381.0056 (4)(a).6., F.S. requires the provision of vision screening as a part of the school health services program.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
This project serves economically disadvantaged students who have twice failed school based eye exams. There are other resources available to provide some of the services that this project provides (i.e., Lense Crafters, Lions Club, etc.) but the level of availability in individual counties is unknown.

12. What are the intended outcomes/impacts and benefits of the project?
The intent of this project is to provide vision services to eligible students attending public schools in counties assigned as outlined in the contract. A comprehensive eye exam by a licensed optometrist and eyeglasses are to be provided at no cost to students who meet the eligibility requirements of the contract.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate:
<i>Monthly reports are provided to the agency by the provider that shows by county the number of students referred, the number of eye examinations completed, the number of eye glasses dispensed and the number of schools served, in aggregate.</i>	
	Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
<i>During fiscal year 2011/2012 the provider received 4,366 referrals for services. Eye examinations were performed on 2,523 or 57.79% of the total number referred. Also, 2,204 or 87.36% of the 2,523 that received an eye examination were provided with eye glasses.</i>	
	Unit cost data (e.g., cost per unit produced); Enumerate:
<i>The cost per exam and glasses under this contract cannot exceed \$98 per student.</i>	
	Other (Explain):
<i>None</i>	

14. How is program data collected and has it been independently validated for accuracy and completeness?
Program data is collected through the submission of monthly reports from the recipient in aggregate specifying the number of students referred, eye exams completed, eyeglasses dispensed and the number of students served. Random samplings of the documentation of the process from receipt of the referral through the actual exam being performed and eyeglasses dispensed are reviewed to validate accuracy and completeness of the data collected.

15. Is there an executed contract between the agency and the recipient?
Yes (Contract #COH9L)

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?
Yes, the contractual agreement does specify outcomes, measures and costs.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):
The agency has two vision services contracts and the unit costs for each are the same.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):
Service provision is contingent on receiving an adequate number of eligible referrals for services. The contract required the provider to provide 5,550 services for fiscal year 2011/2012 and the provider provided 2,523. Based on the numbers, the project did not meet the expected outputs for fiscal year 2011/2012. Of the 4,366 referrals received by the provider, 1,152 were determined to be ineligible to receive services under the contract.

19. Describe how the information upon which the answer above is based was obtained and validated:

The information used to formulate the answer above was obtained from review of information contained in the monthly reports of services submitted by the provider and the contract document.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

There are no matching funds from non-state sources available for this project.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

*Miami Lighthouse for the Blind and Visually Impaired Audited Financial Statements - June 30, 2011.
Optometry - Journal of the American Optometric Association - January 2012. Volume 83.Number 1*

22. Provide any other information that can be used to evaluate the performance of this project:

The May 31 - June 1, 2012 Contract Programmatic Monitoring Report.

23. CONTACT INFORMATION for person completing this form:

Name: *Ernest J. Bruton*

Title: *Senior Human Services Program Specialist*

Phone: *(850) 245-4444, Ext. 2939*

Email: ernest_bruton@doh.state.fl.us

Date: *01/07/2013*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Haitian American Association Against Cancer-Miami/Dade County

4. Recipient name and address:
 Name: Haitian American Association Against Cancer
 Address 225 NE 34th Street, Suite 208
 Address
 City: Miami
 State: Florida
 Zip Code: 33137
 Location Miami-Dade

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private non-profit

<u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$163,839</i>		<i>\$163,839</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides outreach and education in Dade County on breast and cervical cancer. Also provides payment for mammograms, clinical breast exams, Pap tests and other needed diagnostic tests. Treatment is found for any women in their program diagnosed with cancer. These services are provided to low income women, with no health insurance which are younger than age 50.

9. Number of years this project has received state funding:
This project has been funded for 12 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
Yes, this project aligns with the mission of the Division of Community Health Promotion, Bureau of Chronic Disease Prevention, Florida Breast and Cervical Cancer Early Detection Program which provides for mammograms, Pap test, clinical breast exams, and some diagnostic exams for women ages 50-64.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
The YWCA in Dade County provides breast and cervical cancer screenings and outreach and education to primarily Haitian and Spanish women ages younger than 50. Do not know how many women they are able to screen each year.

12. What are the intended outcomes/impacts and benefits of the project?

The outcome and benefits to the program are that women are educated on the importance of breast and cervical cancer screenings. Breast and cervical cancer screenings are provided to 168 women each year. Those diagnosed with cancer are referred to treatment.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

A monthly report is provided each month which includes sign in sheets for those that attend the educational sessions. A total of 520 women per year attend the educational sessions. The report also includes the names of those provided a mammogram, clinical breast exam and Pap test. There are 168 women each year receiving the Pap tests, clinical breast exams, and mammograms. There is a list of those receiving diagnostic tests sent in each quarter. There is also a list of those who were provided transportation. The provider keeps a chart on each client that includes an invoice for screenings and also a copy of each payment.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Close to 100 percent of the clients complete the mammogram, clinical breast exams, and Pap tests.

Unit cost data (e.g., cost per unit produced); Enumerate:

The unit cost per mammogram, Pap test, and Clinical breast exam is in line with the unit cost for a mammogram, Pap test, and clinical breast exam done through the Florida Breast and Cervical Cancer Early Detection Program which pays the Medicare part B rate.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The provider submits monthly sign in sheets of those educated and names of those receiving breast and cervical cancer screenings. Each third month the total of those getting diagnostic tests and transportation services is reported. A programmatic monitoring is completed each year at the site and records of each client are reviewed.

15. Is there an executed contract between the agency and the recipient?

Yes, there is an executed contract.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes, the contract list the services to be provided, reports to complete, and allowable cost of services.

17. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

The unit cost are comparable to the Florida Breast and Cervical Cancer Early Detection Program that pays at the Medicare part B rate.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes, the provider is meeting the contract requirements for providing for breast and cervical cancer screenings, education on breast and cervical cancer, transportation services, diagnostic testing as needed, and providing pre and post test results.

19. Describe how the information upon which the answer above is based was obtained and validated:

The information was from an executed contract, monthly progress reports, and a programmatic monitoring report.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?
None known

21. List any audits or evaluative reports that have been published for this project (including website links, if available):
Do not know of any audits done.

22. Provide any other information that can be used to evaluate the performance of this project:
N/A

23. CONTACT INFORMATION for person completing this form:
Name: *Clifton Skipper*
Title: *Florida Breast and Cervical Cancer Early Detection Program/Health Educator/Outreach Coordinator*
Phone: *850-245-4444 ext. 2944*
Email: Clifton_Skipper@doh.state.fl.us
Date: *01/04/12*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Midwifery Services for the Treasure Coast

4. Recipient name and address:
 Name: Martin County Health Department Florida Community Health Center
 Address 1: 3441 SE Willoughby Blvd 4450 S. Tiffany Drive
 Address 2:
 City: Stuart West Palm Beach
 State: FL FL
 Zip Code: 34994 33407
 Location county/counties: Martin

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Martin CHD is a governmental entity. Florida Community Health Center is a Private-Non-profit entity.

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$360,000</i>		<i>\$360,000</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
From the funds in the Specific Appropriation 477, \$360,000 in recurring funds from the General Revenue is provided for the Midwifery Services for the Treasure Coast.

8. Project Purpose/Description:
The Prenatal Care Program, currently operated by the Martin County Health Department, provides prenatal care to low-income patients helping women give birth to healthy babies. Access to affordable maternity services increases the likelihood of early entry into prenatal care (within the first three months of pregnancy). Mothers who enter care early are more likely to have babies with healthy birth weights resulting in less medical cost than those with low birth weight. The reduction is related to a lower risk of both health complications and infant mortality which is a sentinel indicator of the health and well-being of a community. These funds were required to meet the gap in current operating fund deficiencies of the Martin County Health Department and start up expenses of Florida Community Health Center as services were transitioned to Florida Community. This transition will not only continue the gains already accomplished and provide an additional source of services for an even wider range of residents but will, through the use of the same facility and, at least partially, the same staff ensure that clients have access to a facility and people they already trust.

9. Number of years this project has received state funding:
2012 was the first year

10. Does this project align with the core missions of the agency or the program area in which it is funded?
 (Explain):
Yes both in it's operation and in the transition to Florida Community Health Center (the reason for allocation of funding). The Department of Health mission, and Florida Statute, task this agency with the responsibility of ensuring that prenatal services were available in our community. The Martin County Health Department assumed responsibility for this program when the community hospital elected to terminate their program which provided maternity services to those residents who had no other way to access prenatal care services. Facing the potential reality of having residents with barriers to care arrive in the ER, having had no prenatal care, with delivery imminent and a strong evidence based possibility of negative birth outcomes, the Martin County Health Department hired the clinical staff that had been performing services and commenced providing services in partnership with the Healthy Start Coalition and other local supporters.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
 (Explain):
 At the inception of the current program, there were no alternative sources for prenatal care to uninsured residents.

12. What are the intended outcomes/impacts and benefits of the project?
This program has experienced great success in the years it operated under the management of the Martin County Health Department. Compared to other Florida Counties, Martin County rose from 47th to 7th in infant mortality and from 36th the in low birth weight to 6th which are both significant accomplishments.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate:
<i>In addition to the significant increases in early entry into prenatal care and the resulting improvements in birth outcome, the program has delivered over 2,900 babies, of which over half of the mothers had no other venue to receive prenatal care .</i>	
	Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
<i>From 2005 to 2010 compared to other Florida Counties - from 67th to 45th in early entry into prenatal care (first three months), from 36th to 6th in percent of babies born at a low birth weight (below 2,500 grams), from 47th to 7th in infant mortality, and from 67th to 37th for late entry/no prenatal care.</i>	
	Unit cost data (e.g., cost per unit produced); Enumerate:
<i>According to the CONMAN (DOH) system, our cost per service is \$184.81 for FY 2011-2012. This program has been requiring general revenue support ranging from \$360K to \$500K annually which we can no longer sustain given an available alternative source of care for residents</i>	
	Other (Explain):
N/A	

14. How is program data collected and has it been independently validated for accuracy and completeness?
All of the above reported data is from CHARTS (DOH system) and is based on reported birth and fetal death data.

15. Is there an executed contract between the agency and the recipient?
Each client, upon entry into the prenatal care program, signs an agreement to pay a copayment, currently \$450, for their care. However, as a result of statute and the contract for collecting on accounts receivable for clients without social security numbers, we are limited in our ability to collect the majority of these fees.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?
 N/A

17. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

Until Florida Community Health Center expressed an interest in providing both prenatal and primary care services, there were no alternatives available to our presently served client base.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

The funding received is enabling us to continue to operate the prenatal care and delivery program as Florida Community Health Center awaits federal approval of its change in scope. Additionally, it is key to accomplishing our initially stated goals of providing continuity of care to our clients in the same facility and with, to the greatest extent possible, the same staff to maintain the positive gains achieved in infant mortality, earlier entry into prenatal care and birth weight.

