

SB 94 by **Joyner**; (Identical to H 0003) Closing the Gap Grant Program

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Garcia, Chair
Senator Smith, Vice Chair

MEETING DATE: Thursday, January 22, 2015
TIME: 10:30 a.m.—12:00 noon
PLACE: James E. "Jim" King, Jr. Committee Room, 401 Senate Office Building

MEMBERS: Senator Garcia, Chair; Senator Smith, Vice Chair; Senators Abruzzo, Bean, Benacquisto, Grimsley, Richter, and Sobel

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 94 Joyner (Identical H 3)	Closing the Gap Grant Program; Requiring that a project proposal under the grant program address racial and ethnic disparities in morbidity and mortality rates relating to sickle cell disease in addition to other priority areas, etc. HP 01/06/2015 Favorable AHS 01/22/2015 Favorable FP	Favorable Yeas 7 Nays 0
2	Overview of Agency for Health Care Administration		Presented
3	Review and Discussion of Fiscal Year 2015-2016 Budget Issues relating to: Agency for Health Care Administration Agency for Persons with Disabilities Department of Children and Family Services Department of Elder Affairs Department of Health Department of Veterans' Affairs		Presented
Other Related Meeting Documents			

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: SB 94

INTRODUCER: Senator Joyner

SUBJECT: Closing the Gap Grant Program

DATE: January 21, 2015 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Stovall	HP	Favorable
2.	Brown	Pigott	AHS	Favorable
3.			FP	

I. Summary:

SB 94 potentially expands the scope of projects receiving funding under the “Closing the Gap” program, which provides grants for activities designed to reduce racial and ethnic health disparities. The bill adds projects that address racial and ethnic disparities relating to sickle cell disease to the list of projects eligible to receive a grant.

The bill has no fiscal impact.

II. Present Situation:

The “Closing the Gap” Grant Program

In 2000, the Legislature created the Reducing Racial and Ethnic Health Disparities: “Closing the Gap” grant program, to stimulate the development of community and neighborhood-based projects to improve health outcomes of racial and ethnic populations.¹ The program is administered by the Department of Health (DOH).

Grants are awarded for one year through an application process and may be renewed annually, subject to the availability of funds and the grantee’s achievement of quality standards, objectives, and outcomes.² Up to 20 percent of the funding for the grant program is required to be dedicated to projects that address improving racial and ethnic health status within specific Front Porch Florida communities.^{3,4}

¹ See s. 381.7352, F.S.

² See s. 381.7356(4), F.S.

³ See s. 381.7354(3), F.S.

⁴ The Front Porch Florida initiative is a comprehensive, community-based, urban core redevelopment program that seeks to enable urban core residents to craft solutions to the unique challenges facing such communities. The initiative is administered

Projects receiving grants are required to provide local matching funds of one dollar for every three dollars awarded, except for grants awarded to Front Porch Florida communities.⁵ A portion of a required local match may be in-kind in the form of free services or human resources.⁶

Applications for grants must address each of the following required items:⁷

- The purpose and objectives of the proposal, including identification of the particular racial or ethnic disparity the project will address, which must include one or more of the following priority areas:
 - Decreasing racial and ethnic disparities in maternal and infant mortality rates;
 - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cancer;
 - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to HIV/AIDS;
 - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cardiovascular disease;
 - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to diabetes;
 - Increasing adult and child immunization rates in certain racial and ethnic populations; and
 - Decreasing racial and ethnic disparities in oral health care;
- Identification and relevance of the target population;
- Methods for obtaining baseline health status data and assessment of community health needs;
- Mechanisms for mobilizing community resources and gaining local commitment;
- Development and implementation of health promotion and disease prevention interventions;
- Mechanisms and strategies for evaluating the project's objectives, procedures, and outcomes;
- A proposed work plan, including a timeline for implementing the project; and
- The likelihood that project activities will occur and continue in the absence of funding.

In the 2014-2015 fiscal year, the Legislature appropriated \$3.1 million in general revenue for the program. Seventeen grants have been awarded, ranging from \$125,000 to a maximum of \$200,000.⁸ The appropriation also included specific funding of \$100,000 for a program in the Tampa Bay area to screen and educate high school athletes about sickle cell trait.⁹

Sickle Cell Disease

Sickle cell disease (SCD) is a group of inherited red blood cell disorders. Healthy red blood cells are round. In someone who has SCD, the red blood cells become hard, sticky, and shaped like a sickle. The sickle-shaped cells tend to die early, which causes a constant shortage of red blood cells, and the cells clog blood flow in small blood vessels, which can cause pain and other

by the Office of Urban Opportunity within the Department of Economic Opportunity's Division of Community Development. *See* s. 20.60(5)(b)2.g., F.S.

⁵ *See* s. 381.7356(2)(c), F.S.

⁶ *See* s. 381.7356(2)(a)-(b), F.S.

⁷ *See* s. 381.7355(3), F.S.

⁸ Conversation between Mike Mason, Director, Office of Minority Health, Florida Dept. of Health, and staff of the Senate Committee on Health Policy (Dec. 16, 2014).

⁹ *See* ch. 2014-51, Laws of Florida, line-item 443.

serious problems such as infection, acute chest syndrome, stroke, and shortened life expectancy.¹⁰

SCD is diagnosed with a blood test, most often at birth during routine newborn screening tests.¹¹ It is a genetic disorder, inherited when a child inherits the sickle cell gene from both parents. When a person inherits the gene from only one parent, that person will not develop sickle cell disease but instead has sickle cell trait, which means the gene can be passed to the person’s children. An estimated two million Americans have sickle cell trait.¹²

People at the highest risk for inheriting the gene for sickle cell are descendants of people originally from Africa or parts of India and the Mediterranean. The sickle cell gene can also occur in people from South and Central America, the Caribbean, and the Middle East. The higher prevalence of the sickle cell gene in these regions of the world is due to the ability of a person with sickle cell trait to make red blood cells resistant to the malaria parasite, which is most prevalent in those regions.¹³

There is no cure for SCD other than experimental transplantation procedures.¹⁴

The exact number of persons with SCD is not known. The federal Centers for Disease Control and Prevention (CDC) estimates that:¹⁵

- SCD affects 90,000 to 100,000 Americans;
- SCD occurs among approximately 1 out of every 500 black or African-American births; and
- SCD occurs among approximately 1 out of every 36,000 Hispanic-American births.

States such as Florida that conduct newborn screenings detect both the sickle cell trait and SCD. State screening programs collected information in 2010 to review incidence rates of both sickle cell trait and SCD, and the data from 44 states showed a higher incidence rate in 2010 of sickle cell trait in Florida than in the overall sample.

Incidence of Sickle Cell Trait – 44 U.S. States, 2010¹⁶			
State	Infants Screened	Positive Test Results	Incidence Per 1,000
Florida	214,948	5,564	25.9
National (among 44 states)	3,576,297	55,258	15.5

¹⁰ Centers for Disease Control and Prevention, *Facts About Sickle Cell Disease*, <http://www.cdc.gov/ncbddd/sicklecell/facts.html> (last visited Dec. 23, 2014).

¹¹ Baby’s First Test, *Conditions Screened by State - Florida*, <http://www.babysfirsttest.org/newborn-screening/states/florida> (last visited Dec. 23, 2014).

¹² University of Maryland Medical Center, *Sickle Cell Disease*, <http://umm.edu/health/medical/reports/articles/sickle-cell-disease> (last visited January 7, 2015).

¹³ *Id.*

¹⁴ *Id.*

¹⁵ Centers for Disease Control and Prevention, *Sickle Cell Disease, Data and Statistics*, <http://www.cdc.gov/ncbddd/sicklecell/data.html> (last visited Dec. 23, 2014).

¹⁶ Jelili Ojodu, MPH, et al., “Incidence of Sickle Cell Trait – United States, 2010,” *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention, Dec. 12, 2014, v. 63, no. 49, p. 1156, <http://www.cdc.gov/mmwr/pdf/wk/mm6349.pdf> (last visited January 9, 2015).

In terms of race and ethnicity in the 2010 data related to the incidence rate of sickle cell trait, data are available from 13 states (not including Florida). Among those 13 states, the 2010 incidence rate of sickle cell trait for black or African American newborns was 73.1 per 1,000; the rate for white newborns was 3.0 per 1,000; and the rate for newborns of Asian and Pacific islands descent was 2.2 per 1,000.¹⁷

Data from 2010 specific to the Hispanic ethnicity are available for Florida and 12 other states. These data show that in 2010, the incidence rate of sickle cell trait for Hispanic newborns in Florida was 9.7 per 1,000 while the Hispanic incidence rate for the overall sample was 6.9 per 1,000.¹⁸

The CDC web site contains other data on race and ethnicity for certain states concerning SCD.¹⁹ The table below displays the racial and ethnic break-outs for children born with SCD during one or more years ranging from 2004 to 2008, as reported by various states. (Some rows total more than 100 percent due to overlap among race and ethnicity categories.)

State	Black	Hispanic	Other
California	89%	8%	5%
Georgia	97%	2%	1%
Michigan	96%	not reported	4%
North Carolina	95%	2%	5%

In 2005, medical expenditures for children with SCD who were enrolled in Medicaid programs averaged \$9,369 higher than for children without SCD, and expenditures for children with private insurance were \$13,469 higher than for children without SCD.²⁰ In a study using a large, multi-state, multi-payer patient sample, SCD-attributable medical expenditures for children were conservatively estimated at \$335 million for 2005.²¹

III. Effect of Proposed Changes:

The bill adds “Decreasing racial and ethnic disparities in morbidity and mortality rates relating to sickle cell disease” to the list of priority areas that “Closing the Gap” grant proposals may address, under the current-law requirement that at least one priority area must be addressed.

¹⁷ *Id.*, p. 1157.

¹⁸ *Id.*, p. 1156.

¹⁹ In 2010, the CDC – in partnership with the National Institutes of Health – launched the Registry and Surveillance System for Hemoglobinopathies (RuSH), a pilot project to collect initial, state-specific information on people with SCD and other red blood cell disorders. (See <http://www.cdc.gov/ncbddd/hemoglobinopathies/rush.html>.) The pilot project enlisted seven states, including Florida, California, Georgia, Michigan, New York, North Carolina, and Pennsylvania. State-specific fact sheets with SCD data gathered by the pilot project are available on the CDC web site for five of the seven states, not including Florida. (See <http://www.cdc.gov/ncbddd/sicklecell/freematerials.html>.)

