

**The Florida Senate**  
**COMMITTEE MEETING EXPANDED AGENDA**  
**APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND**  
**HUMAN SERVICES**  
**Senator Grimsley, Chair**  
**Senator Flores, Vice Chair**

**MEETING DATE:** Wednesday, November 6, 2013  
**TIME:** 2:00 —4:00 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	Discussion of Medicaid's Primary Care Physician Fee Increase	Presentation by the Florida Medical Association Monte Stevens, Director of Governmental Affairs and Public Policy  Presentation by the Agency for Health Care Administration Justin Senior, Medicaid Director	Presented
2	Presentation by the Department of Children and Families	Community Action Teams (CAT Teams) Pilot Program Expansion of Substance Abuse Services for Pregnant Women and their Affected Families Pilot Program Nevin Smith, Interim Assistant Secretary, Substance Abuse and Mental Health	Presented
3	Presentation by the Agency for Persons with Disabilities on Reducing Waitlist for Home and Community Based Services	Barbara Palmer, Director	Presented
Other Related Meeting Documents			



**FMAA**

# **Medicaid Reimbursement for Primary Care Physicians**

Monte Stevens – Director of Gov't  
Affairs and Public Policy

November 6, 2013



# Background

Affordable Care Act raised the Medicaid primary care reimbursement rates for a 2 year period (Jan 2013-Dec. 2014)

“Today’s action will help encourage primary care physicians to continue and expand their efforts to provide...care to Medicaid beneficiaries.”

*HHS Secretary Kathleen Sebelius*

\*For Primary Care Medicaid pays 49% of Medicare



# Implementation

Physicians who were eligible for the increase faced a difficult attestation process.

Communication with potential NEW Medicaid providers was lacking

Delays in the approval/reimbursement process



# Provider Concerns

Red Tape – Physicians are just like any other business

Lack of Certainty – Long term outlook is what drives business decisions

Statewide Managed Care – How does this reimbursement play into the statewide rollout?

General Distrust of the ACA



# What Can Be Done?

State appropriations can be used to continue the increased reimbursement rates for Medicaid primary care

Federal Government could continue to fund the program

Statutory Change: Set Medicare rates as the floor

Improved communication and coordination between government and providers

## Update on Medicaid Primary Care Physician Fee Increase

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### **Background**

Section 1202 of the Affordable Care Act (ACA) raised Medicaid primary care reimbursement rates to Medicare levels for approximately 120 procedures. The new rates apply to eligible fee-for-service physician providers as well as eligible physicians who are contracted with Medicaid managed care plans.

Enhanced payments are available for qualifying services provided between January 1, 2013, and December 31, 2014.

The ACA also provided increased Federal Medical Assistance Percentages (FMAP) in 2013 and 2014 to cover the cost of the increase.

Federal Centers for Medicare and Medicaid Services (CMS) posted draft rules on May 11, 2012, the final rule covering all aspects of these fee increases on November 6, 2012, and final technical clarifications on December 14, 2012. The final rule clarified the following:

- Eligible types of physicians,
- Services qualifying for the minimum payment level,
- Method for calculating the payment amount,
- Method for calculating the difference between existing, base Medicaid rate and Medicare rates (i.e., the increase for which the state receives increased FMAP), and
- Specified that physicians are required to attest to their eligibility for the fee increase.

Physicians are eligible for the increase if they attest to maintaining board certification in a specialty designation of:

- Family medicine,
- General internal medicine,
- Pediatric medicine, or
- A subspecialty recognized by the
  - American Board of Medical Specialties (ABMS), or
  - The American Board of Physician Specialties (ABPS), or
  - The American Osteopathic Association (AOA).

OR:

- Have furnished evaluation and management services and vaccine administration services that equal at least 60 percent of the physician's total Medicaid billing during the most recently completed calendar year or, for newly eligible physicians, during the prior month.

In order to implement the primary care fee increase the Agency for Health Care Administration (Agency) was required to submit a state plan amendment, develop an attestation form approved by CMS, and develop a methodology to reimburse managed care plans.

## Update on Medicaid Primary Care Physician Fee Increase

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### **Implementation Update:**

#### State Plan Amendment

Implementation of the fee increase required a state plan amendment and development of a methodology to insure all eligible primary care physicians received the increase, including those in managed care plans. The timeline for the state plan amendment was:

- November 7, 2012: CMS issued a suggested template for the state plan amendment
- January 2, 2013: The Agency submitted the state plan amendment to CMS.
- April 5, 2013: CMS approved the state plan amendment.

#### Physician Enrollment and Attestation

All physicians wishing to receive the fee increase were required to attest that they met the definition of specialty type or practice parameters. The Agency developed an attestation form for providers that was approved by CMS on March 29, 2013. Providers may attest through the Medicaid Fiscal Agent's web portal or through a paper attestation process. Physicians who participate with managed care plans but do not serve fee-for-service populations may attest directly to the managed care plans rather than through the Medicaid web portal.

The form was posted online and existing fee-for-service providers were provided a deadline of May 31, 2013, to attest back to January 1, 2013. Physicians can continue to attest after May 31, 2013, to receive the increase going forward. Providers must submit a new attestation each year to continue to be eligible for the increase. To be eligible for increases during 2014, physicians will have to submit a new attestation.

To notify providers the Agency posted guidance on the increase on Medicaid's fiscal agent web portal with an instructional guide for the attestation process. In addition, the Agency sent out nine electronic provider alerts on various topics, related to the fee increase, including reminders that providers will have to self-attest to submit their attestation the increased rates. These alerts remain posted on the fiscal agent web portal. The Agency also worked with the Florida Medical Association to address their member's questions.

#### Managed Care Plan Methodology

The Centers for Medicare and Medicaid Services (CMS) published technical guidance with respect to managed care implementation on January 8, 2013. States were required to develop and submit their methodology for managed care claims to CMS by March 31, 2013.

In accordance with that guidance, the Agency developed a methodology to comply with federal requirements, submitted the methodology to CMS on March 29, 2013, and received approval on June 25, 2013. The Agency held a series of meetings with managed care plans during May and June to finalize operational details of the implementation.

The methodology requires managed care plans to submit quarterly utilization reports detailing services that are eligible for the increase. The Agency is responsible for validating the information submitted through encounter data and other reasonableness checks. Once validated, the Agency calculates the reimbursement amount and distributes payments to the managed care plans. The plans are then responsible for distribution to providers; however, plans can pay providers prior to receiving reimbursement from the Agency.