19. Describe how the information upon which the answer above is based was obtained and validated:

Financial tracking based on expenses and revenues reported for operating expenses to date.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None are anticipated this FY. The dollars were provided to cover the expenses over and above what we are able to collect in Medicaid, local funding and payment of client copayments.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

N/A

22. Provide any other information that can be used to evaluate the performance of this project:

N/A

23. CONTACT INFORMATION for person completing this form:

Name: *Shirley Hanners*

Title: *Administrative Services Manager*

Phone: *(772) 221-4000 ext. 2155*

Email: shirley_hanners@doh.state.fl.us

Date: *01/07/13*

**Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)**

1. State Agency:
Florida Department of Health (DOH)

2. State Program (or Type of Program):
Community Public Health/Sexual Violence Prevention Program

3. Project Title:
Rape Crisis Center - Palm Beach

4. Recipient name and address:
 Name: *Palm Beach County, a Political Subdivision of the State of Florida, by and through it Board of Commissioners*
 Address 1: *205 North Dixie Highway, Suite 5.1100*
 Address 2:
 City: *West Palm Beach*
 State: *Florida*
 Zip Code: *33401*
 Location county/counties: *West Palm Beach/Palm Beach County*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
The recipient is a governmental entity.

6. <u>FUNDING:</u>			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$282,039</i>		<i>\$282,039</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Funds provide a coordinated crisis response to improve medical and mental health treatment of rape victims, and enhance the evidence collection process. By centralizing and coordinating dedicated teams comprised of law enforcement, prosecutors, advocates and medical providers, there will be a more effective response to victims of sexual assault. This will ultimately lead to more successful arrests and prosecutions with a victim centered approach. Victim Advocates provide crisis intervention and follow-up support 24 hours per day, seven days a week. The therapist provides on-going trauma therapy for the project's victims and their families.

9. Number of years this project has received state funding:
The 12-13 state fiscal year is the second year of funding for this project.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes. Direct services are provided to victims of sexual assault and their families who are residents and/or visitors to Palm Beach County (whether or not the incident is reported to law enforcement). In addition to medical equipment, medications and personal care items for victims, funds are used to furnish staff offices and the victims' waiting area. Services are provided by two rape crisis advocates/therapist, one or more medical provider(s), and Sexual Assault Nurse Examiners (SANE). These services align with the core mission of DOH and the Sexual Violence Prevention Program.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Yes. According to the 2011 Florida Department of Law Enforcement Uniform Crime Reports, Palm Beach County had the 5th highest reports of forcible rape in Florida. According to the Department of Health's Sexual Violence Data Registry, Palm Beach County Victim Services and Rape Crisis Center provided 3,601 services with these contract funds to primary and secondary victims of sexual assault during 2012. The Palm Beach County Victim Services Center and Rape Crisis Center is a certified rape crisis center that also receives funds from the Rape Crisis Program Trust Fund; however, due to the population of over a million people, the general revenue funds are needed to help meet the need of providing 24/7 sexual battery recovery services in Palm Beach County.

12. What are the intended outcomes/impacts and benefits of the project?
The intended outcomes and benefits of this project include the provision of sexual battery recovery services 24 hours per day, seven days a week. These recovery services include crisis intervention, advocacy and accompaniment (e.g., accompanying victims to court, medical facilities, police departments), information and referrals, support groups, and therapy for victims, family and household members, and those collaterally affected by the sexual assault. Long-term benefits include providing confidential, on-going support to a rape victim to facilitate the healing process after an assault.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate:
<i>The contract provider must collect, record, and enter victim data, and service data into DOH's Sexual Violence Data Registry. During 2012, the Palm Beach County Victim Services and Rape Crisis Center provided 3,601 services to primary and secondary sexual assault victims. The provider submits monthly progress reports, monthly timelines, and client satisfaction survey data that demonstrate the value of the program to the state of Florida.</i>	

	Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
<i>The contract provider must offer rape victims served by this contract the opportunity to complete a client satisfaction survey. One hundred percent of the customer satisfaction survey results must then be reported to DOH monthly. Almost 100 percent of clients report that information provided by the agency staff was understandable, helpful and useful, and that the staff treated them with compassion and respect. Often notes are written at the bottom of the surveys that include heartfelt personal thanks for caring attentiveness.</i>	

	Unit cost data (e.g., cost per unit produced); Enumerate:
<i>During 2012, the Palm Beach County Victim Services Rape Crisis Center provided 3,601 services to sexual assault victims at a cost of approximately \$78 per service. The cost per service was determined using fiscal year 12-13 funding of \$282,039. Annually the contract provider must submit a detailed budget indicating proposed expenditures. Quarterly, the contract provider must submit a Quarterly Financial Expenditure Report that aligns with the budget and provides information about allowable expenditures. The unit costs include salaries, medications and clinical supplies, advertising, on-call cell phones and travel for first responders to respond to victims 24/7 and to attend Sexual Assault Nurse Examiners (SANE) training and the Advocacy Core Training (ACT), as required by certification standards.</i>	

	Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The contract provider collects, reports and enters rape victim and service data into DOH's Sexual Violence Data Registry. Each victim is given a computer-generated Victim Identification number that corresponds to the agency's victim record. Because of this ID number, victims remain anonymous in the Sexual Violence Data Registry. Annually, the DOH Contract Manager performs an on-site programmatic monitoring visit to verify accuracy and completeness and ensure client files support data entered monthly into the Sexual Violence Data Registry. Expenditures and purchases are also reviewed at this time. This contract provider is a certified rape crisis center and; therefore, is monitored by an independent reviewer every two years to confirm compliance with certification standards for rape crisis centers.

15. Is there an executed contract between the agency and the recipient?
Yes, the contract number is COH8Z.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?
Yes, the outputs, measures and costs are specified in the contract.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):
A Cost/Price Analysis was completed prior to the execution of this contract. The Cost/Price Analysis states, "As a newly funded project, there is no previous price per unit. This program does not have, and is not aware of, current centralized hospital and/or community based facility with trained Sexual Assault Nurse Examiners (SANE) to conduct forensic rape exams to provide patients assessment and medical treatment, collections of forensic evidence and preparation for offender prosecution in Palm Beach County."

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):
Yes. The performance data indicates that this project is meeting contract outputs and intended outcomes. Sexual assault victims are receiving recovery services 24/7 from advocates and sexual assault nurse examiners (SANE Nurses) who have received specialized training. The provider is also reaching out to the community by advertising the availability of the Sexual Assault Response Team (SART) Center services. Sample client satisfaction survey responses frequently report that the rape victims are genuinely pleased with the services provided by this agency.

19. Describe how the information upon which the answer above is based was obtained and validated:

On the annual programmatic site visit, the DOH contract manager confirmed that client files supported the data entered in DOH's Sexual Violence Data Registry. A review of client satisfaction surveys validated client satisfaction.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

There is no known matching funding. The Palm Beach County Victim Service Center and Rape Crisis Center is one of nine centers that receives the Preventive Health and Health Services Block Grant funding for the provision of victim services for primary sexual assault victims. The current funding from the Block Grant for Palm Beach is \$40,000.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audits found at: www.pbcgov.com/ofmb/budget/audit.reports/

22. Provide any other information that can be used to evaluate the performance of this project:

A copy of the annual DOH Sexual Violence Prevention Program Programmatic Monitoring Report can be obtained by phoning the Sexual Violence Prevention Program at 850-245-4455, or by emailing: marsha_slade@doh.state.fl.us.

23. CONTACT INFORMATION for person completing this form:

Name: Marsha Slade
Title: Government Operations Consultant II
Phone: 850-245-4444 ext 2952
Email: marsha_slade@doh.state.fl.us
Date: 12/19/2012

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Reducing Oral Health Disparities

4. Recipient name and address:
 Name: DOH County Health Departments
 Address 1
 Address 2
 City:
 State:
 Zip Code:
 Location

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Funds are given to the 53 county health departments (CHDs) that operate dental programs. Each CHD receives \$6,542.00.

6. <u>FUNDING:</u>			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Number
<i>\$346,678</i>		<i>\$346,678</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides for the expansion of county health department safety-net dental programs that serve as a vital component in the integrated oral health system between the public and private sector.

9. Number of years this project has received state funding:
This project has received state funding for 10 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
Yes. This project aligns with the core mission of the agency because it protects, promotes and improves the dental health of those that receive the provided services.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
Yes, the project provides dental services to indigent Floridians in their local communities. These services are a part of the dental safety net in the Florida counties and communities served.

12. What are the intended outcomes/impacts and benefits of the project?
The project's intended outcomes/impacts are to provide access to care to disadvantaged families in need of dental care. The impact will include reduced rates of dental decay, dental disease, and missing teeth of those in the service areas.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate: <i>Number of patient visits, number of eligible patients, number of treated adults and children.</i>
	Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: <i>Number of dental care visits provided to low income families.</i>
	Unit cost data (e.g., cost per unit produced); Enumerate: <i>Unit cost is \$120.00 per patient visit.</i>
	Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
Patient and visit information is entered into the DOH Health Management System (HMS).

15. Is there an executed contract between the agency and the recipient?
No. There is a Schedule C Letter and Attachment I. Funds are provided directly to DOH county health departments.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the the agency and the recipient?
N/A

17. How do the unit costs compare to those of comparable or alternative projects or services?
(EXPLAIN AND SPECIFY):
Unit costs are below the market price for comparable services in the private sector.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):
Yes, approximately 3,000 patient visits were provided last year.

19. Describe how the information upon which the answer above is based was obtained and validated:
Verified through reports generated by the DOH Health Management System (HMS).

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?
Match funding is not required.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):
N/A

22. Provide any other information that can be used to evaluate the performance of this project:
N/A

23. CONTACT INFORMATION for person completing this form:
Name: *Jan Horne*
Title: *Public Health Dental Program Manager*
Phone: *850-245-4476*
Email: *marsha_horne@doh.state.fl.us*
Date: *01-03-2013*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Statewide Dentistry Network - Escambia County

4. Recipient name and address:
 Name: Sacred Heart Health Systems, Inc.
 Address 1: *5151 N. 9th Avenue*
 Address 2:
 City: *Pensacola*
 State: *FL*
 Zip Code: *32504*
 Location county/counties: *Escambia*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
private non-profit

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$112,892</i>		<i>\$112,892</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
NONE

8. Project Purpose/Description:
Provides dental services, outreach and education to low-income children.

9. Number of years this project has received state funding:
8

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
The main focus of our CHD is to serve the low income patients. This contract provides the much needed access to oral hygiene instruction for low income children and their families.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Since many low income families have no reliable transportation, school is the only accessible opportunity for these children in great need of oral hygiene instruction.

12. What are the intended outcomes/impacts and benefits of the project?
To reduce dental decay, infection and pain in low income children. To reduce the prevalent low dental education that leads to increased dental problems with lead to a host of health and economic problems.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate: <i># of clients served 6,164</i>
	Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: <i>All 6,164 clients completed education based on submitted documentation.</i>
	Unit cost data (e.g., cost per unit produced); Enumerate: <i>\$18.31 per educated client.</i>
	Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
The data is collected by the provider and 5% is independently validated for accuracy.

15. Is there an executed contract between the agency and the recipient?
Yes, EB200

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?
Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):
This program is cost reimbursement. The cost per client educated is \$18.31. The Medicaid rate is \$6.00.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):
Based on the supplied performance data, this project is exceeding the expected outputs by 1,664 clients educated. The minimum required by contract to be served in 4,500.