²⁰ Djesika D. Amendah, Ph.D., et al., “Sickle Cell Disease-Related Pediatric Medical Expenditures in the U.S.,” *American Journal of Preventive Medicine*, April 2010, v. 38, no. 4, p. S552, [http://www.ajpmonline.org/article/S0749-3797\(10\)00014-0/pdf](http://www.ajpmonline.org/article/S0749-3797(10)00014-0/pdf) (last visited January 9, 2015).

²¹ *Id.*, p. S554.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

SB 94 expands the types of private-sector projects that are eligible to receive grants under the “Closing the Gap” program.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

According to the federal Centers for Disease Control and Prevention (CDC), there are currently no data systems in the United States to accurately determine the number of people who have SCD and other disorders affecting red blood cells, nor to fully describe how these conditions affect an individual’s health.²² This lack of data includes a lack of accurate mortality statistics.²³ Given this general lack of reliable data and the lack of mortality data specifically, it is unclear how grant proposals related to decreasing racial and ethnic disparities in SCD morbidity and mortality rates will meet the statutory requirements to include methods for obtaining baseline health status data and mechanisms for evaluating outcomes when a project seeks to address the goal of decreasing racial and ethnic disparities in SCD morbidity and mortality rates.

²² Centers for Disease Control and Prevention, *Conversations with the Director*, March 13, 2013, <http://www.cdc.gov/about/cdcdirector/conversations/grant.html> (last visited January 7, 2015).

²³ *Id.*

VIII. Statutes Affected:

This bill substantially amends section 381.7355 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

By Senator Joyner

19-00116-15

201594__

1 A bill to be entitled
 2 An act relating to the Closing the Gap grant program;
 3 amending s. 381.7355, F.S.; requiring that a project
 4 proposal under the grant program address racial and
 5 ethnic disparities in morbidity and mortality rates
 6 relating to sickle cell disease in addition to other
 7 priority areas; providing an effective date.
 8
 9 Be It Enacted by the Legislature of the State of Florida:
 10
 11 Section 1. Paragraph (a) of subsection (2) of section
 12 381.7355, Florida Statutes, is amended to read:
 13 381.7355 Project requirements; review criteria.-
 14 (2) A proposal must include each of the following elements:
 15 (a) The purpose and objectives of the proposal, including
 16 identification of the particular racial or ethnic disparity the
 17 project will address. The proposal must address one or more of
 18 the following priority areas:
 19 1. Decreasing racial and ethnic disparities in maternal and
 20 infant mortality rates.
 21 2. Decreasing racial and ethnic disparities in morbidity
 22 and mortality rates relating to cancer.
 23 3. Decreasing racial and ethnic disparities in morbidity
 24 and mortality rates relating to HIV/AIDS.
 25 4. Decreasing racial and ethnic disparities in morbidity
 26 and mortality rates relating to cardiovascular disease.
 27 5. Decreasing racial and ethnic disparities in morbidity
 28 and mortality rates relating to diabetes.
 29 6. Increasing adult and child immunization rates in certain

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19-00116-15

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30 racial and ethnic populations.
 31 7. Decreasing racial and ethnic disparities in oral health
 32 care.
 33 8. Decreasing racial and ethnic disparities in morbidity
 34 and mortality rates relating to sickle cell disease.
 35 Section 2. This act shall take effect July 1, 2015.

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Agency for Health Care Administration

An Overview

Secretary Elizabeth Dudek

Senate Health & Human Services Appropriations
Subcommittee

January 22, 2015



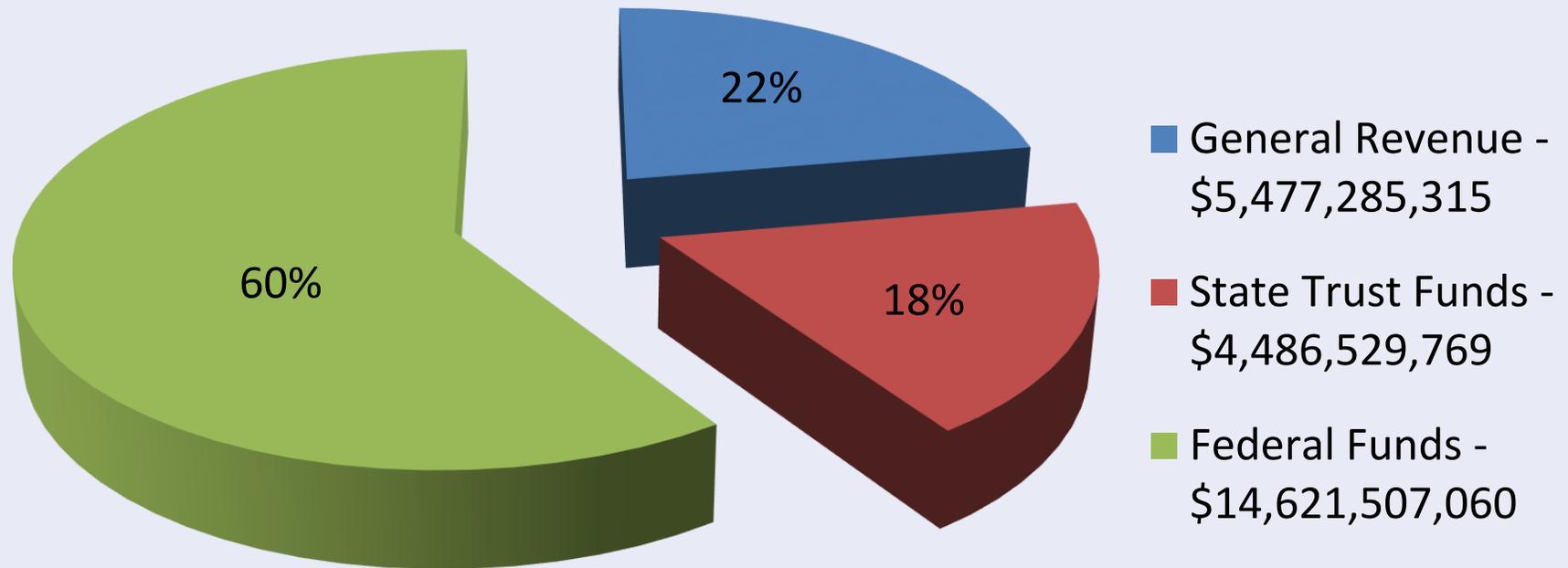
The Agency by the numbers...

- Total allocated budget: \$24.58 billion
- Total positions: 1,644
- Total number of regulated provider types: 41
- Total licensed facilities: 47,380
- Total Medicaid recipients served: 3.7 million
- Total number of field offices: 11



Agency for Health Care Administration

State Fiscal Year: 2014-2015



Total Budget - \$24,585,322,144



Agency Reorganization

- During the 2011 Legislative Session, the Florida Legislature required the Agency to implement the expansion of managed care on a statewide basis for most Medicaid recipients, known as the Statewide Medicaid Managed Care (SMMC) program.
- The managed care expansion changes not only the way the Medicaid division operates, but impacts the Agency as a whole.



Agency Reorganization: Internal and External Evaluation

- Statutorily required to complete an assessment of administrative changes and reorganization necessary for SMMC program.
- Contracted with North Highland to conduct independent unbiased external assessment of the Agency's organizational and workforce needs necessary for SMMC program.



Agency Reorganization: Goals

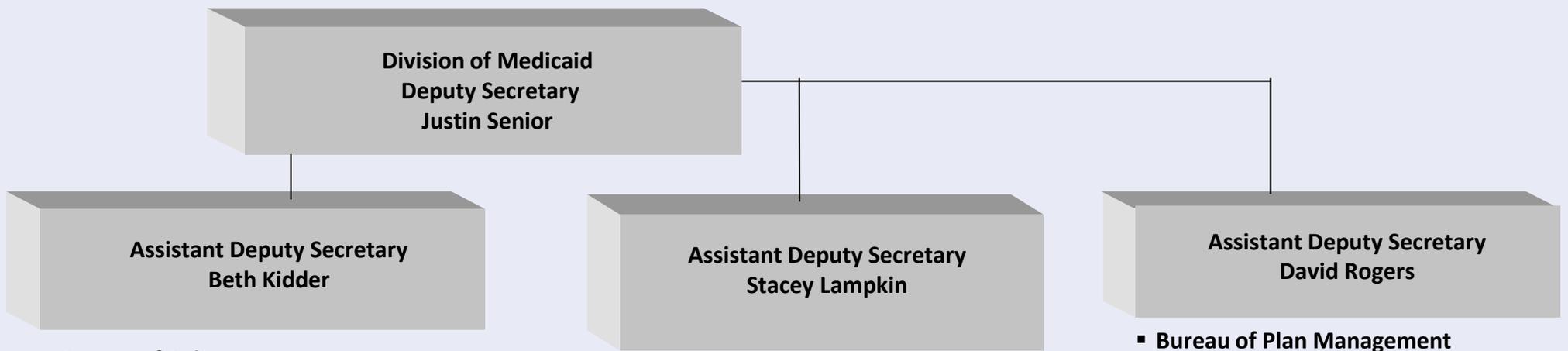
- Provide the best health care, with the best outcomes, *at the best value*.
- Move from fractured system (fee-for-service, many waivers, Medipass, Reform, non-Reform) to comprehensive delivery system
- Achieve program outcome goals at a high level of efficiency.



Agency Reorganization: Key Organization Concepts

- Move from a program-based model of organization to a function-based model
- Eliminate unnecessary duplication
- Enhanced monitoring capabilities
- Improved plan accountability
- Increased focus on quality outcomes





▪ **Bureau of Policy**

- Medicaid policy development including provider handbooks
- SMMC Policy and SMMC contract development
- Rule promulgation
- Management of waivers and the Medicaid State Plan

▪ **Bureau of Quality**

- Quality of care measures
- Research & evaluation contracts
- Managed care plan report card
- Monitoring of managed care clinical contract requirements
- FFS monitoring and prior authorization

▪ **Bureau of Program Finance**

- Budget and Fiscal Planning
- Social Services Estimating Conferences
- LIP & DSH activities
- Provider rate setting
- Provider cost report auditing
- Financial monitoring of health plans

▪ **Bureau of Data Analytics**

- Data-driven federal and state reporting
- Capitation rate development and risk adjustment
- Data-based analysis of health plan performance

▪ **Bureau of Plan Management**

- Contract Management for standard plans, specialty plans, and comprehensive plans (LTC)
- Managed care compliance coordination
- Marketing Oversight
- Claims Payment Oversight
- Provider Network Oversight

▪ **Bureau of Field Operations & Enrollment Broker Operations:**

- Enrollment broker contract management
- Choice Counseling and provider relations
- Recipient support management

▪ **Bureau of Fiscal Agent Operations**

- Fiscal Agent contract management
- Florida Medicaid Management Information System management
- System-related projects and systems maintenance



Medicaid

- Florida is the fifth largest state in terms of Medicaid expenditures, with estimated spending of over \$23.3* billion in Fiscal Year 2014-15.
- Florida has the fourth largest Medicaid population in the country.
- As of October 31, 2014, more than 3.7 million Floridians are covered under the Medicaid program.