## Update on Medicaid Primary Care Physician Fee Increase

### Current Status:

#### Program Participation:

As of mid-October, a total of 11,514 fee-for-service providers have attested and are eligible for the primary care fee increase.

#### Fee-for-Service Claims:

In June 2013, the Agency began reprocessing claims to implement the fee increase retroactive to January 1, 2013. At that time more than two million claims were eligible for the fee increase. As of mid-October 2013, 9,918 Medicaid fee-for-service providers have received \$189,761,156 through in enhanced reimbursements for primary care. Note that providers have up to 12 months to file a claim for services.

Currently, there are approximately 120 procedure codes eligible for the primary care rate increase. Below are three examples of Current Procedure Terminology (CPT©) codes, the base Medicaid rate, and the rate under the primary care fee increase:

- 99204- Office or other outpatient visit for the evaluation and management of a new patient with medical decision making of moderate complexity and typically 45 minutes of time is spent face-to-face with the patient and/or family:

Medicaid Fee	\$68.48
Affordable Care Act Primary Care Fee	\$186.19

- 99213- Office or outpatient visit for the evaluation and management of an established patient with medical decision making of low complexity and typically 15 minutes are spent face-to-face with the patient and/or family:

Medicaid Fee	\$26.61
Affordable Care Act Primary Care Fee	\$81.10

- 99291-Critical care, evaluation and management for the critically ill or critically injured patient; first 30-74 minutes:

Medicaid Fee	\$141.67
Affordable Care Act Primary Care Fee	\$305.03

## Update on Medicaid Primary Care Physician Fee Increase

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### Managed Care Claims

On September 3, 2013 managed care plans submitted utilization reports supporting qualified providers and procedures for the primary care fee increase for dates of service from January 2013 through June 2013. On September 30, 2013, the Agency provided a response to all plans including a summary report showing the amount owed to the plans and a report card that evaluated the plan submissions. Four plans provided initial submissions that were complete and supported payment, and those plans received payment early in October 2013. Based on utilization report re-submissions, 12 additional plans received payments on October 23, 2013. As of October 23, 2013, only two plans have pending issues to resolve for payment for the first six months of 2013. Utilization reports covering the third quarter of calendar year 2013 are due to the Agency in November.

### Impact on Overall Medicaid Provider Enrollment:

Although the Agency has seen an overall increase in Medical physicians enrolling in Medicaid, it is not known how many of these providers have or will attest to being eligible for the fee increase. Provider enrollment levels fluctuate continuously due to many factors, and the Agency cannot draw any conclusion at this time whether the fee increase has had an impact on enrollment.



**Rick Scott, Governor**  
**Esther Jacobo, Interim Secretary**



# FY 2013-14 Proviso Update

## Senate Appropriations Subcommittee on Health and Human Services

November 6, 2013

Nevin Smith, PhD, Interim Assistant Secretary  
Substance Abuse and Mental Health

**Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families,  
and Advance Personal and Family Recovery and Resiliency.**

# Appropriation 352a Community Action Teams (CATs) Proviso Language

These teams are established as pilot projects providing comprehensive, community-based services to children ages 11 to 21 with a mental health diagnosis or co-occurring substance abuse diagnosis with accompanying characteristics such as:

- being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care;
- having two or more hospitalization or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or,
- poor academic performance and/or suspensions.

Children younger than age 11 may be candidates if they meet two or more of the aforementioned characteristics.

# Providers

Provider	Area(s) Served
Child Guidance Center	Duval
Circles of Care	Brevard
David Lawrence Center	Collier
Institute for Child & Family Health	Dade
Life Management Center	Bay
Manatee Glens	Manatee, Sarasota, DeSoto
Mental Health Care	Hillsborough
Peace River Center	Polk, Hardee, Highlands
Personal Enrichment through Mental Health Services	Pinellas
SalusCare (Lee Mental Health)	Lee

- **Each team receives \$675,000 via a contract with the Department to serve a minimum of 60 children or adolescents.**

# Services

Services include psychiatric care, individual and family therapy, case management, crisis intervention, parenting skills development, employment skills development, tutoring, therapeutic mentoring, and consultation with school personnel and primary care providers.