19. Describe how the information upon which the answer above is based was obtained and validated:
Obtained by quarterly reports from provider. 5% validated by onsite visit.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

N/A

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

Programmatic contract monitoring completed on 1.13.2012 and reported on 2.6.2012.

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: *Dr. Liu*

Title: *Dental Executive Director*

Phone: *850-595-6607*

Email: jjguo.Liu@doh.state.fl.us

Date: *1.07.13*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
UF Dental Clinics Statewide

4. Recipient name and address:
 Name: *University of Florida, Board of Trustees*
 Address 1: *P.O. Box 100405*
 Address 2:
 City: *Gainesville*
 State: *FL*
 Zip Code: *32610-0405*
 Location county/counties: *Alachua*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Governmental entity

6. <u>FUNDING:</u>			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Total Funds	GAA Specific App Number
<i>\$714,519</i>		<i>\$714,519</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides direct client dental care for indigent persons through 6 University of Florida College of Dentistry clinics and 9 community based clinics using dental students and residents.

9. Number of years this project has received state funding:
This project has received state funding for 15 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
 (Explain):
Yes. This project aligns with the core mission of the agency because it protects, promotes and improves the dental health of those that receive the services. This project is an integrated collaborative project between the State of Florida (Department of Health) and the University of Florida College of Dentistry.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
 (Explain):
Yes. The project provides dental services to indigent Floridians in their local community. These services are a major part of the dental safety net in the Florida communities served.

12. What are the intended outcomes/impacts and benefits of the project?
The project's intended outcomes/impacts are to provide access to care to disadvantaged families in need of dental care. The impact will include decreased rates of dental decay, dental disease, and missing teeth of those in the area. This contract benefits the community by providing dental care to low-income patients.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate:
<i>Number of patient visits, number of eligible patients, number of treated adults and children</i>	
	Outcome data (data on the effectiveness or quality of services, e.g., percentage of successfully completing treatment); Enumerate:
<i>Number of dental care visits provided to low income families</i>	
	Unit cost data (e.g., cost per unit produced); Enumerate:
<i>Unit cost is \$90 per patient visit.</i>	
	Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
The provider is required to send data quarterly along with the invoice request for payment. The provider has an independent auditor to validate the information.

15. Is there an executed contract between the agency and the recipient?
Yes, there is an executed contract between the agency and the recipient.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?
Yes, the outputs, measures, and costs are specified in the contract.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):
The unit costs are below market price of comparable services in the private market.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):
Yes, based on the performance data, the project is meeting expected outputs. The provider is meeting and exceeding the expected number of outputs and outcomes.

19. Describe how the information upon which the answer above is based was obtained and validated:
The department monitors the provider by reviewing the quarterly reports that are sent along with each invoice and the department receives an annual report. In addition, the department has the ability to validate and report information directly to the provider's auditor. Also, the department monitors the provider using desk-top reviews and on-site inspections.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the
Matching funding is not required.

21. List any audits or evaluative reports that have been published for this project (including website links,
N/A

22. Provide any other information that can be used to evaluate the performance of this project:
N/A

23. CONTACT INFORMATION for person completing this form:
Name: *SEAN ISAAC*
Title: *CONTRACT MANAGER*
Phone: *850-245-4333*
Email: *SEAN_ISAAC@DOH.STATE.FL.US*
Date: *1-3-13*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Vision Quest

4. Recipient name and address:
 Name: Jeppesen Visionquest, Inc. Florida's Vision Quest
 Address 1 *167 N Industrial Drive*
 Address 2
 City: *Orange City*
 State: *Fl.*
 Zip Code: *32763*
 Location county/counties: *Volusia*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$750,000</i>		<i>\$750,000</i>	<i>477</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
From the funds in Specific Appropriation 477, \$750,000 in recurring funds from the General Revenue Fund is provided to Vision Quest to provide free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no other source for vision care.

8. Project Purpose/Description:
This non-profit organization provides follow-up eye examinations and eyeglasses to visually impaired, economically disadvantaged public school students identified through vision screening programs at the local school level.

9. Number of years this project has received state funding:
This project has received state funding since 1994.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
The project aligns with the core missions of the program area in which it is funded. S.381.0056 (4)(a).6., F.S. requires the provision of vision screening as a part of the school health services program.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
This project serves economically disadvantaged students who have twice failed school based eye exams. There are other resources available to provide some of the services that this project provides (i.e., Lense Crafters, Lions Club, etc.) but the level of availability in individual counties is unknown.

12. What are the intended outcomes/impacts and benefits of the project?

The intent of this project is to provide vision services to eligible students attending public schools in counties assigned as outlined in the contract. A comprehensive eye exam by a licensed optometrist and eye glasses are to be provided at no cost to students who meet the eligibility requirements of the contract.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Monthly reports are provided to the agency by the provider that shows by county the number of students referred, the number of eye examinations completed, the number of eye glasses dispensed and the number of schools served, in aggregate.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

During fiscal year 2011/2012 the provider received 3,245 referrals for services. Eye examinations were performed on 2,195 or 67.64% of the total number referred. Also, 1,870 or 85.19% of the 2,195 that received an eye examination were provided with eye glasses.

Unit cost data (e.g., cost per unit produced); Enumerate:

The cost per exam and glasses under this contract cannot exceed \$98 per student.

Other (Explain):

None

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program data is collected through the submission of monthly reports from the recipient in aggregate specifying the number of students referred, eye exams completed, eyeglasses dispensed and the number of students served. Random samplings of the documentation of the process from receipt of the referral through the actual exam being performed and eyeglasses dispensed are reviewed to validate accuracy and completeness of the data collected.

15. Is there an executed contract between the agency and the recipient?

Yes (Contract #COH9M)

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes, the contractual agreement does specify outcomes, measures and costs.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

The agency has two vision services contracts and the unit costs for each are the same.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Service provision is contingent on receiving an adequate number of eligible referrals for services. The contract required the provider to provide 2,727 services for fiscal year 2011/2012 and the provider provided 2,195. Based on the numbers, the project did not meet the expected outputs for fiscal year 2011/2012.

19. Describe how the information upon which the answer above is based was obtained and validated:

The information used to formulate the answer above was obtained from review of information contained in the monthly reports of services submitted by the provider and the contract document.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?
There are no matching funds from non-state sources available for this project.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):
Florida's Vision Quest, Inc. Audited Financial Statements and Supplementary Information - June 30, 2011.

22. Provide any other information that can be used to evaluate the performance of this project:
The April 16 - 17, 2012 Contract Programmatic Monitoring Report and Plan of Corrective Action.

23. CONTACT INFORMATION for person completing this form:
Name: *Ernest J. Bruton*
Title: *Senior Human Services Program Specialist*
Phone: *(850) 245-4444, Ext. 2939*
Email: ernest_bruton@doh.state.fl.us
Date: *01/07/2013*

Community Issue Performance Evaluation
 (If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
HIV/AIDS Outreach Program-Haitian & Hispanic Comm. - SW

4. Recipient name and address:

Name:	<i>Community Health of South Florida, Inc</i>	<i>Union Positiva, Inc.</i>
Address 1	<i>10300 SW 216th Street</i>	<i>215 SW 17th Avenue, Suite 31</i>
Address 2		
City:	<i>Miami</i>	<i>Miami</i>
State:	<i>FL</i>	<i>FL</i>
Zip Code:	<i>33190</i>	<i>33135</i>
Location county/counties:	<i>Miami-Dade</i>	<i>Miami-Dade</i>

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Non-profit community-based organizations

6. <u>FUNDING:</u>	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
FY 2012-13 Recurring General Revenue			
<i>\$239,996</i>		<i>\$239,996</i>	<i>491</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides funding for two projects: Community Health of South Florida (CHI) and Union Positiva, both in Miami-Dade County. CHI serves black/Haitian and Hispanic persons at risk for HIV infection and Union Positiva serves at-risk Hispanic males. Both agencies provide HIV testing, linkage to care for persons found to be infected and prevention-for-positive interventions.

9. Number of years this project has received state funding:
Eight

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
Yes, this project aligns with the core mission of the Department of Health. The HIV/AIDS and Hepatitis Program provides HIV prevention services to all Floridians at risk for infection, as well as those living with HIV or AIDS.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
This program provides HIV counseling and testing, linkage to care for HIV-infected persons and behavioral interventions for persons living with HIV/AIDS. Miami-Dade County is heavily impacted by HIV and racial-ethnic minorities are disproportionately affected. This program fills a vital need by providing prevention services to very high-risk populations in the county.

12. What are the intended outcomes/impacts and benefits of the project?
Approximately 20% of persons infected with HIV do not know they are infected. This project will provide HIV testing to high-risk persons resulting in more infected persons learning their HIV status. HIV-infected persons will be linked to care, which will prolong life, increase the quality of life and reduce the spread of HIV to partners and loved ones. Studies have shown that persons who know they are HIV infected take steps to reduce transmission to their partners. HIV-infected persons who are in care and adhere to their medications can lead long, productive lives.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate:
<i>Data on the number of HIV tests conducted, number of HIV positives identified, number of infected persons linked to care, and number of behavioral interventions conducted are collected on a monthly basis. Demographic data are also collected to ensure that the targeted populations are being reached. Technical assistance is provided by DOH staffs when targets are not reached or indicators are not met.</i>	
	Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
<i>Data are collected on the proportion of persons who learn their HIV status, proportion successfully linked to care and referred to prevention services and the proportion of enrolled persons who complete an intervention. We also collect quantitative data which are used to help evaluate the program.</i>	
	Unit cost data (e.g., cost per unit produced); Enumerate:
<i>Providers develop an itemized budget in conjunction with the local contract manager. Unit costs are estimated by dividing the amount allocated in the budget by the number of services provided.</i>	
	Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
CHI and Union Positiva send monthly reports to the local contract manager, who in turn shares those reports with staff in the HIV/AIDS and Hepatitis Program. Each contract is monitored annually by the local contract manager. Monitoring includes programmatic and fiscal components. During the monitoring, records are reviewed, staffs are interviewed and services are observed. Testing data are collected through a statewide database tied to the state laboratory and are verified by staff in the HIV/AIDS and Hepatitis Program for accuracy and completeness. Continuous feedback is provided to agency staffs.

15. Is there an executed contract between the agency and the recipient?
 Yes

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?
 Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):
Unit costs are comparable to all other HIV prevention contracts between the DOH and community-based organizations. Some allowances are made for geographic area covered, target population, etc.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):
Yes, the project has consistently met expectations. Based on evaluation of the data collected and contract monitoring reports, project objectives have been met.

19. Describe how the information upon which the answer above is based was obtained and validated:
Data are reviewed on a regular basis to ensure that performance measures have been met. For example, we compare the number of completed HIV tests with the number of tests required by the contract. Contract monitoring reports are reviewed upon completion to ensure the program is operating as intended, services are delivered in a culturally competent manner and interventions are conducted with fidelity.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

Both contracts contain a combination of general revenue and federal HIV prevention funding from the Centers for Disease Control and Prevention. The general revenue funding accounts for about one-third of each contract.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

N/A

22. Provide any other information that can be used to evaluate the performance of this project:

This project is very important to HIV prevention efforts in Miami-Dade County, one of the most heavily impacted counties in the nation. CHI will provide testing, outreach, intervention and linkage services to 42,040 clients, while Union Positiva will serve 22,232 clients.