**Social Services Estimating Conference, Medicaid Caseloads and Expenditures, June 27, July 22, and August 4, 2014, Executive Summary*

<http://edr.state.fl.us/Content/conferences/medicaid/medsummary.pdf>



Medicaid

- Medicaid enrollees are 20% of Florida's population.
- Medicaid contracts with approximately 80,000 fee-for-service providers and approximately four managed care plans in each Medicaid region.
- Florida Medicaid does not cover all low income individuals, but does cover:
 - 27% of children
 - 62.2% of births
 - 69% of nursing home days
 - 1,430,561 adults - parents, aged and disabled



Statewide Medicaid Managed Care

- Most Medicaid recipients are enrolled in a managed care plan under the Statewide Medicaid Managed Care (SMMC) program. Two key SMMC components:
 - Long-term Care (LTC) Program:
 - Most recipients 18 years of age or older who need nursing facility level of care.
 - 85,169 recipients enrolled in LTC plans as of December 1, 2014.
 - Managed Medical Assistance (MMA) Program:
 - Most recipients of any age who are eligible to receive full Medicaid benefits.
 - 3,053,463 recipients enrolled in MMA plans, or pending enrollment as of December 31, 2014



Statewide Medicaid Managed Care

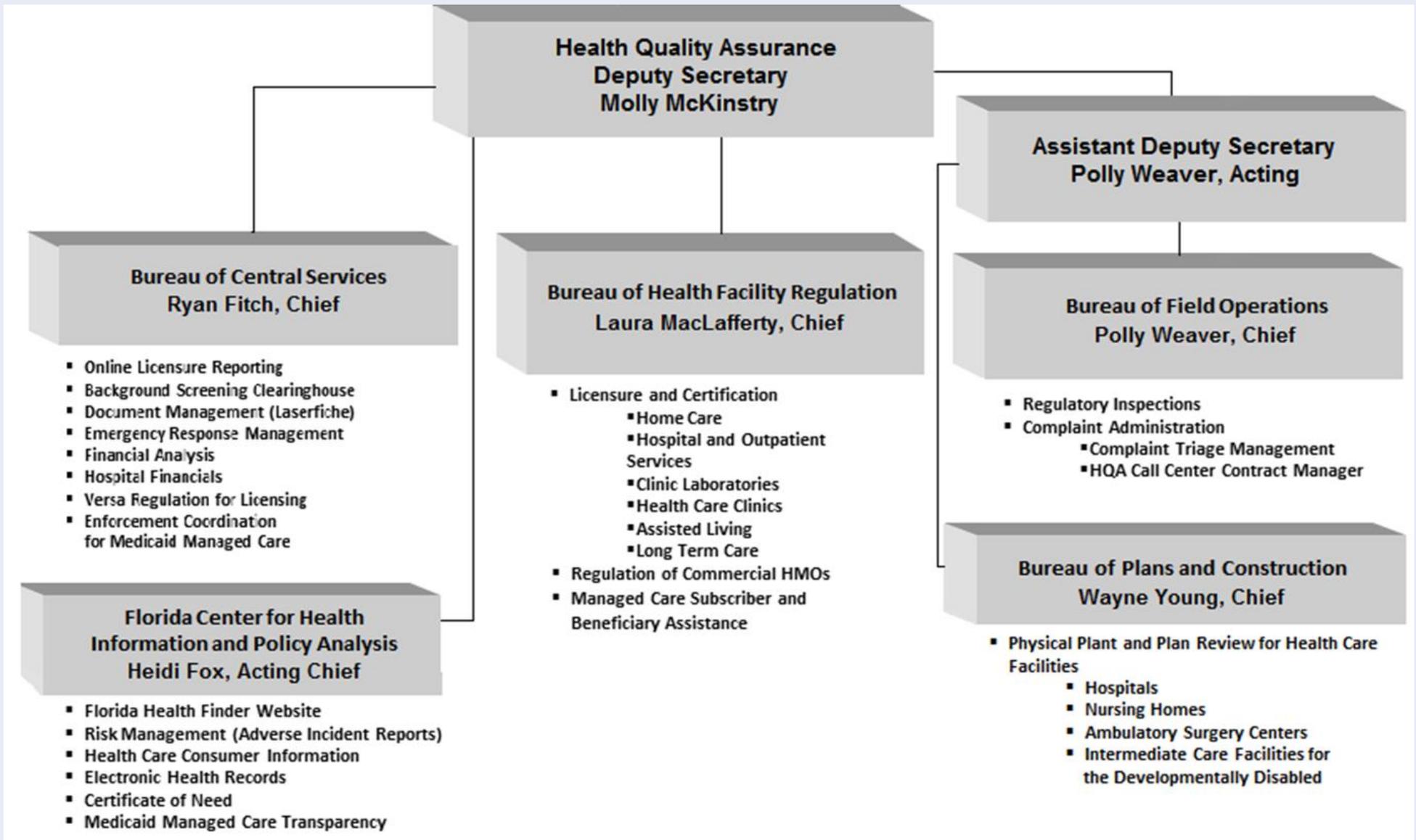
- Health plans provide fully integrated care, including dental services and behavioral health.
- Health plans provide extra benefits at no cost to the state, including:
 - adult dental,
 - hearing and vision coverage,
 - outpatient hospital coverage, and
 - physician coverage, among many others.
- The SMMC contract incentivizes quality and enhanced accountability through quality measures and nationally recognized measures.



Statewide Medicaid Managed Care

- Successful implementation in 2013-2014.
- The Agency put into place several provisions to ensure a smooth transition:
 - Continuity of Care
 - Centralized Issues Hub
 - Comprehensive Outreach Approach





Health Quality Assurance (HQA)

- Licensure of 41 facility provider types
- Over 47,380 individual providers
- Application Processing
 - Initial Licensure / Federal Certification
 - License renewal every two years
 - Change of Ownership applications
- Inspections for Licensure
 - Initial and Renewal Licensure
 - Consumer Complaints
 - Regulatory Concerns / Monitor Visits
- Member of ESF8 for emergency operations



HQA: Licensed Facilities and Providers

- Certificate of Need
 - Hospitals
 - Hospice
 - Nursing Homes
 - Intermediate Care Facilities for Developmentally Disabled
- Plans and Construction Reviews
 - Hospitals
 - Ambulatory Surgery Centers
 - Nursing Homes
 - Intermediate Care Facilities for Developmentally Disabled
- Managed Care Health Care Certificate of Authority
 - Office of Financial Regulation Issues License
 - Medicaid Managed Care Contract Enforcement Tracking
 - Subscriber Assistance Panel – Dispute Resolution



HQA: Licensed Facilities and Providers

- Abortion Clinics
- Adult Day Care Centers
- Adult Family Care Homes
- Ambulatory Surgery Centers
- Assisted Living Facilities
- Birth Centers
- Clinical Laboratories
- Crisis Stabilization Units
- Health Care Service Pools
- Health Care Clinics
- Health Care Risk Managers
- Home Health Agencies
- Home Medical Equipment Providers
- Homemaker Companion Agencies
- Homes for Special Services
- Hospices
- Hospitals
- Intermediate Care Facilities for Developmentally Disabled
- Nurse Registries
- Nursing Homes
- Prescribed Pediatric Extended Care Centers
- Residential Treatment Facilities
- Short Term Residential Treatment Facilities
- Transitional Living Facilities

http://ahca.myflorida.com/MCHQ/Licensee_Provider_Resources.shtml

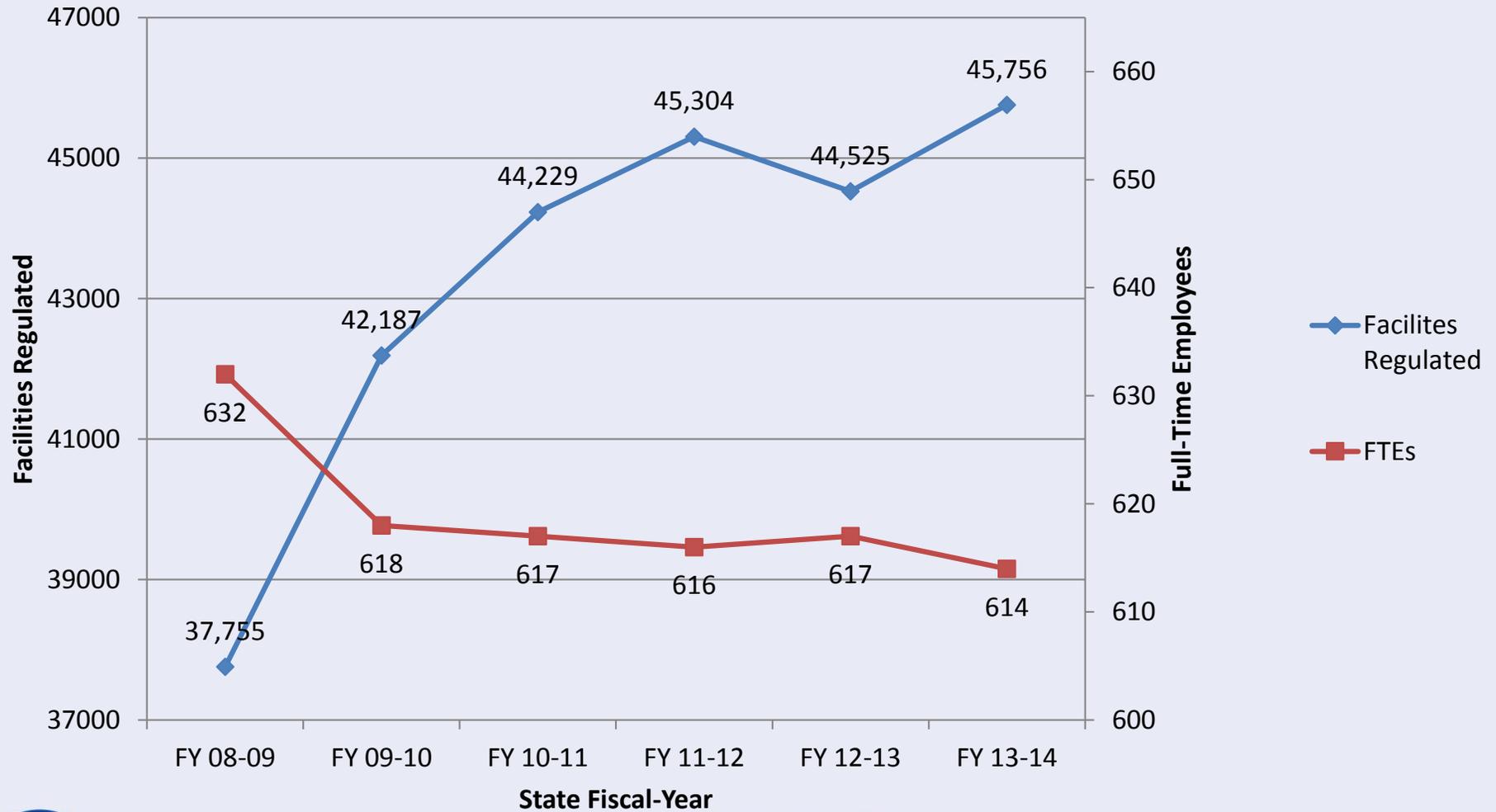


HQA: Regulatory Inspections

- HQA's eight field offices conduct facility surveys and inspections. These visits are for:
 - Inspections for licensure, Medicare, Medicaid
 - Initial licensure, renewal, complaints
 - Validation of accredited inspections
 - Hospital risk management
- Inspection Volume for CY 2013
 - 22,140 State licensure and federal certification
 - 910 Initial surveys (new providers)
 - 5,963 Complaint investigations
 - ALF – 1,399
 - Hospital – 1,528
 - Nursing Home – 1,933