# Contract Outcome Measures

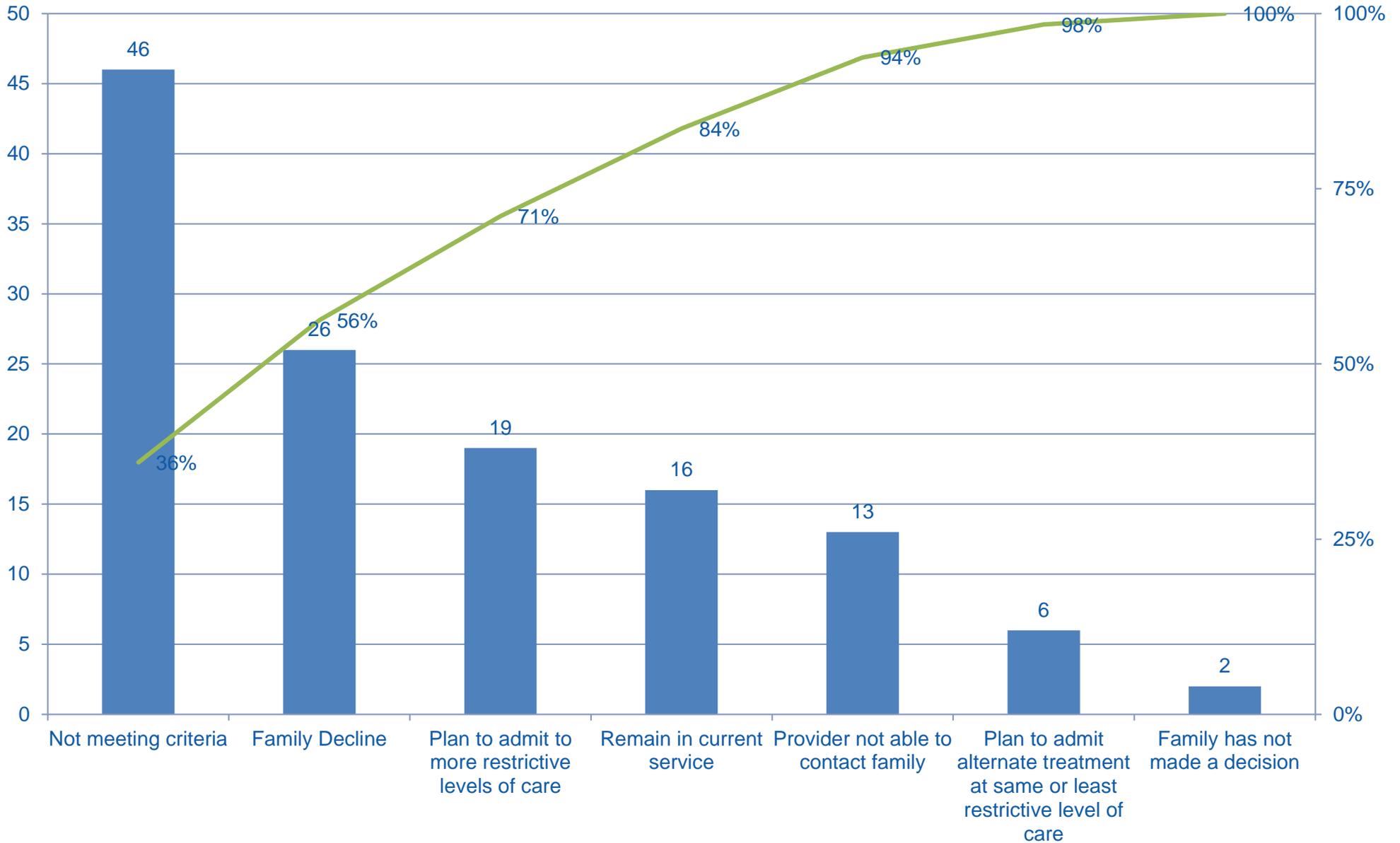
- “A minimum of 65% of enrolled youth/young adults will be diverted from placement into child welfare, juvenile or criminal justice, or residential care”;
- “A minimum of 65% of enrolled youth/young adults will improve their level of functioning as measured by CFARS if under 18, or FARS if 18 or older.” (Children’s Functional Assessment Ratings Scale if under 18; Functional Assessment Ratings Scale if 18 or older);
- “Enrolled youth/young adults will attend a minimum of 80% school days”;
- “Enrolled youth/young adults older than school age will spend a minimum of 80% of the days in the community”;
- “A minimum of 65% of enrolled youth/young adults will improve their level of functioning as measured by as measured by PSI™-4 (Parenting Stress Index™, Fourth Edition) for children under 13”; and
- “A minimum of 65% of enrolled youth/young adults and their families will improve their level of functioning as measured by as measured by SIPA™ (Stress Index for Parents of Adolescents™) for children ages 11-19.”

# Performance Output Measures from July 1, 2013 to October 24, 2013 by Provider

Provider	Area(s) Served	Number of referrals	Number of children served	Number of referrals not accepted	Number of eligible persons currently on waitlist
Manatee Glens	Manatee, Sarasota, DeSoto	35	22	6	7
David Lawrence Center	Collier	32	11	12	9
Mental Health Care	Hillsborough	31	19	10	2
Personal Enrichment through Mental Health Services	Pinellas	44	20	17	7
SalusCare (Lee Mental Health)	Lee	52	47	5	0
Life Management Center	Bay	73	24	29	20
Institute for Child and Family Health	Dade	42	21	4	17
Child Guidance Center	Duval	49	29	11	9
Circles of Care	Brevard	58	22	21	15
Peace River	Polk, Hardee, Highlands	48	22	13	13
<b>Totals</b>		<b>464</b>	<b>237</b>	<b>128</b>	<b>99</b>

# Reasons Children were not Admitted to CAT July 1, 2013 to October 24, 2013

Count Cumulative Percent



## Specific Appropriation 375 Services for Pregnant Women Proviso Language

“Funds are provided for the expansion of substance abuse services for pregnant women and their affected families. These services shall include the expansion of residential treatment, outpatient treatment with housing support, and post-partum case management supporting both the mother and child consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with greatest need and available treatment capacity.”

# Statewide Task Force on Prescription Drug Abuse and Newborns

The Attorney General's Task Force on prescription drug abuse and newborns found that:

- “Florida has been the epicenter of prescription drug diversion, resulting in more women using or abusing prescription opioid drugs”;
- “More women abusing prescription drugs translate to an increase in more cases of Neonatal Abstinence Syndrome (NAS)”;
- “NAS refers to medical complications newborns typically experience if their mothers abused illicit or prescription drugs during pregnancy”; and
- “NAS is a treatable disease”.

# Statewide Task Force on Prescription Drug Abuse and Newborns

The Task Force found opportunities for improvement concerning substance abuse treatment. The Task Force recommended increased access to care for pregnant women.

### III. Treatment

This area covers medical and/or psychotherapeutic care for substance dependencies such as alcohol, illegal drugs, or prescription drugs.

Policy Recommendation	Assignment
<p>2. Enhance the capacity of the behavioral health system to ensure that pregnant women and mothers have immediate access to the appropriate level of care through a continuum of services that, at a minimum, includes</p> <ul style="list-style-type: none"> <li>• Expand residential treatment capacity</li> <li>• Expand intensive outpatient treatment capacity</li> <li>• Fund case management services to assist women leaving treatment</li> </ul>	<p>Department of Children &amp; Families Florida Alcohol and Drug Abuse Association</p>

Table above extracted from page 11 of the Florida Office of the Attorney General (2013) **Statewide Task Force On Prescription Drug Abuse & Newborns**. [http://myfloridalegal.com/webfiles.nsf/WF/RMAS-94LJPF/\\$file/Statewide\\_Task\\_Force\\_on\\_Prescription\\_Drug\\_Abuse\\_and\\_Newborns\\_Final\\_Report.pdf](http://myfloridalegal.com/webfiles.nsf/WF/RMAS-94LJPF/$file/Statewide_Task_Force_on_Prescription_Drug_Abuse_and_Newborns_Final_Report.pdf)

# Contractual Implementation Approach

- Step 1
  - The Department amended the funds into the Managing Entity contracts.
- Step 2
  - The Managing Entities expanded services in alignment with the Attorney General's findings.
  - The Managing Entities worked with community providers to increase access to care for pregnant women and expand available services.
- Step 3
  - In all but two cases, the Managing Entities amended funds into existing provider contracts.
    - Big Bend Community Based Care contracted with a new vendor, Healthy Families, to provide services for pregnant women. BBCBC is reviewing the Healthy Families contract to ensure it meets proviso requirements.
    - Broward Behavioral Health Care contracted with Henderson Behavioral Health, Inc. to manage the delivery of services for pregnant women. Henderson Behavioral Health, Inc., subcontracted with BARC, Spectrum, Gulf Coast, and The Starting Place. As the contractor, Henderson Behavioral Health, Inc. is responsible for ensuring that the identified targets are met per their contract with BBHC.