23. CONTACT INFORMATION for person completing this form:

Name: *Marlene LaLota, MPH*

Title: *HIV Prevention Manager*

Phone: *(850) 245-4423*

Email: Marlene_Lalota@doh.state.fl.us

Date: *December 27, 2012*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
South Florida AIDS Network-Jackson Memorial (SFAN)

4. Recipient name and address:
 Name: *South Florida AIDS Network*
 Address 1: *1611 NW 12th Avenue, ACC East*
 Address 2:
 City: *Miami*
 State: *FL*
 Zip Code: *33126*
 Location county/counties: *Miami-Dade*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private for-profit entity

6. <u>FUNDING:</u>			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$719,989</i>		<i>\$719,989</i>	<i>491</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides health care services to people with AIDS. Also has the lead role in coordinating the planning, development and delivery of HIV/AIDS services.

9. Number of years this project has received state funding:
Eight

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes, this project aligns with the core mission of the Florida Department of Health and the HIV/AIDS and Hepatitis Program by providing patient care and support services to HIV/AIDS clients in the Miami-Dade area. This GR contract is between Public Health Trust/South Florida AIDS Network and the Department of Health.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
 The greatest number of reported AIDS cases in the state of Florida is reported from Miami-Dade County. This program provides critical patient care service to clients with HIV or AIDS who do not have health care coverage and are otherwise unable to access the needed health care services. The provider/recipient has a documented history of competent management and there have been no other organization or agency with the unique ability to manage the funding effectively.

12. What are the intended outcomes/impacts and benefits of the project?

The intended outcome/impact is to produce and sustain good health outcomes for HIV/AIDS clients in Miami-Dade, by offering quality health care services; ensuring their access to ambulatory/outpatient medical care, case management, AIDS pharmaceutical assistance, treatment adherence, early intervention services, and mental health services, as well as other essential services (transportation, etc).

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

For the AIDS Information Management System (AIMS), SFAN collects First Time This Year (FTTY) data (unduplicated client numbers) each month; SFAN collects client demographic data through the Service Delivery Information System (SDIS) and the State CAREWare system on a daily basis; client eligibility information (HIV status, living in Florida status, insurance, Federal Poverty Level) is also collected in SDIS and CAREWare.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Outcome data is not collected for this program. Clients provided services through this program receive services related to a chronic illness and the treatment is on-going.

Unit cost data (e.g., cost per unit produced); Enumerate:

N/A - Unit cost is not used for this program. SFAN funds direct care, support services, and clinical quality management through these funds based on area priorities and local allocation methodology.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Monthly and daily client level data is collected in CAREWare. SFAN also uses its own database SDIS to collect data for reporting and invoicing. Both systems have been validated for data security and integrity. The SFAN contract is monitored annually by the local contract manager at the Miami-Dade County Health Department. Monitoring includes programmatic and fiscal components. During the monitoring, records are reviewed, staffs are interviewed and services are observed.

15. Is there an executed contract between the agency and the recipient?

Yes.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

N/A – Unit costs are not used.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

This contract is with a lead agency with a track record for successful administration and working relationships with subcontracted providers within the local area. Program costs have remained level in the administration and program support categories. The administration by SFAN has also been effective in cost containment as a gate keeper.

19. Describe how the information upon which the answer above is based was obtained and validated:

Annual monitoring of the contract with SFAN is required. Contract monitoring reports are reviewed upon completion to ensure the program is operating as intended, services are delivered in a culturally competent manner and interventions are conducted with fidelity. Data are reviewed on a regular basis to ensure that performance measures have been met and that current clients are eligible to receive program services.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

SFAN receives a combination of general revenue and federal HIV patient care funding (Ryan White Part B).

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

Prior audits have been conducted by the Department of Health's contract administration unit. Audit findings supplied by independent audit companies have been supplied to the local contract managers. These audits are conducted and are reviewed on an annual basis, per contract requirement.

22. Provide any other information that can be used to evaluate the performance of this project:

This project is critical to HIV/AIDS care provision in Miami-Dade County, one of the most heavily impacted counties in the nation. This funding will provide approximately 2,011 client encounters annually, including hospital in-patient care and residential care.

23. CONTACT INFORMATION for person completing this form:

Name: *Uneeda Brewer*

Title: *Community Programs Coordinator*

Phone: *(850) 245-4444 ext. 2594*

Email: uneeda_brewer@doh.state.fl.us

Date: *1/8/13*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
La Liga-League Against Cancer

4. Recipient name and address:
 Name: *Liga Contra El Cancer - League Against Cancer*
 Address 1: *2180 SW 12th Avenue*
 Address 2:
 City: *Miami*
 State: *Florida*
 Zip Code: *33129*
 Location county/counties: *Miami-Dade*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Non-profit

<u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$940,000</i>		<i>\$940,000</i>	<i>522</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
From the funds in Specific Appropriation 522, an additional \$117,173 in recurring funds from the General Revenue Fund is provided for La Liga-League Against Cancer.

8. Project Purpose/Description:
Provides free personal health care services to uninsured, low-income cancer patients who are US citizens and legal residents of Florida. Services may include doctors appointments, chemotherapy, laboratory services, radiological applications, medications, surgery, prosthetics and supplies, and transportation.

9. Number of years this project has received state funding:
This project has received state funding for 13 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes. The main objective of the program area are as follows: (1) To provide "free" oncological treatments and services to uninsured and low-income residents of Florida; (2) To enhance access to quality cancer services and care; (3) To address risk behaviors or factors, which impede health, such as tobacco use, poor nutrition, and alcohol use; (4) To reduce barriers to physicians and referral; (5) To reduce cancer disparities amongst minorities and improve health; (6) Improve early detection and prevention of cancer through (a) Routine mammography; (b) Radiological exams; (c) Pap tests; and (d) Colorectal exams.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Yes. Program provides uninsured patients access to cancer treatment and services that would not otherwise be met.

12. What are the intended outcomes/impacts and benefits of the project?

1. To enhance access to cancer care to uninsured patients; 2) To reduce uninsured cancer patient's financial burden; 3) Improve quality of life; and, 4) To reduce cancer mortality in Florida.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

The number of cancer patients served by the entity during FY 2011 -- 2012 was 298 and provided 1,363 procedures and/or services.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

The provider has an active or on-going cancer case of 784 patients.

Unit cost data (e.g., cost per unit produced); Enumerate:

Unit costs range from \$25.00 to \$10,000.00. Fro instance, Social Services: New Cases, \$25.00, Re-evaluations, \$25.00, , Orientation/Consultation, \$30.00; Home Care. DME, \$50.00, Nurses Visits, \$30.00; Prosthesis/Ostomy, 100.00; Transporation: Van, 5.00, Ambulance, \$200.00; Medical Staff: Doctors Appointment (New Cases-On Site), \$200.00, Follow-up visits, \$85.00; Doctors Appointment - Off Site: \$200.00, Follow up Visiits, \$85.00; Medication: \$80.00; Hospitas: In-Patient - (a) surgery -\$10,000.00, Chemotherapy-\$4,000.00, Emergency-\$3,000.00; Outpatint:Surgery (Minor)-\$5,000.00, Chemotherapy-\$2,000.00, Emergency-\$1,500.00; Chemotherapy (On-Site) -\$250.00; Radiotherapy-\$8,000.00; Labortoratory-\$20.00; Radiology (Off Sitye): X-Ray/Diagnostics, \$50.00, Pet Scan, \$250.00, Muga Scan, \$600.00, MRI, \$800.00, CT/CAT/Body Scan, \$250.00, Bone Density Scan (DXA), \$200.00; Preventive Medicine: Pap Smears, \$75.00, Prostate, \$75.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program data is collected and reviewed monthly. The provider submits a Service Report which outlines the category and quantity of services provided to each cancer victim. At least, once per year, the provider is subjected to a Programmatic Monitoring and Medical Records Review by the Contract Manager and local Program Office to ensure that services and treatment are provided to appropriate cancer victims.

15. Is there an executed contract between the agency and the recipient?

Yes.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

17. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

Unit Costs for this project is either at or below the current Medicaid rates. Unit costs for this project has not changed within the past 10 years.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes. Patients who would otherwise not have had access to cancer treatment have been granted a "golden thread" to latch onto in order to receive needy oncological care; improve quality of life and life itself. More than 250 cancer victims entered through the provider's door for care.

19. Describe how the information upon which the answer above is based was obtained and validated:

Through review of the provider's records and documentation and interaction with cancer patients during the monitoring process.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?
Unknown

21. List any audits or evaluative reports that have been published for this project (including website links, if available):
Independent CPA Audit; Website: ligacontraelcancer.org

22. Provide any other information that can be used to evaluate the performance of this project:
Programmatic Monitoring and Medical Records Review.

23. CONTACT INFORMATION for person completing this form:
Name: *JD Shingles*
Title: *Contract Manager*
Phone: *786-845-0358*
Email: *jd_Shingles@doh.state.fl.us*
Date: *January 4, 2012*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Manatee County Rural Health Services

4. Recipient name and address:
 Name: Manatee County Rural Health Services
 Address 1: 1227 US Highway 301 North
 Address 2: PO Box 499
 City: Parrish
 State: FL
 Zip Code: 34219
 Location county/counties: Manatee and DeSoto

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private Non-Profit

6. <u>FUNDING:</u>			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
\$82,283		\$82,283	522

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides primary care and laboratory services to the indigent and underserved population in Manatee and DeSoto counties. This is a Federally Qualified Community Health Center.

9. Number of years this project has received state funding:
This project has received state funding for 12 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes, it improves the access to health services for the underinsured/uninsured population of Manatee and DeSoto counties.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Yes, it does. It provides funding for Manatee County Rural Health Services to provide laboratory services to the targeted population.

12. What are the intended outcomes/impacts and benefits of the project?
Improve access to health care services within Manatee and DeSoto counties.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate: <i>Approximately 10,000 clients or more.</i>
	Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: <i>Manatee County Rural Health Services provides a detailed report showing client names, date of service, laboratory procedure and cost.</i>
	Unit cost data (e.g., cost per unit produced); Enumerate: <i>Varies</i>
	Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
Each month data reports are reviewed by the contract manager.

15. Is there an executed contract between the agency and the recipient?
Currently being prepared for current fiscal year.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?
Yes, the cost of laboratory services is an attachment to the contract.

17. How do the unit costs compare to those of comparable or alternative projects or services?
 (EXPLAIN AND SPECIFY):
Unknown

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):
Yes, uninsured/underinsured clients have an easy access to health care services.

19. Describe how the information upon which the answer above is based was obtained and validated:
Manatee County Rural Health Services submits monthly reports with the invoices.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?
None.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):
None.

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:
Name: *Jorge A. Navarrete*
Title: *Finance and Accounting Director*
Phone: *941-708-6115*
Email: jorge_navarrete@doh.state.fl.us
Date: *01/14/13*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Minority Outreach-Penalver Clinic

4. Recipient name and address:
 Name: *Dr. Rafael A. Penalver Clinic, Inc.*
 Address 1: *971 NW 2nd St.,*
 Address 2:
 City: *Miami*
 State: *Florida*
 Zip Code: *33128*
 Location county/counties: *Miami-Dade County*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
A private non-profit entity.