HQA: Regulatory Efficiency



Care Provider Background Screening Clearinghouse

- Centralizes criminal background checks for agencies that serve vulnerable populations.
- Eliminates duplication with annual savings of over \$1 million for regulated providers.
- Currently hosts background screening results for:
 - Agency for Health Care Administration
 - Department of Health
 - Department of Education - Division of Vocational Rehabilitation
 - Medicaid Managed Care Health Plans
- Remaining agencies to be implemented:
 - Department of Children and Families
 - Agency for Persons with Disabilities
 - Department of Elder Affairs
 - Department of Juvenile Justice



Florida Center for Health Information

- Collects and disseminates health related data and promotes the transparency of consumer health care information through www.FloridaHealthFinder.gov.
- Collects data from Florida licensed inpatient hospital, ambulatory surgery center, and emergency departments.
- Administers the Medicaid Electronic Health Record (EHR) Incentive Program and provides governance of the Florida Health Information Exchange (Florida HIE).
- Provides research and analytic support to the Agency including the initiation of an Agency-wide Business Intelligence Competency Center.
- Manages Adverse Incident reports, including tracking, trending and problem resolution programs in hospitals, ambulatory surgical centers, assisted living facilities, nursing homes and certain HMOs.



Florida Health Finder



Agency For Health Care Administration



Search:



AHCA Network of Websites



FloridaHealthFinder.gov

Connecting Florida with Health Care Information



compare hospitals

Help finding a hospital that's right for you.



Home

Researchers and Professionals



How do I use this website?

Compare

Hospitals / Ambulatory Surgery Centers



Health Plans



Physicians



Nursing Homes



Prescription Drug Prices



Hospice Providers



Resources

A comprehensive collection of help and information for consumers.

Assisted Living Facilities

Consumer Guides

Medicaid

Health Education

Learn about medical conditions, symptoms, procedures, tests and more.

Deliveries and Newborns

Look up a Condition or Procedure

Symptom Navigator

Locate

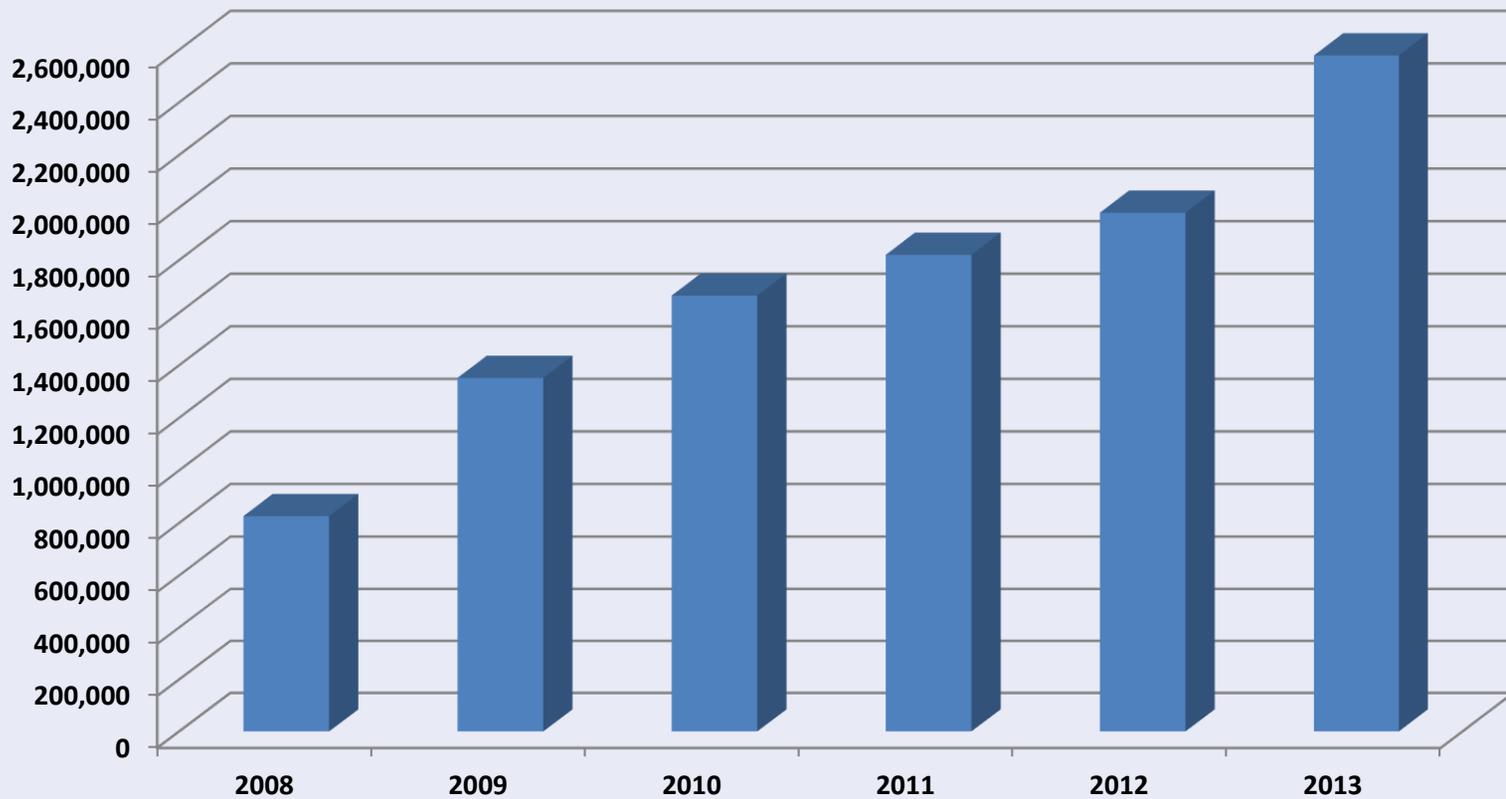
Find and learn about Florida health care facilities and providers in your area.

Doctors and Specialists

Facilities or Providers

Inspection Reports/Final Orders

Visits to FloridaHealthFinder.gov, 2008 – 2013



Year	Visits
2008	825,764
2009	1,351,713
2010	1,664,872
2011	1,820,047
2012	1,980,022
2013	2,578,443

2014 Projection – 3,100,000 visits



Medicaid Program Integrity

(A Component of AHCA's Office of Inspector General)

- Investigates and audits Medicaid providers suspected of fraud or abuse;
- Assists Medicaid providers with self-audits;
- Recovers overpayments from providers;
- Issues administrative sanctions; and
- Refers “credible allegations of fraud” to law enforcement.



Medicaid Program Integrity

- Recovery total for FY 13-14 totaled \$88 million.
- Includes audits, costs, fines, paid claim reversals (PCRs), contract assessments, and Third Party Liability.
- Collection of overpayments and PCRs in FY 13-14 totaled \$21,301,711.

• ROI:

FY 2013-14	Benefits	Costs	ROI
Recovery	\$88.0M	\$12.0M	7.3:1
Prevention	\$29.4M	\$4.4M	6.7:1
TOTAL	\$117.5M	\$16.4M	7.2:1

- Prevention amount in FY 13-14 totaled \$29.4 million.
- Sanctions for managed care organizations during FY 13-14 totaled \$2,811,747.



Questions?



Agency for Health Care Administration Base Budget Overview

FY 2015-2016

Secretary Elizabeth Dudek

January 22, 2015



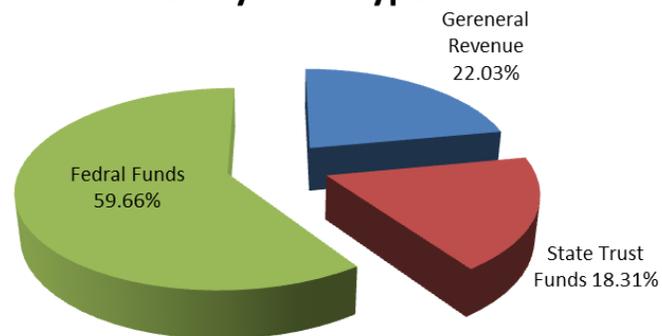
Agency Summary

FY 2015-2016 Base Budget Review

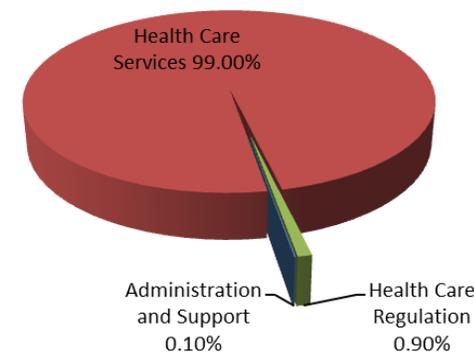
The Agency for Health Care Administration's (Agency's) mission is for better health care for all Floridians. The Agency is responsible for the administration of the Medicaid program, for the licensure and regulation of health facilities and for providing information to Floridians about the quality of 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 (LRPP). 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 price health services.