# Services Types Provided

- Aftercare
- Assessment
- Case Management
- Intensive Case Management
- Methadone Maintenance
- Outpatient (group and individual)
- Residential Levels I to IV
- Supported Housing

# Services

- **Aftercare**
  - Services help families and pro-social support systems reinforce a healthy living environment.
  - Activities include client participation in daily activity functions that were adversely affected by substance abuse impairments.
  - New directional goals such as vocational education or re-building relationships are priorities.
  - Relapse prevention issues are key in assisting the client's recognition of triggers and warning signs of regression.
- **Assessment**
  - Assessment services assess, evaluate, and provide assistance to individuals and families to determine level of care, motivation, and the need for services and supports to assist individuals and families identify their strengths.
- **Case Management**
  - Consists of a case plan that identifies the individual's needs and the services necessary to address those needs.
  - Case managers coordinate services on behalf of the individual, and monitor and evaluate the effect of the services.
- **Intensive Case Management**
  - Targeted to persons that have completed a brief stay in crisis services such as detoxification.
  - Services are generally short-term and aimed at transitioning the individual to a stable environment.

# Services

- Outpatient
  - A therapeutic environment designed to improve the functioning or prevent further deterioration of persons with substance abuse problems.
  - Services are provided on a regularly scheduled basis by appointment and with arrangements made for non-scheduled visits during times of increased stress or crisis.
  - Outpatient services are provided both in individual and group settings.
- Methadone Maintenance
  - Outpatient services which utilize methadone and other opioid replacement therapies, where permitted, in conjunction with assessment, rehabilitation and treatment services.
- Supported Housing
  - Assists persons with substance abuse in the selection of housing of their choice.
  - Provided the necessary services and supports to assure continued successful living in the community.

# Services

- **Residential Services**
  - Licensed programs that provide a structured, live-in, non-hospital setting with supervision on a twenty-four hour, seven days per week basis. On-call medical care is available for substance abuse programs.
  - Residential services range in level of intensity from Level I (highest) to Level IV (lowest).
- **Level I**
  - The most intensive and restrictive level of residential therapeutic intervention provided in a non-hospital or non-crisis support unit setting, including residential treatment centers.
  - Provides a range of assessment, treatment, and rehabilitation services in an intensive therapeutic environment.
  - Ancillary services include parenting and adult education programs.
  - A nurse is on duty in these facilities at all times.
- **Level II**
  - House persons who have significant deficits in independent living skills and need extensive support and supervision.
- **Level III**
  - Residential alternatives for persons who have developed a moderate functional capacity for independent living.
- **Level IV**
  - Primarily a support service that includes satellite apartments, and satellite group homes.

# Table of Allocation

## July 1, 2013 to June 30, 2014

Managing Entity (A)	Count of Live Births CY 2012 (B)	Percent of Live Births CY 2012 (C)	75% of Total Allocation Based on Percent of Live Births (C x (.75x8,967,700)) (D)	Count of Pregnant Women Served FY 11-12 (E)	Estimated Total Cost for Pregnant Woman Served FY 11-12 (F)	Estimated Average Cost Per Pregnant Woman Served FY 11-12 (F)/(E) (G)	Ranking (RANK(G)) (H)	Ranking Percent (H(row) / H(total)) (I)	Enhanced Funds (I) x 2,241,925 (J)	FY 13-14 Allocation Amount (D)+(J) (K)
Big Bend Community Based Care	19,600	9.20%	\$618,771	475	\$911,965	\$1,920	1	4.76%	\$106,758	\$725,807
Broward Behavioral Health Coalition	21,169	9.94%	\$668,542	159	\$906,300	\$5,700	5	11.90%	\$266,896	\$935,500
Central Florida Behavioral Health Network	47,538	22.32%	\$1,501,193	1,564	\$6,554,521	\$4,191	3	14.29%	\$320,275	\$1,821,719
Central Florida Cares Health System	46,716	21.94%	\$1,475,635	582	\$2,216,488	\$3,808	2	9.52%	\$213,517	\$1,689,000
Lutheran Services Florida	26,954	12.66%	\$851,483	715	\$3,285,473	\$4,595	4	19.05%	\$427,033	\$1,278,352
South Florida Behavioral Health Network	31,188	14.65%	\$985,326	192	\$1,407,022	\$8,180	6	28.57%	\$640,550	\$1,625,596
Southeast Florida Behavioral Health Network	19,783	9.29%	\$624,824	159	\$906,300	\$5,700	5	11.90%	\$266,896	\$891,724
<b>Totals</b>	<b>212,948</b>	<b>100.00%</b>	<b>\$6,725,775</b>	<b>3,846</b>	<b>\$16,188,070</b>	<b>\$4,209</b>		<b>100.00%</b>	<b>\$2,241,925</b>	<b>\$8,967,700</b>

Allocated in accordance with s. 394.908(3), F.S.,

(3) Any additional funding beyond the 2005-2006 fiscal year base appropriation for alcohol, drug abuse, and mental health services shall be allocated to districts for substance abuse and mental health services based on:

- (a) Epidemiological estimates of disabilities that apply to the respective priority populations.
- (b) A pro rata share distribution that ensures districts below the statewide average funding level per individual in each priority population of "individuals in need" receive funding necessary to achieve equity.

## Managing Entity Projection of the Number of Women to be Served Year via Specific Appropriation 375 in Fiscal Year 2013-2014

Managing Entity	FY 11-12 All Providers that Served Pregnant Women <sup>1</sup>	FY 11-12 Pregnant Women Served by Providers that Received Specific Allocation 375 Funds	FY 13-14 Projected Pregnant Women Served by Providers that Received Specific Allocation 375 with Base Funds <sup>2</sup>	FY 13-14 Additional Pregnant Women Served Through Specific Allocation 375
Big Bend Community Based Care	475	165	165	30
Broward Behavioral Health Coalition	159	60	82	117
Central Florida Behavioral Health Network	1,564	1,119	1,331	131
Central Florida Cares Health System	582	80	80	406 <sup>3</sup>
Lutheran Services Florida	715	324	324	140
South Florida Behavioral Health Network	192	54	54	159
Southeast Florida Behavioral Health Network	159	56	56	50
<b>Total</b>	<b>3,846</b>	<b>1,858</b>	<b>2,092</b>	<b>1,033</b>

<sup>1</sup> Data for FY 11-12 includes all adult substance abuse providers that served pregnant women.