<u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$319,514</i>		<i>\$319,514</i>	<i>522</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
The Provider will provide cardiovascular assessments and screenings to clients, implementing the Community Worker initiative and implementing the Cardiovascular Wellness initiative, in an effort to reduce the prevalence of cardiovascular disease among the Hispanic population.

9. Number of years this project has received state funding:
This project has received state funding for at least 11 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes. Disease prevention, intervention and education services for cardiovascular disease and hypertension. Collaboration and Partnership by stimulating the development of community and neighboring neighborhoods in improving overall health of its residents and fostering collaborative and broad-based participation between public and private entities in the delivery of health care among residents in high-risk and disproportionately racial and ethnic populations to enhance health screenings, improve outreach services and wellness initiatives.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
 This funding has allowed services to reduce health disparities in Little Havana and adjacent areas to uninsured and underinsured men, women and adolescents that are in need of prevention, intervention and education services for cardiovascular disease and hypertension.
 If eliminated, the access to health care by the targeted population (Little Havana) and surrounding communities may possibly be severely hampered; community outreach initiative, i.e. hypertension, cardiovascular, and nutritional screenings, may possibly be mislaid; and, an overwhelming increase in health care costs may be incurred by the state.

12. What are the intended outcomes/impacts and benefits of the project?
The Provider shall provide services to reduce health disparities in Little Havana and adjacent areas to uninsured and underinsured men, women and adolescents that are in need of prevention, intervention and education services for cardiovascular disease and hypertension. The Provider shall also provide services throughout Little Havana and adjacent areas through the use of mobile unit(s).

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Outreach Program Binders (logs), Outreach Program Outcome 2012-2013, Work Plan and Reporting - monthly calendars, and monthly reporting form. Copies of mass media communications, sign-in sheets logs, screening logs, BMI screening logs, Health Education, fitness and dance classes logs.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Number of Events: 4; Clients attending events: 168; Outreach visits and BMI: 137; Education Sessions: 330; Hypertension Screenings: 1407; Hypertension positive follow ups: 6; Hypertension clients referred: 666; Cholesterol Screenings: 1007; Cholesterol with positive follow ups: 24; Cholesterol clients referred: 268; Health and Fitness Workshops: 53; Newsletters issues: 4; Newsletters copies: 5000; Advertisements: 26.

Unit cost data (e.g., cost per unit produced); Enumerate:

This is a cost reimbursement contract.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program data is collected by conducting programmatic monitoring and reviews of Outreach Program Binders (logs), Outreach Program Outcome 2012-2013, Work Plan and Reporting - monthly calendars, and monthly reporting form. Copies of mass media communications, sign-in sheets logs, screening logs, BMI screening logs, Health Education, fitness and dance classes logs. For accuracy and completeness, the CHD Office of Community Health Director and the Contract Manager performed the programmatic monitoring of the contract.

15. Is there an executed contract between the agency and the recipient?
Yes.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?
Yes.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

This is a cost reimbursement contract.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes. The Provider met or exceeded the services units required by the contract.

19. Describe how the information upon which the answer above is based was obtained and validated:

Programmatic monitoring. Outreach Program Binders (logs), Outreach Program Outcome 2012-2013, Work Plan and Reporting - monthly calendars, and monthly reporting form. Copies of mass media communications, sign-in sheets logs, screening logs, BMI screening logs, Health Education, fitness and dance classes logs.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

N/A

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

12/6/12 Monitoring Report.

22. Provide any other information that can be used to evaluate the performance of this project:

Outreach Program Binders (logs), Outreach Program Outcome 2012-2013, Work Plan and Reporting - monthly calendars, and monthly reporting form. Copies of mass media communications, sign-in sheets logs, screening logs, BMI screening logs, Health Education, fitness and dance classes logs. Expenditures reports.

23. CONTACT INFORMATION for person completing this form:

Name: *Ninfa Urdaneta*

Title: *Contract Manager*

Phone: *786-845-0316*

Email: *ninfa_urdaneta@doh.state.fl.us*

Date: *12/28/12*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Sanford-Burham Medical Research Institute

4. Recipient name and address:
 Name: Sanford-Burnham Medical Research Institute
 Address 1: *6400 Sanger Road*
 Address 2:
 City: *Orlando*
 State: *FL*
 Zip Code: *32827*
 Location county/counties:

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
A private non-profit entity

6. <u>FUNDING:</u>			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$3,000,000</i>		<i>\$3,000,000</i>	<i>543B</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
From the funds in Specific Appropriation 543B, \$3,000,000 from the General Revenue Fund is provided for the Department of Health and the Sanford-Burnham Medical Research Institute to work in conjunction to establish activities and grant opportunities in relation to biomedical research.

8. Project Purpose/Description:
Funding to establish the Florida Initiative for Novel Therapeutics (FLINT) in cooperation with the Sanford-Burnham Medical Research Institute.

9. Number of years this project has received state funding:
This project has received state funding for 1 year.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
Yes. The program area is to work in conjunction with Sanford-Burnham Medical Research Institute to establish activities and grant opportunities in relation to Biomedical research.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
Yes. The program provides for research initiatives that is only provided by a few other institutions in the state. A demonstrated need in the community that is not otherwise met and to translate laboratory research discoveries into the medicine of tomorrow.

12. What are the intended outcomes/impacts and benefits of the project?
A pipeline of potential new drugs that will serve as a catalyst for the development of spin-off companies and attract partnerships with pharmaceutical and biotechnology companies thereby enhancing economic development of the state's biomedical industry.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate:
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Research performance and outcomes cannot be quantified by number of clients, unit produced, etc. Due to the unique aspects of the project, the Department of Health is currently negotiating with Sanford-Burnham Medical Research Institute to define appropriate output data.

	Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
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See above.

	Unit cost data (e.g., cost per unit produced); Enumerate:
--	---

See above.

	Other (Explain):
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N/A

14. How is program data collected and has it been independently validated for accuracy and completeness?
This is the first year of the program and the methodology for collecting and validating data for accuracy and completeness has yet to be established.

15. Is there an executed contract between the agency and the recipient?
There is not an executed contract. However, there is a formal written agreement between the Department of Health and Sanford-Burnham Medical Research Institute.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?
No contract. However, the formal agreement will contain outputs, reassures, and specified costs.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):
Since this is the first year of this type of agreement, there are no other agreements of this type for comparison.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):
This is a new project. There has not been any time to evaluate the outcomes.

19. Describe how the information upon which the answer above is based was obtained and validated:
N/A

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

Unknown.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

None.

22. Provide any other information that can be used to evaluate the performance of this project:

N/A.

23. CONTACT INFORMATION for person completing this form:

Name: *Robert Hood*

Title: *Director of Biomedical Research*

Phone: *(850) 245-4585*

Email: Robert_Hood@doh.state.fl.us

Date: *January 11, 2013*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Children's Medical Services

3. Project Title:
Fetal Alcohol Spectrum Disorder (FASD)

4. Recipient name and address:
 Name: Kathryn Shea, President & CEO
 Address 1 *4620 17th Street*
 Address 2 *The Florida Center for Early Childhood, Inc.*
 City: *Sarasota*
 State: *Florida*
 Zip Code: *34235*
 Location county/counties: *Located in Sarasota but serves state-wide.*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
The recipient is a private non-profit entity.

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$280,000</i>		<i>\$280,000</i>	<i>554</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides access to evaluation, diagnosis, counseling and developmental services counseling for infants and children and their families. Provides funding to support the diagnostic and intervention services, statewide training on FASD and the administrative oversight and infrastructure of this program.

9. Number of years this project has received state funding:
This project has received state funding for 8 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
This project aligns with the core missions of the agency and the program area in which it is funded because it provides services to a population in a manner that protects and promotes the health of residents in the state through organized state and community efforts.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Yes, this program meets a demonstrated need in the community that is not otherwise being met. No other statewide program or services of this type exists that provides the support services available through this program. The Florida Center for Early Childhood, Inc. is the only entity of this type in the state of Florida.

12. What are the intended outcomes/impacts and benefits of the project?

Services provided through the direct client service providers include: access to evaluation, diagnosis, counseling and developmental services counseling for infants and children and their families. Provides funding to support the diagnostic and intervention services, statewide training on FASD and the administrative oversight and infrastructure of this program.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

*45 Unduplicated CMS patients received FASD Diagnostic Assessment July 1, 2011 - June 30, 2012. 32
Unduplicated CMS patients received FASD Intervention services July 1, 2011 - June 30, 2012. 318
individuals received education and training July 1, 2011 - June 30, 2012. 40,000 FASD Rack Cards Distributed July 1, 2011 - June 30, 2012*

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

All data included above

Unit cost data (e.g., cost per unit produced); Enumerate:

As indicated in the Method of Payment of the contract, the unit costs are as follows: Payments are made monthly in the amount of \$23,333 for eleven months and \$23,337 for one month.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program data is collected via a Program Services Report completed by the provider and validated for accuracy by the contract manager as submitted monthly, and then annually through a desk audit or site visit.

15. Is there an executed contract between the agency and the recipient?

Yes, there is an executed contract between the agency and the recipient.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes, the outputs, measures and costs are specified in a contract between the agency and the recipient in the Performance Specifications section of the contract on Page 13, Section 5(a).

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

It does not compare in this case, since this is the only project in the state of it's kind.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes, the project is meeting the expected outputs and having the intended outcomes. The provider has consistently met the requirements as enumerated in the contract. All deliverables are completed and received in a timely manner. Children with FASD whose parents are accepting of the diagnosis and have sought treatment routinely take advantage of the program and the program has been successful in providing families with the education and treatment necessary to live with the disorder.

19. Describe how the information upon which the answer above is based was obtained and validated:

The contract manager receives a monthly report of services provided as well as an annual report detailing the services provided, and which provide an overview of the expected outputs and resulting outcomes. These reports are verified by the contract manager against the contract to ensure that the provider remains in compliance from month-to-month, and annually via a desk review and/or site visit.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?
As indicated in their Financial Statements, The Florida Center receives; \$2.3 million in Federal and State Contracts, \$1.2 million in County and Other Contracts. And various other incomes to total \$5.5 million in Operating Revenues and Support. Children's Medical Services provides only \$280,000 of this support.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):
http://www.thefloridacenter.or/pdfs/2011_FC-Annual_Report.pdf

22. Provide any other information that can be used to evaluate the performance of this project:
<http://www.thefloridacenter.or/aboutus.htm>

23. CONTACT INFORMATION for person completing this form:
Name: *Beverlyn L. Elliott*
Title: *Contract Manager*
Phone: *850-245-4200 X3942*
Email: Beverlyn_Elliott@doh.state.fl.us
Date: *January 11, 2013*

Community Issue Performance Evaluation
 (If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Alpha One Program

4. Recipient name and address:
 Name: Alpha One Foundation, Inc.
 Address 1: 2937 SW 27th Ave. Ste. 302
 Address 2:
 City: Miami
 State: FL
 Zip Code: 33133
 Location county/counties: Provider is in Miami-Dade but services are provided throughout the state.

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
a private non-profit entity

6. <u>FUNDING:</u>			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
\$345,169		\$345,169	556A

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides statewide screening, detection and research for the rare genetic disorder "alpha 1-antitrypsin (ATT) deficiency," a disorder that manifests most commonly as lung disease in adults or liver disease in both children and adults. This program provides services for statewide screening and detection program for the identified individuals with Alpha-1 and for professional, medical, patient, and family education about this disorder.