Agency Funding Overview		Base Budget FY 2015-16				
#	Program	FTE	GR	State Trust Funds	Federal Funds	Total
1	Administration and Support	248.00	3,594,265	11,012,661	9,653,698	24,260,624
2	Health Care Services	737.00	5,390,737,269	4,438,136,474	14,410,962,086	24,239,835,829
3	Health Care Regulation	659.00	237,764	34,506,141	186,004,938	220,748,843
4	Total	1,644.00	5,394,569,298	4,483,655,276	14,606,620,722	24,484,845,296

Base By Fund Type



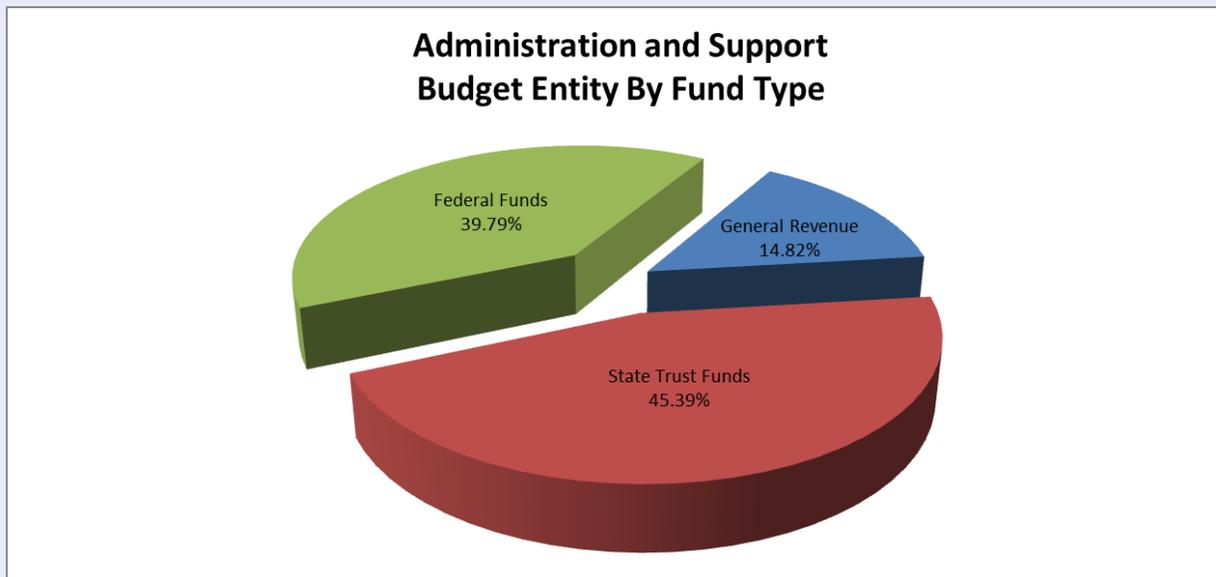
Base By Program



Administration and Support FY 2015-2016 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 consumer, legislator and other agency stakeholders; and develops plans and policies for the state’s health care system.

Program Funding Overview	Base Budget FY 2015-16				
	Administration and Support	FTE	GR	State Trust Funds	Federal Funds
1 Administration and Support	248.00	3,594,265	11,012,661	9,653,698	24,260,624
2 Program Total	248.00	3,594,265	11,012,661	9,653,698	24,260,624

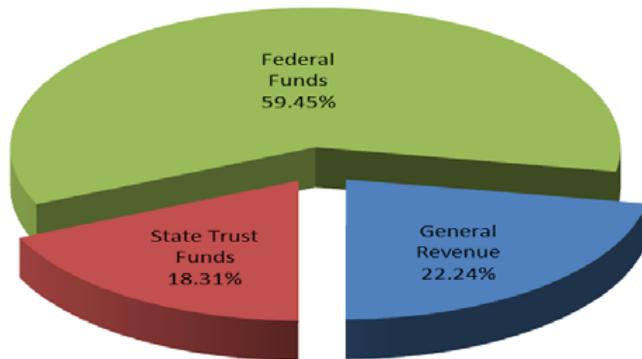


Health Care Services FY 2015-2016 Base Budget Summary

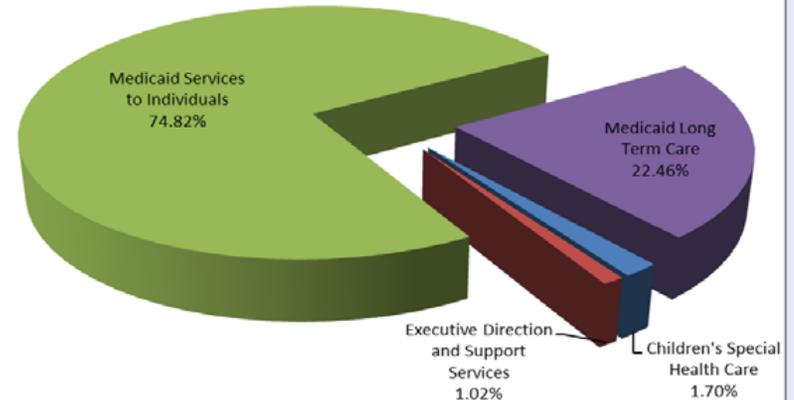
Program Description: Provides management of the state's Medicaid and child health insurance programs including the purchasing and oversight of health care services for eligible beneficiaries.

Program Funding Overview		Base Budget FY 2015-16				
Health Care Services		FTE	GR	State Trust Funds	Federal Funds	Total
1	Children's Special Health Care	-	55,050,680	16,176,579	341,940,395	413,167,654
2	Medicaid Executive Direction and Support Services	737.00	43,968,713	45,364,648	157,827,124	247,160,485
3	Medicaid Services to Individuals	-	4,374,652,092	3,122,226,796	10,639,530,373	18,136,409,261
4	Medicaid Long Term Care	-	917,065,784	1,254,368,451	3,271,664,194	5,443,098,429
5	Program Total	737.00	5,390,737,269	4,438,136,474	14,410,962,086	24,239,835,829

**Health Care Services
By Fund Type**



**Health Care Services
By Budget Entity**

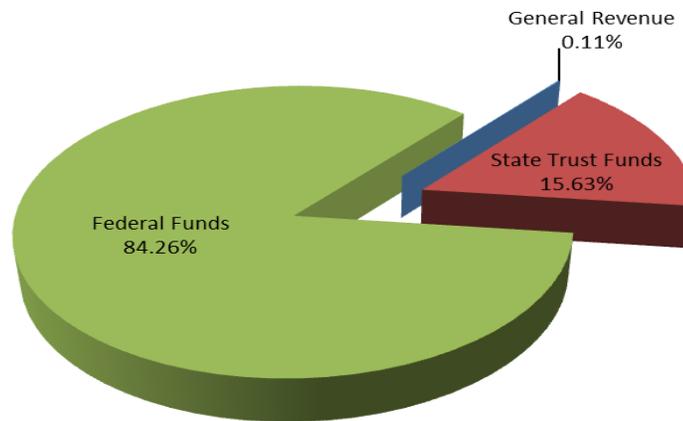


Health Care Regulation FY 2015-2016 Base Budget Summary

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.

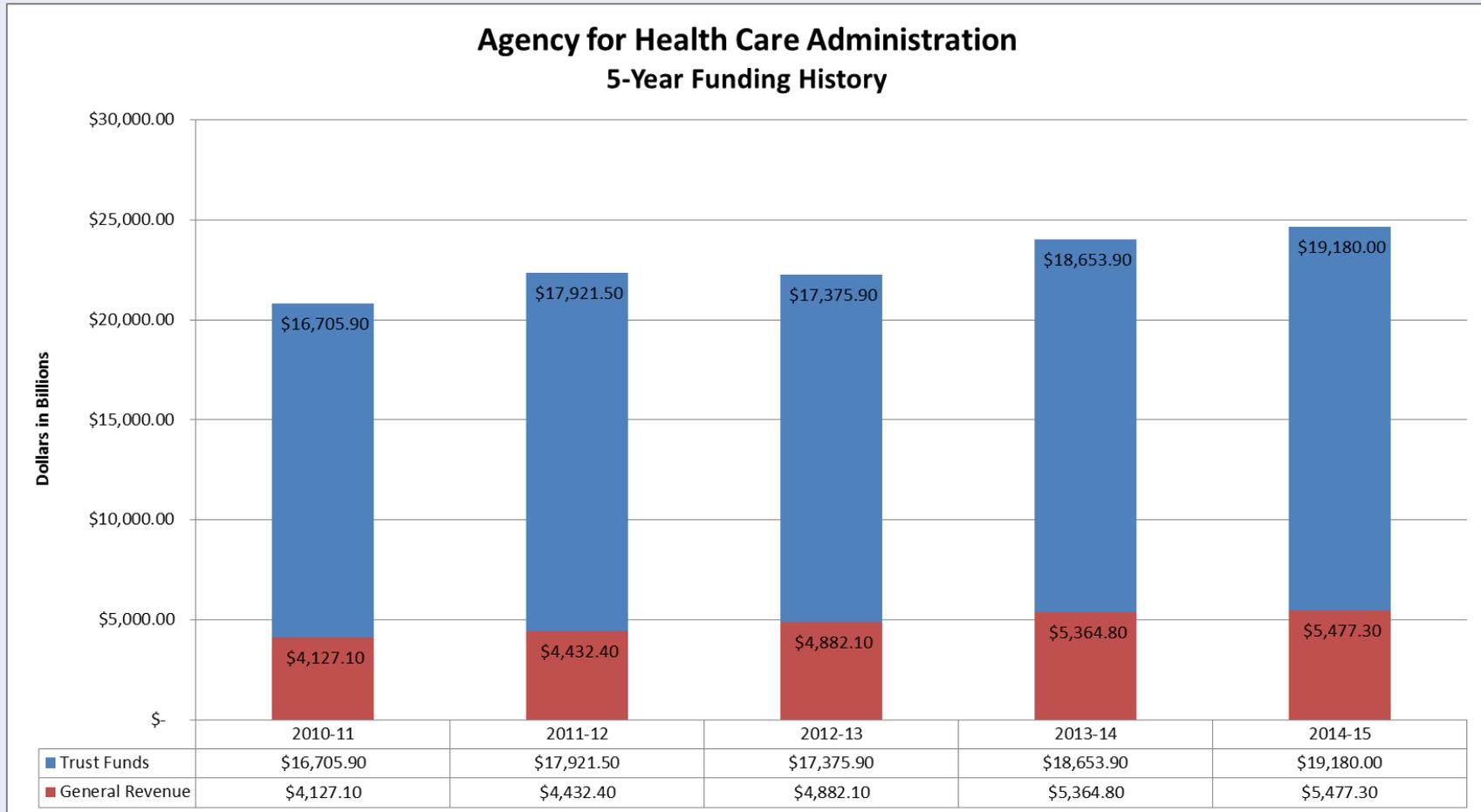
Program Funding Overview		Base Budget FY 2015-16			
Administration and Support	FTE	GR	State Trust Funds	Federal Funds	Total
1 Health Care Regulation	659.00	237,764	34,506,141	186,004,938	220,748,843
2 Program Total	659.00	237,764	34,506,141	186,004,938	220,748,843