<sup>2</sup> Data for FY 13-14 was limited to only adult substance abuse providers that also received Specific Appropriation 375 funds.

<sup>3</sup> CFCHS expanded services for pregnant women and women with dependent children. CFCHS does not have specific targets for pregnant women only.

# Big Bend Community Based Care

Provider	Geographic Area	Services Provided	FY 11-12 Number of Pregnant Women Served <sup>2</sup>	FY 13-14 Allocation to Pregnant Women via Specific Appropriation 375	FY 13-14 Projected Number of Pregnant Women Served	FY 13-14 Projected Pregnant Women Served with Base Funds	FY 13-14 Additional Pregnant Women Served Through Specific Allocation 375
Community Drug and Alcohol Council (CDAC)	Escambia, Okaloosa, Santa Rosa, and Walton	<ul style="list-style-type: none"> <li>•Residential II</li> <li>•Outpatient</li> <li>•Case Management</li> </ul>	52	\$303,795	69	52	17
DISC Village	Franklin, Gadsden, Jefferson, Leon, Liberty, Madison and Taylor	<ul style="list-style-type: none"> <li>•Residential II, IV</li> <li>•Case Management</li> </ul>	45	\$188,879	51	45	6
Chemical Addictions Recovery Effort (CARE)	Bay, Calhoun, Gulf, Holmes, Jackson, and Washington	<ul style="list-style-type: none"> <li>•Residential II</li> <li>•Outpatient</li> <li>•Case Management</li> </ul>	68	\$128,605	75	68	7
Healthy Families <sup>1</sup>			No contract in FY 11-12	\$75,568			
Big Bend Community Based Care				\$28,960			
<b>Total</b>			<b>165</b>	<b>\$725,807<sup>3</sup></b>	<b>195</b>	<b>165</b>	<b>30</b>

<sup>1</sup> BBCBC is reviewing its contract with Healthy Families to determine whether the provider meets the requirements for Specific Appropriation 375.

<sup>2</sup> Allocations at the Managing Entity level were based on FY 11-12 values. SAMH began working on the methodology for allocating funds in May 2013. FY 12-13 had not ended and the data entered in the Substance Abuse and Mental Health Information System (SAMHIS) showed an overall decline in the number of persons served as of May 31, 2013. For comparative purposes the Department used FY 11-12 as the baseline year. A review of FY 12-13 data as of October 16, 2013, showed a dramatic decline in pregnant women served. It is the opinion of the SAMH Program Office that the decline reflects collective difficulties the Managing Entities had adapting their internal data systems to receive data from network providers and successfully submit that data to SAMHIS.

<sup>3</sup> BBCBC's operational costs represent 3.99% or \$28,960 of the allocated funds.

# Broward Behavioral Health Coalition

Provider	Geographic Area	Services Provided	FY 11-12 Number of Pregnant Women Served <sup>2</sup>	FY 13-14 Allocation to Pregnant Women via Specific Appropriation 375	FY 13-14 Projected Number of Pregnant Women Served	FY 13-14 Projected Pregnant Women Served with Base Funds	FY 13-14 Additional Pregnant Women Served Through Specific Allocation 375
Susan B. Anthony Center, Inc.	Broward	•Residential II, III, IV •Outpatient •Assessment •Aftercare	12	\$599,543	62	21	41
House of Hope, Inc.	Broward	•Residential II, III, IV •Outpatient •Assessment •Aftercare	3	\$67,281	8	4	4
Henderson Behavioral Health, Inc. <sup>1</sup>	Broward	•Outpatient	45	\$268,676	129	57	72
• BARC	Broward	•Outpatient •Assessment •Aftercare					
• Spectrum	Broward	•Outpatient					
• Gulf Coast	Broward	•Outpatient					
• The Starting Place	Broward	•Outpatient					
<b>Total</b>			<b>60</b>	<b>\$935,500<sup>2</sup></b>	<b>199</b>	<b>82</b>	<b>117</b>

<sup>1</sup> Henderson Behavioral Health, Inc. is subcontracting with BARC, Spectrum, Gulf Coast, and The Starting Place, to provide services for pregnant women. As the contractor, Henderson Behavioral Health, Inc. is responsible for ensuring that the identified targets are met per their contract with BBHC.

<sup>2</sup> BBHC operational costs represent 4.95% or \$40,694.25 of the allocated funds.

# Central Florida Behavioral Health Network

Provider	Geographic Area	Services Provided	FY 11-12 Number of Pregnant Women Served <sup>2</sup>	FY 13-14 Allocation to Pregnant Women via Specific Appropriation 375	FY 13-14 Projected Number of Pregnant Women Served	FY 13-14 Projected Pregnant Women Served with Base Funds	FY 13-14 Additional Pregnant Women Served Through Specific Allocation 375
Operation PAR, Inc.	Pinellas	•Residential II	602	\$392,268	721	704	17
Tri-County Human Services, Inc.	Polk	•Residential II	87	\$239,483	123	114	9
Coastal Behavioral Healthcare	Sarasota	•Case Management •Outpatient	32	\$82,915	68	28	40
First Step of Sarasota, Inc.	Sarasota	•Residential II	86	\$103,138	69	63	6
Manatee Glens Corporation	Manatee	•Residential II	21	\$54,603	25	23	2
Agency for Community Treatment Services	Hillsborough	•Residential II	93	\$66,154	19	17	2
Centre for Women	Hillsborough	•Case Management •Outpatient	23	\$21,650	34	32	2
DACCO	Hillsborough	•Residential II	121	\$206,679	209	199	10
David Lawrence Center	Collier	•Residential I	19	\$45,876	18	17	1
SalusCare	Lee	•Residential I	0	\$186,563	118	114	4
Baycare	Pasco	•Residential II •Outpatient •Case Management	35	\$422,390	58	20	38
<b>Total</b>			<b>1,119</b>	<b>\$1,821,719<sup>1</sup></b>	<b>1,462</b>	<b>1,331</b>	<b>131</b>

<sup>1</sup> Full allocation to CFBHN is \$1,821,021. The total presented here includes \$698 additional dollars based on the unit rate of services. CFBHN's operational costs represent 3.60% or \$65,581.88 of the allocated funds.