9. Number of years this project has received state funding:
This project has received state funding for 12 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
Yes, this project directly aligns with the core mission of health promotion and disease prevention through integrated state, county, & community efforts. The provider educates physicians throughout the state about Alpha-1 and encourages them to test at-risk patients. They have developed a network of community partners to test individuals. Those who test positive can get appropriate treatment and care earlier thus improving their health.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
Yes. The provider is the only agency in the state that provides this service. No other similar statewide programs and services exist such as this.

12. What are the intended outcomes/impacts and benefits of the project?

Identify Florida residents with Alpha-1 so they can be referred for medical intervention and thereby improve health outcomes and reduce healthcare costs for the State of Florida.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Primary and confirmatory testing and intervention. Site contacts (includes solo practices, group practices, hospital clinics and hospitals), Alpha-1 education days, articles, Continuing Education Units (CEU), Continuing Medical Education (CME), exhibits, grand rounds, health fairs, medically related conferences and TV/Radio interviews.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Of the persons screened by the Provider, Provider shall refer 100% diagnosed with Alpha-1 Antitrypsin Deficiency for specialized medical care.

Of individuals screened and diagnosed clients with Alpha-1 Antitrypsin Deficiency the Provider will report the total unduplicated diagnosed number.

Unit cost data (e.g., cost per unit produced); Enumerate:

Quarterly payments of \$86,292.25. Early diagnosis could lead to increased intervention/treatment for Alpha-1 which would in turn stabilize overall health and quality of life and potentially prevent/postpone the need for lung and/or liver transplants. The cost of a double lung transplant is approximately \$797,300 and the cost of a liver transplant is \$577,100.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

There are 2 major components to this program: testing and education.

Program testing data is collected by the University of Florida Alpha-1 Genetics Laboratory, which submits monthly, quarterly, and yearly reports to the Florida Detection Program Coordinator. This laboratory is an international reference laboratory for Alpha-1 Antitrypsin levels and phenotype and genotype analysis. This laboratory is under an Institutional Review Board that provides critical oversight and independent validation for accuracy and completeness. This laboratory also has a certification of accreditation by the Centers for Medicare & Medicaid Services Clinical Laboratory Improvement Amendments (CLIA).

Additional program testing data is collected for the Florida Alpha-1 Coded Testing Study (ACT) by the Medical University of South Carolina (MUSC), which submits monthly, quarterly, and yearly reports to the Florida Detection Program Coordinator. This program is also under an Institutional Review Board that provides critical oversight and independent validation for accuracy and completeness.

Educational program data is collected by the Alpha-1 Foundation and its various partners in these endeavors including the American Lung Association in Florida (ALA), the National Association for Continuing Education (NACE), EXCEL Continuing Education, the Brevard Indo-American and Dental Association (BIMDA), and various individual hospital/teaching institution continuing medical departments. Data is independently validated by the Accreditation Council for Continuing Medical Education (ACCME) for NACE and EXCEL, and by the Florida Medical Association (FMA) for BIMDA, and by one of these bodies for the various individual hospitals/teaching institutions.

15. Is there an executed contract between the agency and the recipient?

Yes. Contract #COQQS

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

There are no comparable or alternative projects or services.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes, the project is meeting expected outputs and having intended outcomes. Further, expectations have been exceeded in every category.

19. Describe how the information upon which the answer above is based was obtained and validated:

The performance data is directly based upon the program data (see answer above) as compared with the deliverables described in contract COQQS. Besides the validation mentioned above, the performance data is further evaluated and validated by the COO of the Alpha-1 Foundation.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

The only non-state funding is matching funding provided by the Alpha-1 Foundation. This amount varies from year to year to cover costs not directly covered by the state grant.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

A report on this project was recently published as an abstract poster for the National Organization for Rare Disorders.

22. Provide any other information that can be used to evaluate the performance of this project:

Early diagnosis could lead to increased intervention/treatment for Alpha-1 which would in turn stabilize overall health and quality of life and potentially prevent/postpone the need for lung and/or liver transplants. The cost of a double lung transplant is approximately \$797,300 and the cost of a liver transplant is \$577,100.

23. CONTACT INFORMATION for person completing this form:

Name: Amy Tejirian

Title: Attorney

Phone: 786-845-0339

Email: amy_tejirian@doh.state.fl.us

Date:

Community Issue Performance Evaluation
 (If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Children's Medical Services

3. Project Title:
Diaphragmatic Pacing Demonstration Project at Broward Children's Center

4. Recipient name and address:
 Name: *Broward Children's Center*
 Address 1: *200 SE 19th Avenue*
 Address 2:
 City: *Pompano Beach*
 State: *Florida*
 Zip Code: *33060*
 Location county/counties:

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Recipient is a private non-profit entity.

6. <u>FUNDING:</u>			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$500,000</i>		<i>\$500,000</i>	<i>556A</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
From the funds in Specific Appropriation 556A, \$500,000 in recurring funds from the General Revenue Fund is provided for the Diaphragmatic Pacing Demonstration Project at Broward Children's Center.

8. Project Purpose/Description:
This program provides for the implantation of a pacer electronic device in a young adult person's chest to stimulate the phrenic nerve and send a regular signal to the diaphragm, causing it to contract and fill the lungs with air. This permits taking the person off a mechanical ventilator unit, providing mobility opportunities, reduction in medical complications and reducing need for re-hospitalizations. The demonstration project will develop necessary data for possible development of a Medicaid daily cost that will be less than the current ventilator daily cost, thereby generating a significant long term cost saving to the Medicaid program.

9. Number of years this project has received state funding:
This project has received funding for one Fiscal Year (2012).

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
Yes. There are more than 100 brain and spinal cord injury patients in Florida on expensive mechanical ventilator care with most being paid for by Medicaid. Successful demonstration of the Diaphragmatic Pacer program for these type patients will: significantly improve these patients' lives by taking them off the mechanical ventilator, allowing mobility, fewer medical complications, and fewer re-hospitalizations and allowing development of a Diaphragmatic Pacer Medicaid Reimbursement rate that will reduce significantly long term medical costs for these patients.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
Yes. The technology for the Diaphragmatic Pacer unit has been demonstrated successfully in private pay patients in Florida and other states. It is not currently reimbursable under the Florida Medicaid program. Successful demonstration of its use in eligible Florida Medicaid patients will significantly improve these patients' lives and significantly reduce the Medicaid costs of maintaining these patients.

12. What are the intended outcomes/impacts and benefits of the project?
The intended outcome of this project is to demonstrate the viability of the Diaphragmatic Pacer Procedure in Medicaid patients to develop data for a Medicaid Reimbursement Rate determination for use when patients undergo this procedure and the 90 day rehabilitation costs. Once established this will lead to lesser costs for long term care versus the current ventilator Medicaid reimbursement rate.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

The first six months of the program has been utilized to negotiate the contract and by the recipient facility to apply for and obtain the necessary licenses for care of these type patients. Application has been made to the Agency for Health Care Administration (AHCA) for a Transitional Residency License and an application for a CARF rehabilitation certification for this type rehabilitation has been filed. AHCA has performed their on-site review and the facility is awaiting the results of that review. Specialized staffing is being recruited and two sets of specialized equipment have been ordered. This will not be a high volume program in the demonstration phase. It is anticipated that only 1-3 patients at any one time will be in the 90 day demonstration rehabilitation period.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Until December 2012 no patients have entered the demonstration project while a contract was negotiated, the facility applied for and obtained the necessary AHCA license and rehabilitation certification, recruited staffing and obtained needed specialized equipment. A limited number of private pay patients have successfully undergone this procedure with the majority receiving the rehabilitation stage out of state. Application of this procedure and rehabilitation model in the state of Florida for Medicaid patients is anticipated to be able to develop the data needed for development of a Medicaid reimbursement rate that will significantly reduce the cost of care for these patients once they are able to function off of a mechanical ventilator.

Unit cost data (e.g., cost per unit produced); Enumerate:

The contract for this program was developed on a negotiated contract basis, until a sufficient number of patients enter and complete the 90 day rehabilitation program. Exact cost data can not be produced until sufficient numbers of patients complete the demonstrate program, at which time, unit cost data will be reviewed and adjustment will made as necessary with a recommendation regarding a Medicaid Reimbursement Rate to AHCA.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program data is collected by direct cost invoicing for costs at rates negotiated versus actual cost for the staffing and set care costs. These costs are documented and will be reviewed by a panel to determine the recommended Medicaid reimbursement rate.

15. Is there an executed contract between the agency and the recipient?
Yes. There is an executed contract between the agency and recipient.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes. There is a contract that details outputs, measures and costs specified between the agency and the recipient.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

At present the costs of the Diaphragmatic Pacer unit itself, is comparable to what information is available related to this unit's costs as found by the few Florida trauma centers that have done the procedure on private pay patients. The purpose of the demonstration project is to develop unit costs data for use in recommending a Medicaid reimbursement rate for 90 days of specialized diaphragmatic pacer transitional rehabilitation. Therefore, it is not possible to determine cost comparison at this time since such a facility does not exist in Florida until now and the purpose of this project is to determine these costs in the first facility of its type in Florida.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

It is meeting the expected outcomes expected in the initiation of this demonstration project. A contract had to be negotiated for this new type of specialized rehabilitation, the facility had to apply for and obtain a necessary AHCA Transitional Living Facility and apply for and obtain necessary rehabilitation certification. It will now be accepting initial patients soon.

19. Describe how the information upon which the answer above is based was obtained and validated:

Direct involvement monitoring by the Contract Manager and by the department's Brain and Spinal Cord Program Director, plus site-visit and AHCA licensing site-review has obtained and validated information.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

No matching funds are involved directly with this project at present. The facility is supporting some of the facility support costs and staffing support costs from their own funding.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

The AHCA site-visit report has been completed and is being evaluated at AHCA for licensing of this facility at the applied for level.

22. Provide any other information that can be used to evaluate the performance of this project:

This is a unique project to develop rehabilitation cost reimbursement data for development of a Medicaid Reimbursement Rate for the transitioning of young adult ventilator care patients, to the more modern technology diaphragmatic pacer unit. The diaphragmatic pacer unit allows more patient mobility, reduces medical complications and generates fewer re-hospitalizations reducing overall costs of care and will generate substantial lifetime costs savings for the Medicaid program related to provision of care for these type patients.

23. CONTACT INFORMATION for person completing this form:

Name: *Thomas Weaver (alternate: Mitzi Durbin)*
Title: *Contract Manager, Bureau of Emergency Medical Oversight*
Phone: *(850) 251-8721 {(850) 245-4440 ext. 2763}*
Email: *Tom_Weaver@doh.state.fl.us (Mitzi_Durbin@doh.state.fl.us)*
Date: *1/2/2013*

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Children's Medical Services

3. Project Title:
Islet Cell Transplantation To Cure Diabetes

4. Recipient name and address:
 Name: Diabetes Research Institute Foundation (DRIF)
 Address 1: *200 South Park Road, Suite 100*
 Address 2:
 City: *Hollywood*
 State: *Florida*
 Zip Code: *33021*
 Location county/counties: *Broward*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Non- Profit Entity

6. <u>FUNDING:</u>			
FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$213,332</i>		<i>\$213,332</i>	<i>556A</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
Provides funding to contract with the Diabetes Research Institute (DRI) Foundation for staff to follow up with transplant patients after surgery and for anti-rejection agents. The foundation conducts research to further islet cell transplantation as a method for reversing diabetes in humans.