**Health Care Regulation
Budget Entity By Fund Type**



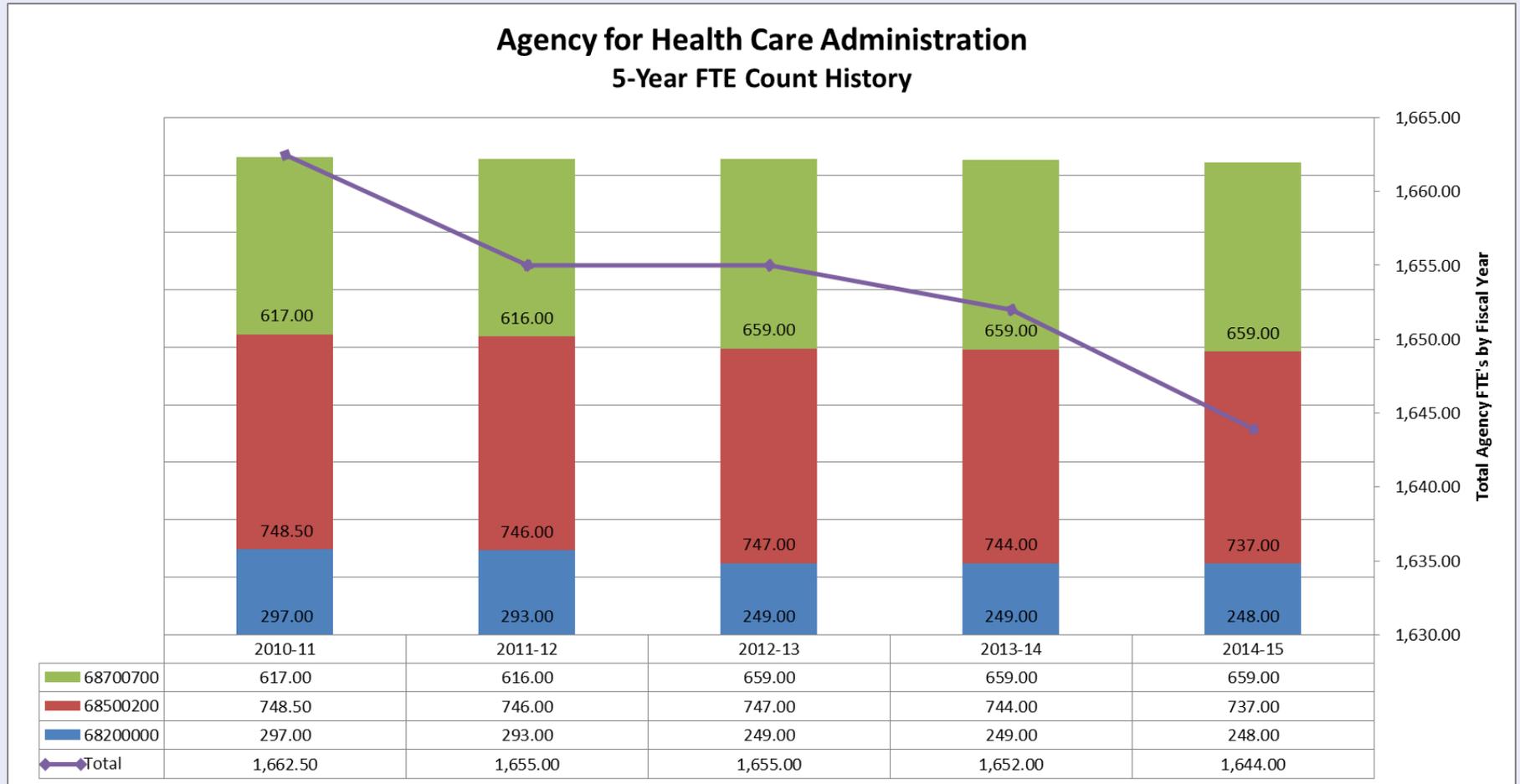
5-Year Funding History

FY 2015-2016 Base Budget Review



5-Year History of FTE Count

FY 2015-2016 Base Budget Review Details



Questions?





FLORIDA DEPARTMENT OF VETERANS' AFFAIRS

Honoring those who served U.S.

The Senate – Health Care Appropriations Subcommittee – January 22, 2015

FY 2015-16 Base Budget

Leticia Nazario-Braddock, Director of Administration

www.FloridaVets.org

Who We Are

- FDVA is a Cabinet Agency responsible for assisting Florida's veterans, their families and survivors in improving their health and economic well-being through quality benefit information, advocacy, education and long-term health care.



Agency Mission and Vision

- **Mission:** To advocate with purpose and passion for Florida veterans and link them to superior services, benefits and support.



- **Vision:** FDVA is the premier point of entry for Florida veterans to access earned services, benefits and support.

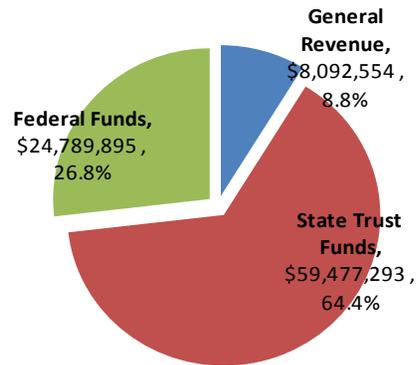
Why and Who We Serve

- Florida has the **third largest population of veterans** in the nation after California and Texas with more than 1.5 million veterans – 9.8 percent of the Sunshine State’s adult population.
- Florida’s **veterans are a major fiscal force** accounting for more than **\$15.7 billion dollars** that flow into Florida’s economy annually.
- Florida’s **veterans are a diverse group:**
 - Largest population of WWII veterans
 - More than 490,000 Vietnam War veterans; 1 out of every 3.1 vets
 - More than 166,000 or 10.9 percent of Florida’s veterans are female

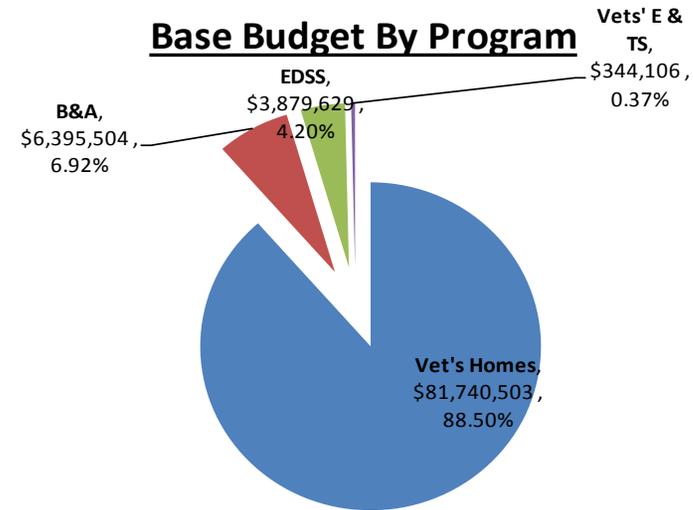


FY 2015-16 Base Budget Review – FDVA Summary

Base Budget by Funding Source



Base Budget By Program



FY 2015-16 Base Budget

Budget Entity	General Revenue	Trust Funds			Total All	FTE (Positions)
		State	Federal	Total Trust Funds		
State Veterans' Homes Program (Vets' Homes)	\$ -	\$ 58,067,956	\$ 23,672,547	\$ 81,740,503	\$ 81,740,503	978.0
Executive Direction & Support Services (EDSS)	\$ 3,221,998	\$ 499,516	\$ 158,115	\$ 657,631	\$ 3,879,629	27.5
Division of Veterans' Benefits & Assistance (B&A)	\$ 4,526,450	\$ 909,821	\$ 959,233	\$ 1,869,054	\$ 6,395,504	99.0
Veterans' Employment & Training Services (Vets' E & TS)	\$ 344,106	\$ -	\$ -	\$ -	\$ 344,106	-
Total Base Budget	\$ 8,092,554	\$ 59,477,293	\$ 24,789,895	\$ 84,267,188	\$ 92,359,742	1,104.5
% of Total All	8.8%	64.4%	26.8%	91.2%	100.0%	

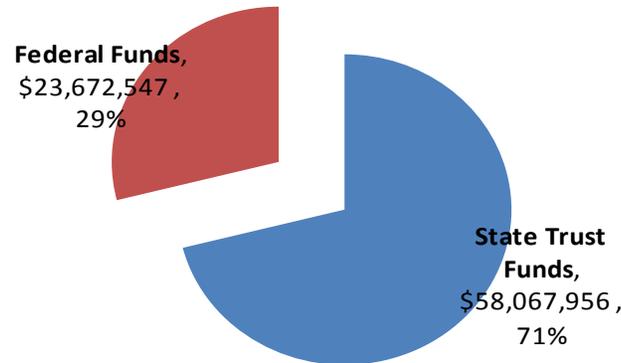
FDVA Programs

- State Veterans' Homes Program
- Executive Direction & Support Services
- Division of Veterans' Benefits & Assistance
- Veterans' Employment & Training Services

FDVA Programs

State Veterans' Homes Program

State Veterans' Homes Program Base Budget by Fund Type



Budget Entity	FY 2015-16 Base Budget				FTE (Positions)
	General Revenue	Trust Funds			
		State	Federal	Total Trust Funds	
State Veterans' Homes Program	\$ -	\$ 58,067,956	\$ 23,672,547	\$ 81,740,503	978.0
% of Total All	0.0%	71.0%	29.0%	100.0%	

FDVA Programs

State Veterans' Homes Program

- The State Veterans' Homes provide unique and comprehensive high-quality long-term health care services on a cost-effective basis to eligible Florida veterans' who are in need of assisted living (State Veterans' Domiciliary) or skilled nursing (State Veterans' Nursing Homes) home care.
- Basic admission requirements for all state veterans' homes in Florida include:
 - An honorable discharge.
 - Residency established prior to admission.
 - Certification of need of assisted living or skilled nursing care as determined by a VA physician.
 - Survey Results - Medicaid, Medicare and Federal VA survey results are an indicator of the high quality and excellent performance in providing services to our veteran residents.
 - Always striving to exceed performance expectations.