# Central Florida Cares Health System

Provider	Geographic Area	Services Provided	FY 11-12 Number of Pregnant Women Served <sup>2</sup>	FY 13-14 Allocation to Pregnant Women via Specific Appropriation 375	FY 13-14 Projected Number of Pregnant Women Served	FY 13-14 Projected Pregnant Women Served with Base Funds	FY 13-14 Additional Pregnant Women Served Through Specific Allocation 375
Specialized Treatment, Education and Prevention Services	Brevard and Orange	<ul style="list-style-type: none"> <li>•Outpatient</li> <li>•Residential</li> <li>•Supported Housing</li> <li>•Aftercare</li> </ul>	9	\$592,344	162	9	153
The Center for Drug Free Living	Brevard, Seminole, Orange and Osceola	<ul style="list-style-type: none"> <li>•Outpatient</li> <li>•Residential</li> <li>•Case Management</li> <li>•Methadone</li> </ul>	71	\$1,096,656	324	71	253
<b>Total</b>			<b>80</b>	<b>\$1,689,000<sup>1</sup></b>	<b>486</b>	<b>80</b>	<b>406<sup>2</sup></b>

<sup>1</sup> CFCHS is not taking an operational cost related to Specific Allocation 375.

<sup>2</sup> CFCHS expanded services for pregnant women and women with dependent children. CFCHS does not have specific targets for pregnant women only.

# Lutheran Services Florida

Provider	Geographic Area	Services Provided	FY 11-12 Number of Pregnant Women Served <sup>2</sup>	FY 13-14 Allocation to Pregnant Women via Specific Appropriation 375	FY 13-14 Projected Number of Pregnant Women Served	FY 13-14 Projected Pregnant Women Served with Base Funds	FY 13-14 Additional Pregnant Women Served Through Specific Allocation 375
Gateway	Clay, Duval, and Nassau	•Residential	86	\$463,104	122	86	36
River Region	Clay, Duval, and Nassau	•Residential •Outpatient	99	\$280,955	154	99	55
Stewart Marchman Act	Flagler, Putnam, St. Johns, and Volusia	•Outpatient	62	\$93,797	92	62	30
Meridian Behavioral Health Care	Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee, Taylor , Alachua, Baker, Bradford, Gilchrist, Levy, and Union	•Outpatient	61	\$333,299	71	61	10
The Centers	Citrus, Hernando, Lake, Marion, Sumter	•Outpatient	1	\$53,599	6	1	5
Lifestream	Citrus, Hernando, Lake, Marion, Sumter	•Outpatient	15	\$53,598	19	15	4
<b>Total</b>			<b>324</b>	<b>\$1,278,352<sup>1</sup></b>	<b>464</b>	<b>324</b>	<b>140</b>

<sup>1</sup>LSF's operational costs represent 3.70% or \$47,299.02 of the allocated funds.

# South Florida Behavioral Health Network

Provider	Geographic Area	Services Provided	FY 11-12 Number of Pregnant Women Served <sup>2</sup>	FY 13-14 Allocation to Pregnant Women via Specific Appropriation 375	FY 13-14 Projected Number of Pregnant Women Served	FY 13-14 Projected Pregnant Women Served with Base Funds	FY 13-14 Additional Pregnant Women Served Through Specific Allocation 375
Agape House	Miami-Dade	<ul style="list-style-type: none"> <li>•Residential Level II</li> <li>•Case Management</li> <li>•Outpatient</li> </ul>	6	\$870,635	88	6	82
Village South	Miami-Dade	<ul style="list-style-type: none"> <li>•Residential Level II</li> <li>•After Care</li> </ul>	48	\$754,961	125	48	77
<b>Total</b>			<b>54</b>	<b>\$1,625,596 <sup>1</sup></b>	<b>213</b>	<b>54</b>	<b>159</b>

<sup>1</sup> SFBHN operational costs represent 4.54% or \$73,802.06 of the allocated funds.

# Southeast Florida Behavioral Health Network

Provider	Geographic Area	Services Provided	FY 11-12 Number of Pregnant Women Served <sup>2</sup>	FY 13-14 Allocation to Pregnant Women via Specific Appropriation 375	FY 13-14 Projected Number of Pregnant Women Served	FY 13-14 Projected Pregnant Women Served with Base Funds	FY 13-14 Additional Pregnant Women Served Through Specific Allocation 375
Gratitude House	Palm Beach	<ul style="list-style-type: none"> <li>• Residential Treatment</li> <li>• Outpatient</li> <li>• Supported Housing</li> <li>• Case Management</li> </ul>	28	\$460,828	52	28	24
PANDA (Jerome Golden Center)	Palm Beach	<ul style="list-style-type: none"> <li>• Residential</li> </ul>	6	\$63,360	12	6	6
Counseling and Recovery Center	St. Lucie Indian River Okeechobee Martin	<ul style="list-style-type: none"> <li>• Residential Treatment</li> <li>• Outpatient</li> <li>• Supported Housing</li> <li>• Case Management</li> </ul>	22	\$367,536	42	22	20
<b>Total</b>			<b>56</b>	<b>\$891,724<sup>1</sup></b>	<b>106</b>	<b>56</b>	<b>50</b>

<sup>1</sup> SEFBHN operational costs represent 4.69% or \$41,821.86 of the allocated funds.