9. Number of years this project has received state funding:
This project has received state funding for 12 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes: The project does align with the core mission of the agency as it improves the health of Florida residents with diabetes. By finding a cure for diabetes, this project will greatly have a positive impact on the health of all residents with disease.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
Yes: It provides an opportunity for cutting edge healthcare research.

12. What are the intended outcomes/impacts and benefits of the project?

This program intends to improve the health status of participants and by advancing medical practice in health and in finding cure to diabetes.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

(1) The provider submits quarterly service reports, that shows the number of trial recipients served. (2) Research papers published

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Since 04/2000 the Diabetes Research Institute Foundation has transplanted 52 subject (19 from Florida). At the present time they follow 13 subjects from Florida with graft function for over 11 years (stable metabolic control without sever hypoglycemia and improved quality of life). Six of them are still insulin independent.

Unit cost data (e.g., cost per unit produced); Enumerate:

The unit cost is \$9,275.30 per client.

Other (Explain):

N/A

14. How is program data collected and has it been independently validated for accuracy and completeness?

Program data is collected by the provider and documented in quarterly and annual reports. Program data is not independently validated, however, the name of each patient served and detailed medical records are provided allowing verification of accuracy and completeness.

15. Is there an executed contract between the agency and the recipient?

Yes: There is an executed contract between the agency and the recipient. Contract#COQUF

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes: The outputs, measures and costs are specified in the contract.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

N/A: The project and services are unique

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes - Based on the reports provided, patient results have improved drastically from less than 10% able to achieve insulin independence prior to 2000 to nearly 70% of them now reporting being off insulin at one year after transplant.

19. Describe how the information upon which the answer above is based was obtained and validated:

The information above is based on provider reports and referred publications.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

The amounts vary: They seek further donations from Individuals, Corporations, Private Foundation.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

DOH conducts annual Fiscal Audits and external independent audits are also conducted by a DRI appointed auditor on an annual basis. 1) DOH Administrative Monitoring Review, period July 2009-2010. 2) Berkowitz Pollack Brant Advisors and Accountants annual financial audit (2011-2012).

22. Provide any other information that can be used to evaluate the performance of this project:

Several papers are published annually from the research conducted under this project and since 2000, over 46 papers have been published. These papers have significantly advanced the field of islet transplantation. The support of the State of Florida have been acknowledged in these publications.

23. CONTACT INFORMATION for person completing this form:

Name: *Maryann Thairu*

Title: *Contract Manager*

Phone: *850-245-4444 Ext. 3954*

Email: *Maryann_Thairu@doh.state.fl.us*

Date: *11/24/2012*

Community Issue Performance Evaluation
 (If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Jessie Trice Cancer Center/Health Choice Network

4. Recipient name and address:
 Name: *Health Choice Network of Florida, Inc. (HCNFL)*
 Address 1: *9064 NW 13 Terrace*
 Address 2:
 City: *Doral*
 State: *FL*
 Zip Code: *33172*
 Location county/counties: *Provider is located in Miami-Dade, and services are provided in Miami-Dade and Broward counties.*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
a private non-profit entity

6. <u>FUNDING:</u>	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
FY 2012-13 Recurring General Revenue			
<i>\$156,485</i>		<i>\$156,485</i>	<i>580</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

8. Project Purpose/Description:
The provider will implement community-based screening, education and pre-screening risk assessments, and clinical cancer screening programs for breast and cervical cancer in partnership with faith-based organizations and Community Health Centers in low income, predominantly African-American and/or Hispanic, communities in, Miami-Dade County and Broward County. Screening tools developed by the provider, such as a pre-screening assessment, pre and post-event questionnaire, and satisfaction survey, may be used in meeting the tasks and goals identified in this agreement.

9. Number of years this project has received state funding:
This project has received state funding for 12 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
Yes, it is Health Promotion and Disease Prevention. It is also specifically mandated in the Florida Statutes Public Health Chapter. 381.91 Jessie Trice Cancer Prevention Program.—
(1) It is the intent of the Legislature to create a community faith-based disease-prevention program in conjunction with the Health Choice Network and other community health centers to build upon the natural referral and education networks in place within minority communities and to increase access to health service delivery in Florida and establish a funding source to build upon local private participation to sustain the operation of the program.
(2)(a) There is created the Jessie Trice Cancer Prevention Program, to be located, for administrative purposes, within the Department of Health, and operated from the community health centers within the Health Choice Network in Florida.
(b) Funding may be provided to develop contracts with community health centers and local community faith-based education programs to provide cancer screening, diagnosis, education, and treatment services to low-income populations throughout the state.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
Yes, it targets low income, predominantly African-American and/or Hispanic, communities in, Miami-Dade County and Broward County who are less likely to have health insurance. These are the populations who suffer at high rates of cancer.

12. What are the intended outcomes/impacts and benefits of the project?
 1) *To maintain coordinated cancer risk assessment, screening and education programs targeting African-American and Hispanic residents by linking Community Health Centers, with other community organizations including, but not limited to faith-based organizations, cancer centers, health departments, and tertiary services.*
 2) *To increase rates of early detection and diagnosis of breast and cervical cancer in targeted communities.*

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate:
<i>Staff will conduct a minimum of ten (10) outreach activities in targeted communities within Broward and Miami-Dade Counties in an effort to increase community awareness of breast and cervical cancer risks and the availability of screening. This will be done through Health Fairs and 'Healthy Sundays' events. At a minimum, 45 women who are referred for a follow-up mammogram or pap smear following outreach activities will receive recommended services at a participating Community Health Center or a community partner.</i>	
	Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
<i>Staff will use their best efforts to contact 100% of women screened and referred to a Community Health Center following community activities for follow-up cervical and breast cancer screening tests.</i>	
	Unit cost data (e.g., cost per unit produced); Enumerate:
N/A	
	Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
Program teams enter data into OUTREACH, a collection and reporting tool designed to support the Jessie Trice Cancer Prevention Program. Monthly, the HCNFL contract administrator uses a series of four reporting tools to review the information. The Health Choice Network of Florida, (HCNFL), contract administrator resolves inconsistencies and gaps with the subcontracting community health centers. Annually, the HCNFL contract administrator conducts a training session with the subcontracting community health centers to review program outreach, data collection, and reporting procedures. Annually, the HCNFL contract administrator collects hard copy participant assessments and conducts a sample review of reporting information.

15. Is there an executed contract between the agency and the recipient?
Yes, contract #DEW10

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?
Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):
The Jessie Trice Cancer Prevention Program unit cost of Florida State Department of Health funding for increasing awareness of the need for breast and cervical cancer screening in the community was \$20.92 per participant receiving communication education provided in Fiscal Year 2012. If you add the contributions of HCNFL and its individual subcontractors, the total per person cost in 2012 was \$33.22. The alternative to not increasing awareness for cancer screening is late stage diagnosis. The per person cost alternative of late diagnosis of breast cancer can be as high as \$66,000 in out-of-pocket expenses per person (National Opinion Research Center, 2012). For cervical cancer, the average cost of treatment can be \$75,000 per person (National Review, via Gardasil, 2012).

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):
Yes, for FY 2012, HCNFL exceeded all program goals. Subcontractors completed 48 outreach activities (goal of 3) to reach 7479 community members (goal of 1500). 1350 Women were assessed for eligibility for breast and cervical cancer screening (goal 300) of which 1184 were eligible (an estimate of 100). Of those that were eligible, 1071 or 90% were referred to a community health center for screening services (goal of 90). Successful contact was made with 444 women (goal of 90) to make appointments for screening. At the end of the program year, 775 women who were initially identified in outreach events and activities received services for mammograms and Pap smears. In addition, 28 women were referred for follow-up services as a result of breast and cervical cancer screening results.

19. Describe how the information upon which the answer above is based was obtained and validated:

The information was obtained from the Exhibit C of the contract with DOH for FY12. Activities Report submitted with the final program year end report in July 2012. The report was developed using the data collection tool implemented by HCNFL to support the Jessie Trice Cancer Prevention Program, OUTREACH. Subcontractor community health workers complete a paper assessment with each potential participant to establish eligibility for screening services. Subcontracts save these documents for seven years, per program requirements. Subcontractors enter data describing each outreach event and activity and participant demographics, assessment, and follow-up activities. Monthly, the Program Manager produces a series of reports from OUTREACH to assess data using the program process flow model (participant education, assessment, follow-up, receipt of services). These reports are the basis for information reported on Exhibit C, Activities Report. Annually, the Program Manager reviews assessment forms to validate participant data. HCNFL works closely with its subcontractors to resolve any questions or issues.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

In FY2012, HCNFL contributed \$42,000 from donated funding to support the project. Subcontracting community health centers contributed the equivalent of an additional \$50,000.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

The Florida Department of Health audits the Jessie Trice Cancer Prevention Program every year. The program was highlighted in a published evaluation in 2009, Cook, N, Mauro A. Jessie Trice Cancer Prevention Program, Breast and Cervical Cancer Program. Proceedings of the Health Choice Network 15th Annual Educational Session, "Models that Work." 2009; June 10-12; Bonita Springs, FL. <http://biomed.miami.edu/?p=484&pid=184&m=facultyph&mid=2&item=415>). The program was featured in poster presentations at conferences and meetings sponsored by the National Association of Community Health Centers, Office of Minority Health, and the University of Miami in 2008. HCNFL features program results in its regular reports to its Board of Directors, in Annual Reports, newsletters, and information describing the Health Choice Network Health Promotion Program.

22. Provide any other information that can be used to evaluate the performance of this project:

The Jessie Trice Cancer Prevention Program specifically targets under and uninsured women who are least likely to complete important cancer screening tests. In FY2012, of the 1350 women who were assessed for eligibility for services, 88% were identified as noncompliant with medically recommended screening schedules for breast and cervical cancer. In this population, fully 90% were under or uninsured women who referred to services at participating Federally Qualified Community Health Centers. These centers provided 775 women with mammograms and Pap smears and 28 women were referred for follow-up services.

23. CONTACT INFORMATION for person completing this form:

Name: Amy Tejirian
Title: Attorney
Phone: 786-845-0339
Email: amy_tejirian@doh.state.fl.us
Date:

Community Issue Performance Evaluation
(If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
SW Alachua County Primary & Community Health Care Clinic

4. Recipient name and address:
 Name: University of Florida, College of Nursing, Archer Family Health Care
 Address 1: *P.O. BOX 100197*
 Address 2:
 City: *Gainesville*
 State: *FL*
 Zip Code: *32610*
 Location county/counties: *Alachua County*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private Non-profit

<u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$98,529</i>		<i>\$98,529</i>	<i>580</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
None

8. Project Purpose/Description:
The purpose of this project is to provide Primary care and Mental health services to indigent, uninsured, and medically underserved residents of north central Florida.