FDVA Programs

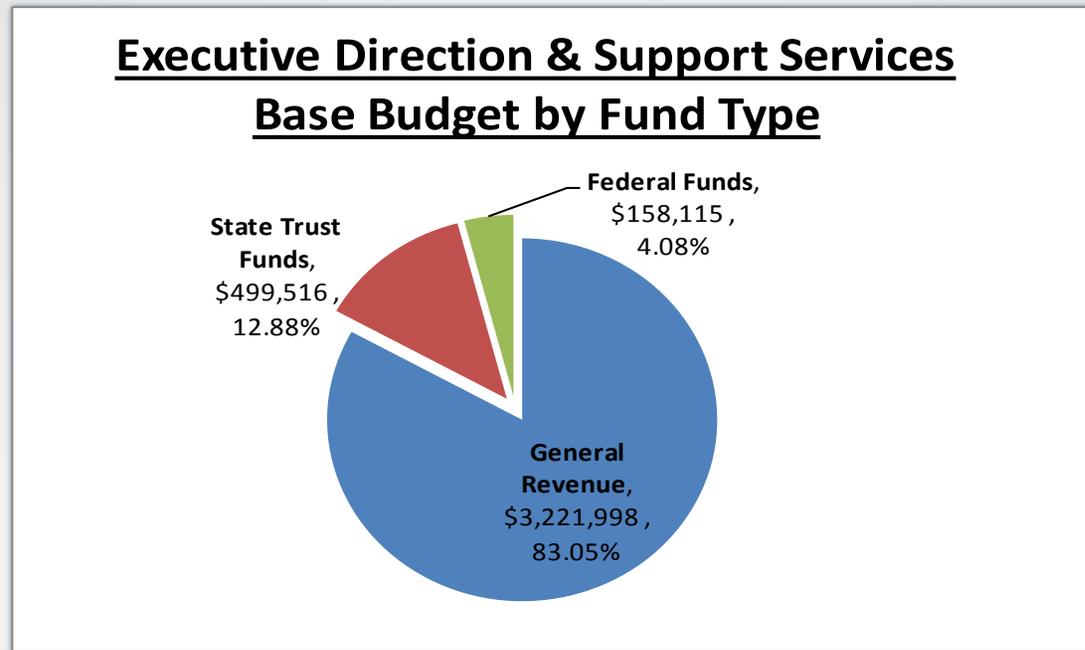
State Veterans' Homes Program

FDVA operates six (6) skilled nursing facilities and one (1) assisted living facility.

- Number of veteran residents beds:
 - **State Veterans' Nursing Homes (SVNH)** – 120 beds/facility – Total=720 beds
 - Emory L. Bennett, Daytona Beach
 - Baldomero Lopez, Land O' Lakes
 - Alexander Nininger, Pembroke Pines
 - Clifford Sims, Panama City
 - Douglas T. Jacobson, Port Charlotte
 - Clyde Lassen, St. Augustine
 - **State Veterans' Domiciliary (Assisted Living Facility)** – 149 beds
 - Robert Jenkins – Lake City
- Occupancy in the 6 SVNHs has been higher than 99% for the last years.
- Occupancy in the Domiciliary is up to 97%, from 91% last fiscal year.
- Our six (6) SVNHs have been awarded, by CMS, the highest quality rating of five (5) stars.

FDVA Programs

Executive Direction & Support Services



Budget Entity	FY 2015-16 Base Budget					FTE (Positions)
	General Revenue	Trust Funds			Total All	
		State	Federal	Total Trust Funds		
Executive Direction & Support Services	\$3,221,998	\$ 499,516	\$ 158,115	\$ 657,631	\$3,879,629	27.5
% of Total All	83.0%	12.9%	4.1%	17.0%	100.0%	

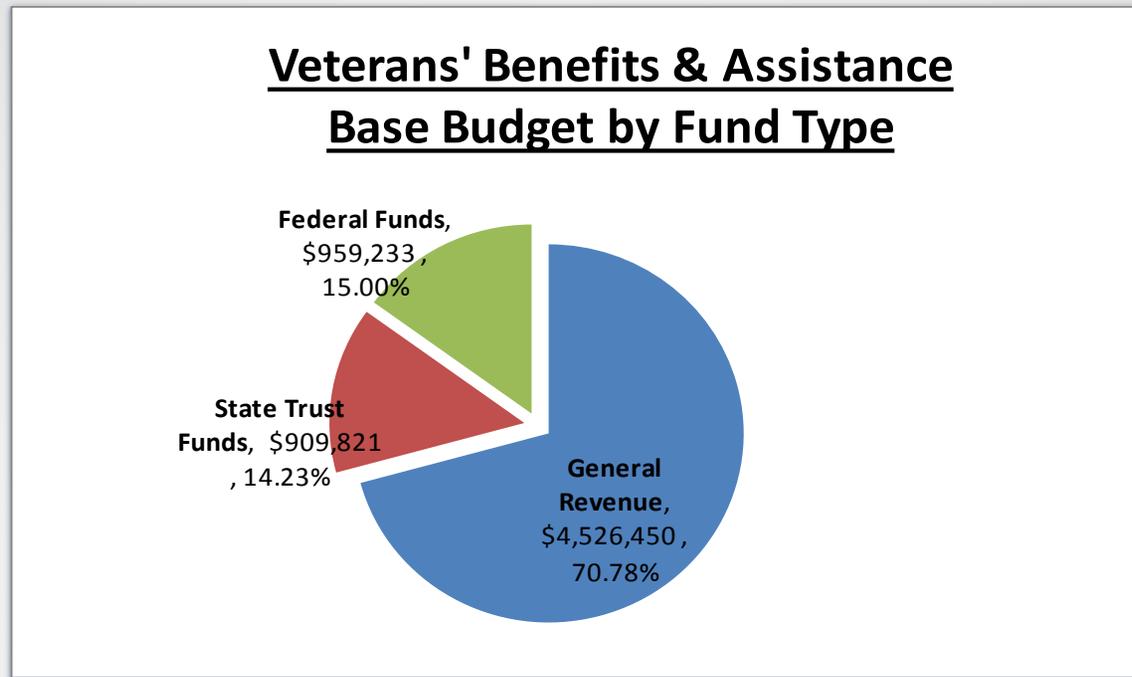
FDVA Programs

Executive Direction & Support Services (EDSS)

- Provides effective and responsive leadership and administrative support to the Veterans' Homes Program and the Veterans' Benefits and Assistance Divisions, which serve State of Florida veterans and their families.
- EDSS is comprised of the Director's Office, Accounting, Administration, Budget, Homes Billing, Communications, General Counsel, Inspector General & Internal Audit, Legislative & Cabinet Affairs, Information Technology, and the Division of Administration (Fiscal, Human Resources, Purchasing, Billing).

FDVA Programs

Division of Veterans' Benefits and Assistance



Budget Entity	FY 2015-16 Base Budget					FTE (Positions)
	General Revenue	Trust Funds			Total All	
		State	Federal	Total Trust Funds		
Division of Veterans' Benefits & Assistance	\$ 4,526,450	\$ 909,821	\$ 959,233	\$ 1,869,054	\$ 6,395,504	99.0
% of Total All	70.8%	14.2%	15.0%	29.2%	100.0%	

FDVA Programs

Division of 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.
- Provides counseling services and assistance to veterans and their families with the preparation, submission and prosecution of claims and appeals for state and federal benefits, as well as application to correct military records.
- 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.
- 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.
- Responsible to ensure veterans are given special consideration by Florida governmental units/agencies/departments for the employment selection and retention (Veterans' Preference).

Division of Veterans' Benefits & Assistance

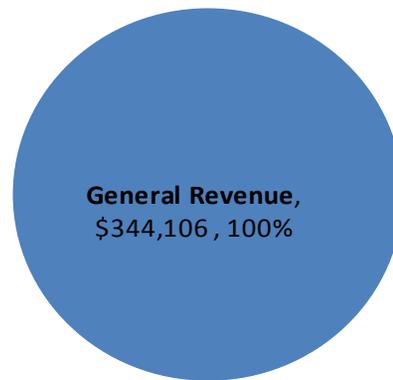
- ROI – FY 2013-14 = \$128:1 – Last five years = \$144:1
 - VA Benefits: \$366,335,019
 - Retroactive Compensation: \$174,022,538
 - Debt Waiver: \$332,788
 - Issue Resolution: \$56,445,394
 - Total: \$597,135,739
- Impact: \$15.7 billion dollars that flow into Florida's economy annually.
- Every federal dollar that **FDVA** Benefits & Assistance staff garners from advocacy on behalf of Florida's veterans is a dollar added to Florida's economy. Every health care or educational dollar provided by the federal VA potentially frees a state dollar that can be used to assist other citizens.



FDVA Programs

Veterans' Employment & Training Services

Veterans' Employment & Training Services Base Budget by Fund Type



Budget Entity	FY 2015-16 Base Budget					FTE (Positions)
	General Revenue	Trust Funds			Total All	
		State	Federal	Total Trust Funds		
Executive Direction & Support Services	\$ 344,106	\$ -	\$ -	\$ -	\$ 344,106	-
% of Total All	100.0%	0.0%	0.0%	0.0%	100.0%	

FDVA Programs

Veterans' Employment & Training Services

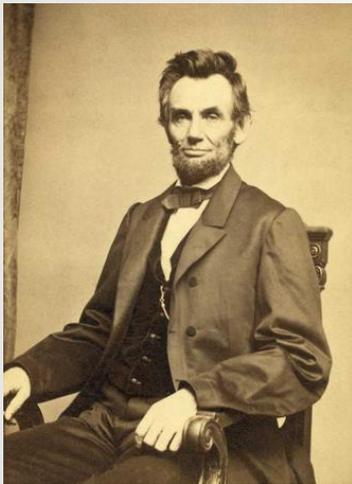
- Provides funding to support the Florida Is For Veterans, Inc. (Corporation) for startup, staffing, and general operations of the Corporation. The Florida Is For Veterans, Inc. was created effective July 1, 2014, pursuant to Section 295.21, Florida Statutes.

Florida Department of Veterans' Affairs 5-Year Funding History

- Agency's growth have been mainly due to:
 - Opening of a new SVNH (Clyde Lassen) in St. Augustine on October 2010.
 - Full occupancy in the State Veterans' Nursing Homes.
 - Renovation, maintenance, and grants projects in the facilities.
 - Funding for the construction of the new SVNH #7.
 - Creation of the Veterans Employment & Training Services program.