# Expanded Contracts Served July 1, 2013 through September 30, 2013<sup>1</sup>

Managing Entity	Provider Name	FY 13-14 Base Adult Substance Abuse Funding	FY 13-14 Allocated to Pregnant Women via Specific Appropriation 375	Total Pregnant Women Served in FY 13-14	Estimated Amount Spent on Pregnant Women July 1, 2013 through September 30, 2013
BBCBC	Chemical Addictions Recovery Effort (CARE)	\$3,476,371	\$128,605	0	\$0
BBCBC	Community Drug & Alc. Council/CDAC	\$2,462,883	\$303,795	10	\$16,771
BBCBC	DISC Village, Inc.	\$3,639,534	\$188,879	13	\$2,699
BBCBC	BBCBC Operating Costs		\$28,962	0	\$0
BBCBC	BBCBC Healthy Family (under review)		\$75,568	0	\$0
BBHC	Henderson Behavioral Health, Inc.	\$102,280	\$268,676	1	\$190
BBHC	Gulf Coast	\$145,121	Values reported under Henderson Behavioral Health, Inc.		
BBHC	BARC	\$3,092,460			
BBHC	Spectrum Programs, Inc.	\$793,213			
BBHC	The Starting Place	\$123,471			
BBHC	House of Hope, Inc.	\$936,373		\$67,281	0
BBHC	Susan B. Anthony, Inc.	\$691,145	\$599,543	0	\$0
CFBHN	Agency for Community Treatment Svcs	\$8,003,207	\$66,154	17	\$18,092
CFBHN	BayCare Behavioral Health, Inc.	\$2,676,561	\$422,390	5	\$10,221
CFBHN	Centre for Women	\$380,905	\$21,650		\$16,317
CFBHN	Coastal Behavioral Healthcare, Inc.	\$2,346,152	\$82,915	2	\$796
CFBHN	DACCO	\$4,024,687	\$206,679	13	\$10,649
CFBHN	David Lawrence Center	\$2,478,600	\$45,876	3	\$3,011
CFBHN	First Step of Sarasota, Inc.	\$2,179,371	\$103,138	25	\$126,935
CFBHN	Manatee Glens Corporation	\$2,239,991	\$54,603	2	\$455
CFBHN	Operation Par, Inc.	\$7,344,355	\$392,268	119	\$154,592
CFBHN	SalusCare	\$4,845,349	\$186,563	12	\$5,728
CFBHN	Tri-County Human Services, Inc.	\$3,866,926	\$239,483	23	\$24,407
CFCHS	Center For Drug Free Living (CFDFL)	\$6,941,435	\$1,096,656	30	\$67,153
CFCHS	Specialized Treatment, Education and Prevention Services	\$1,377,760	\$592,344	0	\$0
LSF	Gateway Community Services, Inc.	\$3,621,635	\$463,104	1	\$399
LSF	Lifestream	\$1,819,379	\$53,598	0	\$0
LSF	Meridian Behavioral Health Care, Inc.	\$2,429,369	\$333,299	1	\$13
LSF	River Region Human Services, Inc.	\$2,448,798	\$280,955	7	\$231
LSF	SMA Behavioral Health Services, Inc.	\$2,411,110	\$93,797	5	\$17,400
LSF	The Centers	\$111,101	\$53,599	0	\$0
SFBHN	South Florida Jail Ministries/Agape	\$1,361,704	\$870,635	5	\$29,304
SFBHN	Village South, Inc.	\$2,724,099	\$754,961	6	\$26,285
SEFBHN	Counseling and Recovery Center, Inc.	\$455,578	\$240,570	5	\$19,307
SEFBHN	Gratitude House	\$502,026	\$145,000	0	\$0
SEFBHN	PANDA (Jerome Golden Center)	\$142,265	\$80,190	0	\$0
SEFBHN	Unallocated SEFBHN		\$425,964	0	\$0
<b>Total</b>		<b>\$82,195,214</b>	<b>\$8,967,700</b>	<b>305</b>	<b>\$550,956</b>

<sup>1</sup> As reported in the Department's Substance Abuse and Mental Health Information System

<sup>2</sup> Base funding for pregnant women's services is included in the appropriation for Adult Substance Abuse services.

# Expanded Reporting

- The Florida Alcohol and Drug Abuse Association (FADAA) worked with constituent providers that are receiving funding for this population to expand reporting related to this proviso.
- By provider, the Department will receive detailed demographics, and performance outputs and outcomes.

# Expanded Reporting

- Demographics
  - Total number of women served (this month)
  - Pregnant or post-partum status at admission
  - Age
  - Criminal justice status
  - Child welfare involvement
  - Number of children (total)
    - Living with mother
    - Age
- Expanded Performance Outputs
  - Service Description and Utilization
    - Residential
      - Number served
      - Average length of stay
    - Outpatient
      - Number served
      - Average length of stay
    - Case Management
      - Number served
      - Average length of stay
- Expanded Performance Outcomes
  - Minimum of 80% of women receiving services will receive parenting classes while in treatment;
  - Of those women with child welfare involvement, 75% will remain in compliance with the child welfare case plan;
  - Minimum of 80% of pregnant women receiving services will be referred to, and attend, pre and post natal care;
  - Minimum 65% of pregnant women who give birth whilst receiving services will have positive birth outcomes (birth weight not less than 5.5 pounds);
  - Minimum of 80% of women receiving residential services will be referred to case management for transition; and
  - Minimum of 90% of these treated will receive gender-specific evidence based practices.



agency for persons with disabilities  
*State of Florida*

# **Agency for Persons with Disabilities Update**

**Senate Appropriations Subcommittee on  
Health and Human Services**

**November 6, 2013**

**Rick Scott**  
Governor

**Barbara Palmer**  
Director



# FY 13-14 Budget Reduces Waiting List

- Increase of \$15 million in General Revenue, \$21.3 million in Trust Funds, **\$36.3 million total funds** – provided during the 2013 Regular Session
- Phase 1 offered 757 individuals waiver enrollment
- Phase 2 to come and possibly a 3<sup>rd</sup> – Each individuals' allocation must be annualized to ensure no overspending
- Criteria for determining transition from waiting list to waiver:
  - Directed by SB 1502, Section 9, 2013 Regular Session
  - Individuals in crisis (category 1)
  - Children in the Child Welfare System awaiting adoption (category 2)
  - **Waitlist Prioritization Tool, dated March 15, 2013, used to determine individuals in category 3 and 4 (primary group of current enrollment)**



# Phase 1 Enrollment Data

<b>Waitlist Enrollment as of October 28, 2013</b>		
	<b>Number</b>	<b>Percent</b>
Number of Initial Enrollment Offers Made	757	
Number of Declined Offers	61	
Number of Current Enrollment Offers	696	100%
Number Enrolled in Waiver	654	94%
Number Pending Enrollment	42	6%
Fiscal Year 2013-14 iBudget Amount	\$	9,796,967
Current Annualized iBudget Amount (does not include pending enrollment)	\$	10,209,313



# Funds Reserved to Address Anticipated Costs...

- Annualization for new enrollees
- Supplemental service needs for new enrollees
- Eligibility pending
- Possible Phase 3 enrollment



# Thank you

Barbara Palmer, Director  
Barbara.Palmer@apdcares.org  
[www.apdcares.org](http://www.apdcares.org)



# THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

## SENATOR GARRETT RICHTER

*President Pro Tempore*  
23rd District

### COMMITTEES:

Gaming, *Chair*  
Appropriations  
Appropriations Subcommittee on Education  
Appropriations Subcommittee on Health  
and Human Services  
Banking and Insurance  
Commerce and Tourism  
Judiciary  
Rules  
Transportation

### JOINT COMMITTEE:

Joint Legislative Budget Commission

October 28, 2013

The Honorable Denise Grimsley, Chair  
Appropriations Subcommittee on Health and Human Services  
306 Senate Office Building  
404 South Monroe Street  
Tallahassee, FL 32399

Dear Madam Chair:

I respectfully ask to be excused from the Health and Human Services Appropriations subcommittee meeting scheduled for Wednesday, November 6, 2013.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "Garrett S. Richter".