9. Number of years this project has received state funding:
This project has received state funding for 12 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes, Access to care, chronic disease prevention, and attention to health infrastructure are key components of the Florida State Health Improvement Plan 2012-2015. AFHC contributes to all of these efforts by providing access to care for residents who would have none otherwise, by providing health education to individual patients and local communities as one means to prevent chronic diseases, and by including clinical experiences that make the next generation of health professionals more likely to work in underserved areas.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
 Yes, it provides primary care and mental health services to indigent, uninsured, and medically underserved residents of north central Florida, many of whom are the "working poor". In addition, health education services are provided in public schools, at meal sites for the elderly, in low-income housing projects, and at other locations.

12. What are the intended outcomes/impacts and benefits of the project?
In FY 2012 over 1,100 different primary care patients were provided with over 5,000 clinic visits and community health services were provided to over 200 different area residents. Over 9,000 different primary care patients have been served by AFHC since FY 2001.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

	Output data (e.g., number of clients served, students educated, units produced); Enumerate:
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OBJECTIVES/ OUTCOMES:
 1. *PROVIDE A MINIMUM OF 1,100 PATIENT VISITS PER YEAR*
 2. *PROVIDE A MINIMUM OF 5 COMMUNITY GROUP HEALTH EDUCATION SERVICES PER YEAR*

	Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
--	--

1). *Client education will be offered appropriately based upon presenting problem(s), physical findings and diagnoses, and anticipatory guidance for health promotion and disease prevention.*
 2). *Documentation in the medical records will verify that 85 percent of referrals have received follow-up.*
 3). *Documentation in the medical records will verify that 85 percent of problems identified by the client have been addressed.*
 4). *Documentation in the medical records will verify that education where appropriate was given to the client 80 percent of the time.*

	Unit cost data (e.g., cost per unit produced); Enumerate:
--	---

Average cost \$89.00

	Other (Explain):
--	------------------

14. How is program data collected and has it been independently validated for accuracy and completeness?
The provider submits monthly invoices that are submitted and is monitored according to DOH contract monitoring procedures.

15. Is there an executed contract between the agency and the recipient?
Yes.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?
Yes, the contract specifically identifies measures to be completed by the provider.

17. How do the unit costs compare to those of comparable or alternative projects or services?
(EXPLAIN AND SPECIFY):
Cost of providing these services has remained constant.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):
Yes, FY 2012 over 1,100 different primary care patients were provided with over 5,000 clinic visits and community health services were provided to over 200 different area residents. Over 9,000 different primary care patients have been served by AFHC since 2001.

19. Describe how the information upon which the answer above is based was obtained and validated.
This information is validated by the submission of monthly progress reports and any additional documentation if requested by the department.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?
None

21. List any audits or evaluative reports that have been published for this project (including website links, if available):
None

22. Provide any other information that can be used to evaluate the performance of this project:
Undergraduate and nurse practitioner program nursing students work with nurse practitioner and community health faculty members as part of their clinical coursework. Health professional students who have experiences with underserved patients and communities are more likely to work in those areas upon graduation.

23. CONTACT INFORMATION for person completing this form:
Name: *Eli Williams*
Title: *Contract Manager*
Phone: *245-4446*
Email: elijah_williams@doh.state.fl.us
Date: *01/04/12*

Community Issue Performance Evaluation
 (If insufficient space provided, please use additional sheets)

1. State Agency:
Florida Department of Health

2. State Program (or Type of Program):
Community Public Health

3. Project Title:
Traumatic Brain Injury Association/Brain Injury Association of Florida

4. Recipient name and address:
 Name: Brain Injury Association of Florida (BIAF)
 Address 1: 1637 Metropolitan Blvd., Suite B
 Address 2:
 City: Tallahassee
 State: Florida
 Zip Code: 32308
 Location county/counties: *The recipient has its headquarters located in Leon County. However, it does have personnel stationed throughout the state.*

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
The recipient is a private non-profit entity.

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring Total Funds	GAA Specific App Number
<i>\$1,000,000</i>		<i>\$1,000,000</i>	<i>580</i>

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
From the funds in Specific Appropriation 580, \$1,000,000 from the General Revenue Fund is provided for the department to contract with the Brain Injury Association of Florida (BIAF) to identify and link resources to traumatic brain injury patients.

8. Project Purpose/Description:
Provides prevention, education, and long term care services and support through the Family and Community Support Program for brain and spinal cord injured individuals. Also provides resources to individuals, family members, advocates and professionals who serve individuals with traumatic brain injury.

9. Number of years this project has received state funding:
The Florida Department of Health/Brain and Spinal Cord Injury Program has contracted with the Brain Injury Association of Florida at different levels for 13 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
Yes. This project provides information and assistance to survivors after they are integrated back into the community by helping them, their families and caregivers navigate through any issues that may jeopardize their ability to remain in the community.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
 Yes. The recipient is Florida's only statewide nonprofit organization dedicated to inform, educate, support and advocate on behalf of traumatic brain injury (TBI) survivors, their families and caregivers .
 The recipient provides ongoing, proactive, phone and in person support to the TBI family in the hospital, at home and in the community.

 The recipient is available to help families from the time the injury occurs throughout the various phases of recovery, and are experts in national, statewide and local resources necessary to live stable and productive lives. They connect families to the right resources and ensure that the resources are responsive and accessible to meet the needs of the individual.

12. What are the intended outcomes/impacts and benefits of the project?

The outcomes/impacts of this project are to ensure that survivors of traumatic brain injury are able to have a fulfilling life in their community. The benefits of this project are survivors, their families and caretakers have someone just a phone call away to help them navigate any problems they may encounter after they are integrated back into the community throughout their lifetime.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Each quarter the recipient must serve a minimum of 400 clients, have a minimum of 5 Resource Facilitators, a minimum of 3 Resource Facilitators must take some type of continuing education, must produce a monthly E-Newsletter, must provide the support groups with a list of guest speakers, must maintain a supply of resource materials on hand to provide to new and existing clients.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

The Brain Injury Association of Florida provides the Department of Health/Brain and Spinal Cord Injury Program with comprehensive quarterly deliverables. Deliverables are reviewed to ensure compliance with the performance indicators. The Brain Injury Association of Florida is reimbursed and four equal quarterly payments based on satisfactorily meeting or exceeding each of the performance indicators. The recipient is required to serve at least 400 Survivors and Service Providers each quarter. The recipient is required to attend at least 15 support group meetings per quarter.

Unit cost data (e.g., cost per unit produced); Enumerate:

\$250,000 per quarter based on output data.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

The data is collected at the quarterly meetings when the recipient submits its invoice for payment. It is not independently validated.

15. Is there an executed contract between the agency and the recipient?

Yes. The current contract, COPM5, started on July 1, 2012 and ends on June 30, 2013.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes. There are 9 deliverables that the recipient is responsible for completing each quarter. Each deliverable has a specific measure and cost associated with it.

17. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

The deliverables obtained from the Brain Injury Association of Florida are unique to this population and are not available through any other program or organization in the state of Florida. The services obtained are designed and developed specifically to address the unique and unmet needs of individuals who have sustained traumatic brain injuries.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes. The recipient sends out the required information to survivors, families and caregivers and to the BSCIP regional offices so that they may also send out information. The recipient also sends out information to anyone else who might request it. The intended outcome of helping survivors remain in the community is achieved through constant contact by the resource facilitators and the website.

19. Describe how the information upon which the answer above is based was obtained and validated:

The recipient turns in a quarterly report to show what information was sent out. In that report it lists how many people have visited their website. It also reports any questions submitted via the survey listed on their website pages.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?
The general revenue appropriated by the legislature is utilized in its entirety to fund the services and supports included in the contract. No other funding is utilized to support these projects.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:
Name: *Mitzi Durbin*
Title: *Contract Manager*
Phone: *850-245-4440 ext. 2763*
Email: *Mitzi_Durbin@doh.state.fl.us*
Date: *1/14/13*

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/16/13

Meeting Date

Topic AHCA Base Budget

Bill Number _____
(if applicable)

Name Tonya Kidd

Amendment Barcode _____
(if applicable)

Job Title Deputy Secretary for Operations

Address 2727 Mahan Drive

Phone 850-417-3602

Street

Tallahassee,

FL

32308

City

State

Zip

E-mail Tonya.Kidd@ahca.myfloridab.com

Speaking: For Against Information

Representing Agency for Health Care Administration

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/16/13.

Meeting Date

Topic Agency Director Introduction & brief overview.

Bill Number _____
(if applicable)

Name Barbara Palmer

Amendment Barcode _____
(if applicable)

Job Title Director

Address 4030 Esplanade Way, Suite 380.

Phone 850.488.1558.

Street

Tallahassee, FL 32399

City

State

Zip

E-mail Barbara-Palmer@apd.state.fl.us

Speaking: For Against Information

Representing Agency for Persons with Disabilities

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/16/13
Meeting Date

Topic Agency Base Budget Overview. Bill Number
Name Sharon Bradford Amendment Barcode
Job Title Deputy Director of Budget & Planning & Administration.
(if applicable)
(if applicable)

Address 4030 Esplanade Way, Suite 380. Phone 850.414.6058
Street
City Tallahassee, State FL Zip 32399.
E-mail sharon-bradford@apd.state.fl.us

Speaking: For Against Information

Representing Agency for Persons with Disabilities.

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-16-12

Meeting Date

Topic Agency Base Budget Overview Bill Number
Name Mike Prendergast 2 Amendment Barcode
Job Title Executive Director FL Dept. Veterans Affairs (if applicable)
Address Rm 2105 The Capitol Phone 850-487-1533
Street City State Zip E-mail ext 7705

Speaking: For Against Information

Representing FL - Dept of Veterans Affairs

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

January 16

Meeting Date

Topic Department of Health Budget Bill Number _____
(if applicable)

Name Karen Chapman, M.D., MPH Amendment Barcode _____
(if applicable)

Job Title Okaloosa County Health Department Director

Address 2585 Merchants Row Blvd Phone (850) 245-4006
Street

Tallahassee FL 32304
City State Zip

E-mail karen_chapman@doh.state.fl.us

Speaking: For Against Information

Representing The Florida Department of Health

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting. S-001 (10/20/11)

CourtSmart Tag Report

Room: KN 412

Case:

Type:

Caption: Appropriations Subcommittee on Health and Human Services

Judge:

Started: 1/16/2013 12:38:20 PM

Ends: 1/16/2013 2:42:10 PM

Length: 02:03:51

12:38:20 PM Meeting called to order

12:38:22 PM Roll Call

12:38:36 PM Opening Remarks by Chairman

12:39:37 PM Tab 2 - Intensive Base Budget Review, performance evaluations on recurring local funding initiatives and agency legislative budget requests

12:41:37 PM Tonya Kidd, Deputy Secretary for Operations, AHCA

1:02:51 PM Tab 1 - Introduction of Agency Heads and Brief Discussion of Priority Initiatives

1:03:53 PM Barbara Palmer, Executive Director, Agency for Persons with Disabilities

1:15:12 PM Tab 2 - Sharon Bradford, Deputy Director, Budget Planning and Administration, APD

1:33:10 PM Mike Prendergast, Executive Director of Dept. of Veteran Affairs

1:55:07 PM Dr. Karen Chapman, Director, Okaloosa County Health Department

2:41:04 PM Meeting Adjourned