Garrett S. Richter

cc: Scarlet Pigott, Staff Director  
Robin Auber

### REPLY TO:

- 3299 E. Tamiami Trail, Suite 203, Naples, Florida 34112-4961 (239) 417-6205
- 404 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5023
- 25 Homestead Road North, Suite 42 B, Lehigh Acres, Florida 33936 (239) 338-2777

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**DON GAETZ**  
President of the Senate

**GARRETT RICHTER**  
President Pro Tempore



THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/6/13  
Meeting Date

Topic Medicaid Primary Care Physician Fee Increase Bill Number \_\_\_\_\_ (if applicable)

Name Justin Senior Amendment Barcode \_\_\_\_\_ (if applicable)

Job Title Medicaid Director

Address 2727 Mahan Dr. Phone 850-412-4007

Tallahassee FL 32368  
City State Zip

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.*

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/6/2013

Meeting Date

Topic CAT Team Pilots / Substance Abuse

Bill Number (if applicable)

Name Nevin Smith

Amendment Barcode (if applicable)

Job Title Interim Assistant Secretary

Address 1317 Winewood Blvd

Phone 850 487 1111

Street

Tallahassee

FL

32359

City

State

Zip

E-mail nevin-smith@def.state.fl.us

Speaking: For Against Information

Representing

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/6/13

Meeting Date

Topic Community Action Teams (CAT) Bill Number \_\_\_\_\_  
(if applicable)  
Name Karen Koch (Cook) Amendment Barcode \_\_\_\_\_  
(if applicable)  
Job Title Vice President, FL Council for Community Mental Health  
Address 316 E. Park Ave Phone 850-224-6048  
*Street*  
Tallahassee, FL 32301 E-mail Karen@fcmh.org  
*City State Zip*

Speaking:  For  Against  Information

Representing FL Council for Behavioral Health Care

Appearing at request of Chair:  Yes  No Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11-6-13

Meeting Date

Topic Pregmant + Post-Partum Women

Bill Number \_\_\_\_\_  
*(if applicable)*

Name MARK FONTAINE

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title EXECUTIVE DIRECTOR

Address 2868 Mohan Drive

Phone \_\_\_\_\_

Street

Tallahassee FL 32308

City

State

Zip

E-mail \_\_\_\_\_

Speaking:  For  Against  Information

Representing Florida Alcohol + Drug Abuse Association

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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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)

11/6/13

Meeting Date

Topic Expansion of SA Services for

Bill Number (if applicable)

Name Pregnant Women Todd Dixon

Amendment Barcode (if applicable)

Job Title Director of Community Affairs

Address 5151 Adenson St

Phone (407) 245-0045

Street

Orlando FL 32804

City

State

Zip

E-mail tdixon@cdfcfl.com

Speaking:  For  Against  Information

Representing The Center for Drug-Free Living

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.

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Nov. 6 - 2013

Meeting Date

Topic Substance Abuse

Bill Number \_\_\_\_\_  
(if applicable)

Name THAD LOWREY

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title VP Gov. Relations

Address 7720 WASHINGTON ST.  
Street

Phone 727-992-8508

PORT RICHEY FL 34668  
City State Zip

E-mail lowrey@operpar.org

Speaking:  For  Against  Information

Representing OPERATION PAR

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.*

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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)

11/6/13.

Meeting Date

Topic APD - update on writing 1st Transition.

Bill Number \_\_\_\_\_  
*(if applicable)*

Name Barbara Palmer

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title Director.

Address 4030 Esplanade Way, Suite 380.

Phone 850 -

Street

Tallahassee

FL

32399.

City

State

Zip

E-mail barbara.palmer@apdcares.org

Speaking:  For  Against  Information

Representing Agency for Persons w/ 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.**

# CourtSmart Tag Report

**Room:** KN 412

**Case:**

**Type:**

**Caption:** Appropriations Subcommittee on Health and Human Services

**Judge:**

**Started:** 11/6/2013 2:05:56 PM

**Ends:** 11/6/2013 3:02:01 PM

**Length:** 00:56:06

**2:05:58 PM** Roll call  
**2:06:40 PM** Opening Remarks - Chair  
**2:07:09 PM** Tab 1 - Discussion of Medicaid's Primary Care Physician Fee Increase  
**2:07:41 PM** Presentation by the Florida Medical Association  
**2:07:53 PM** Monte Stevens, Director of Governmental Affairs and Public Policy  
**2:22:28 PM** Presentation by the Agency for Health Care Administration  
**2:23:29 PM** Justin Senior, Medicaid Director  
**2:27:02 PM** Tab 2 - Presentation by the Department of Children and Families  
**2:27:28 PM** Community Action Teams (CAT Teams) Pilot Program  
**2:27:46 PM** Nevin Smith, Interim Assistant Secretary, Substance Abuse and Mental Health  
**2:30:56 PM** Public Testimonies:  
**2:32:14 PM** Karen Koch, Vice President, Florida Council for Community Mental Health  
**2:36:06 PM** Expansion of Substance Abuse Services for Pregnant Women and their Affected Families Pilot Program  
**2:36:49 PM** Nevin Smith, Interim Assistant Secretary, Substance Abuse and Mental Health  
**2:39:58 PM** Public Testimonies:  
**2:40:58 PM** Mark Fontaine, Executive Director, Florida Alcohol and Drug Abuse Association  
**2:43:22 PM** Todd Dixon, Director of Community Affairs, The Center for Drug-Free Living  
**2:46:07 PM** Thad Lowrey, Vice President of Government Relations, Operations PAR  
**2:51:38 PM** Tab 3 - Presentation by the Agency for Persons with Disabilities  
**2:52:39 PM** Reducing Waitlist for Home and Community Based Services  
**2:52:54 PM** Barbara Palmer, Director  
**3:00:54 PM** Adjourned