A Promise Kept

- **“ To care for him who shall have borne the battle and for his widow and his orphan...”**



*- President Lincoln from
Second Inaugural Address*

Closing Remark

A **veteran** is a person who, at some point in his or her life wrote a blank check made payable to the United States of America for an amount up to and including their life. We humbly embrace our mission of advocating with purpose and passion for **Florida's Veterans** as an expression of our thanks for their selfless service and sacrifice.



End of Presentation

COLONEL MIKE PRENDERGAST, USA, RETIRED
EXECUTIVE DIRECTOR

www.FloridaVets.org



agency for persons with disabilities
State of Florida

Agency for Persons with Disabilities

Base Budget Overview

**Senate Health & Human Services Appropriations
Subcommittee**

January 22, 2015

Rick Scott
Governor

Barbara Palmer
Director



Major Programs

- **iBudget Waiver** (\$941M Total: \$380.5M GR; \$560.5M TF)
 - Provides Medicaid eligible persons with community supports and services, such as life skills development, supplies and equipment, personal supports, residential services, support coordination, therapeutic supports and wellness, transportation and dental services.
- **Individual and Family Supports (IFS)** (\$14.7M Total: \$2.6M GR; \$12.1M TF)
 - Provides support to families and individuals with developmental disabilities on a temporary or limited time basis. This program primarily serves clients who are on the iBudget Waiver waiting list or who are not eligible for the iBudget Waiver and provides services that mirror those on the Waiver
 - Provides funding for the Employment Enhancement Project (EEP) which provides supported employment services to gain employment or paid internships to individuals with developmental disabilities on the Agency's waiver waiting list.
- **Room and Board** (\$2.8M GR)
 - Provides basic group/foster home payments for long-term residential care.



Major Programs (cont.)

- **Developmental Disabilities Centers** (\$126.8M Total: \$65.6M GR; \$61.2M TF)
 - There are three regional facilities delivering two programs: forensic and non-forensic (long term care).
 - The forensic program is funded with state funds.
 - The long term care program is funded with state and federal Medicaid funds.
 - The Developmental Disabilities Defendant Program (DDDP) center, located at the Florida State Hospital facility in Chattahoochee, is a forensic program that serves individuals with developmental disabilities who have been accused of crimes and have been ordered to DDDP for competency training.
 - Sunland Center in Marianna serves individuals with developmental disabilities through a long term care program and a forensic program.
 - Tacachale Center in Gainesville serves individuals with developmental disabilities through a long term care program and a forensic program.

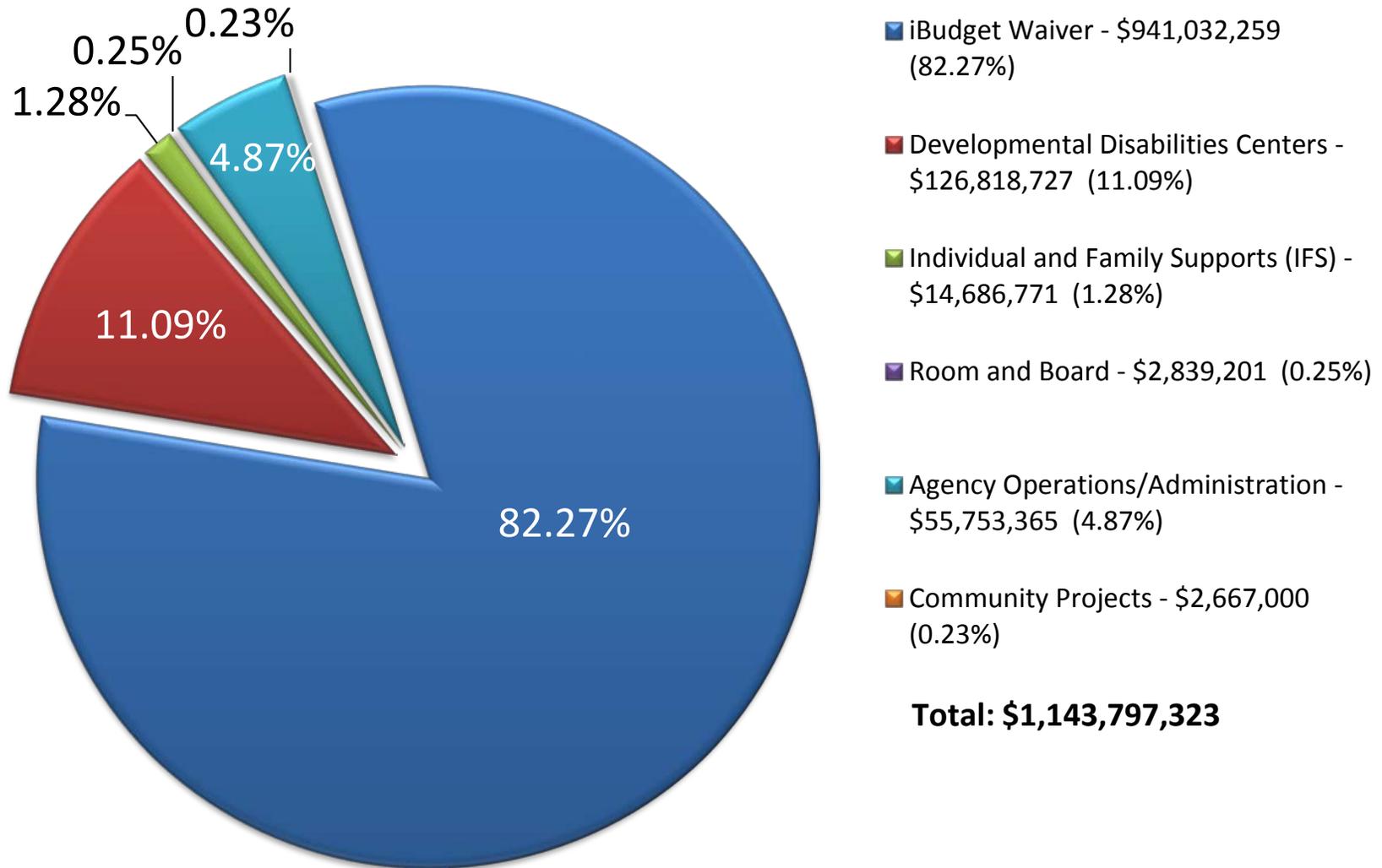


Major Programs (cont.)

- **Agency Operations/Administration** (\$55.8M Total: \$29.7M GR; \$26M TF)
 - The Regions and the Central Office provide operational oversight, program development and implementation, and administrative services to support the mission of the agency.
- **Community Projects** (\$2.7M GR)
 - Two recurring projects from FY 2014-15:
 - Residential support for job placement for persons with developmental disabilities at the Gateway Arc in Pensacola (\$2 M GR)
 - Early diagnosis and treatment of Autism at Nemours Children's Hospital (\$667,000 GR)

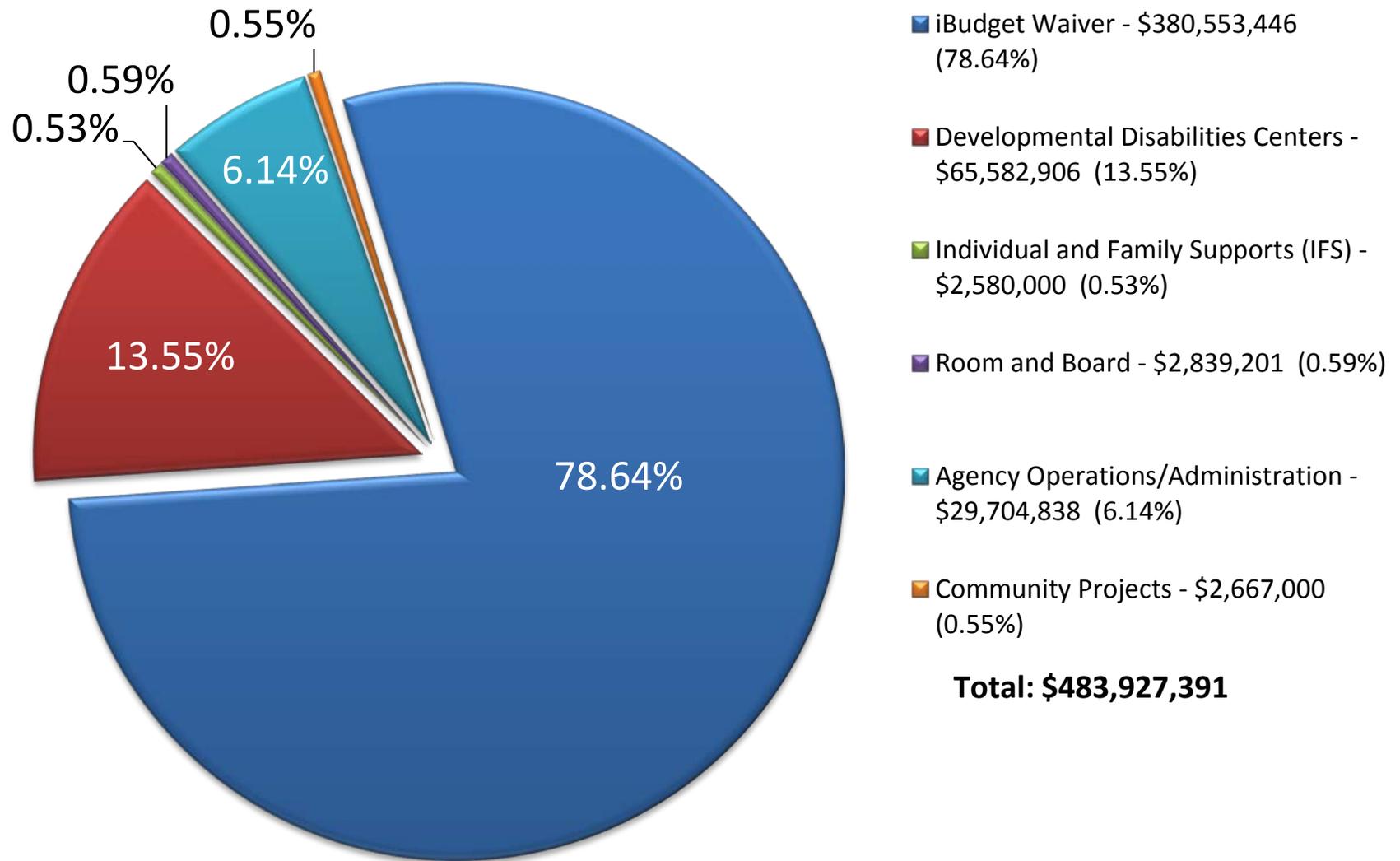


Agency Base Budget by Major Programs All Funds



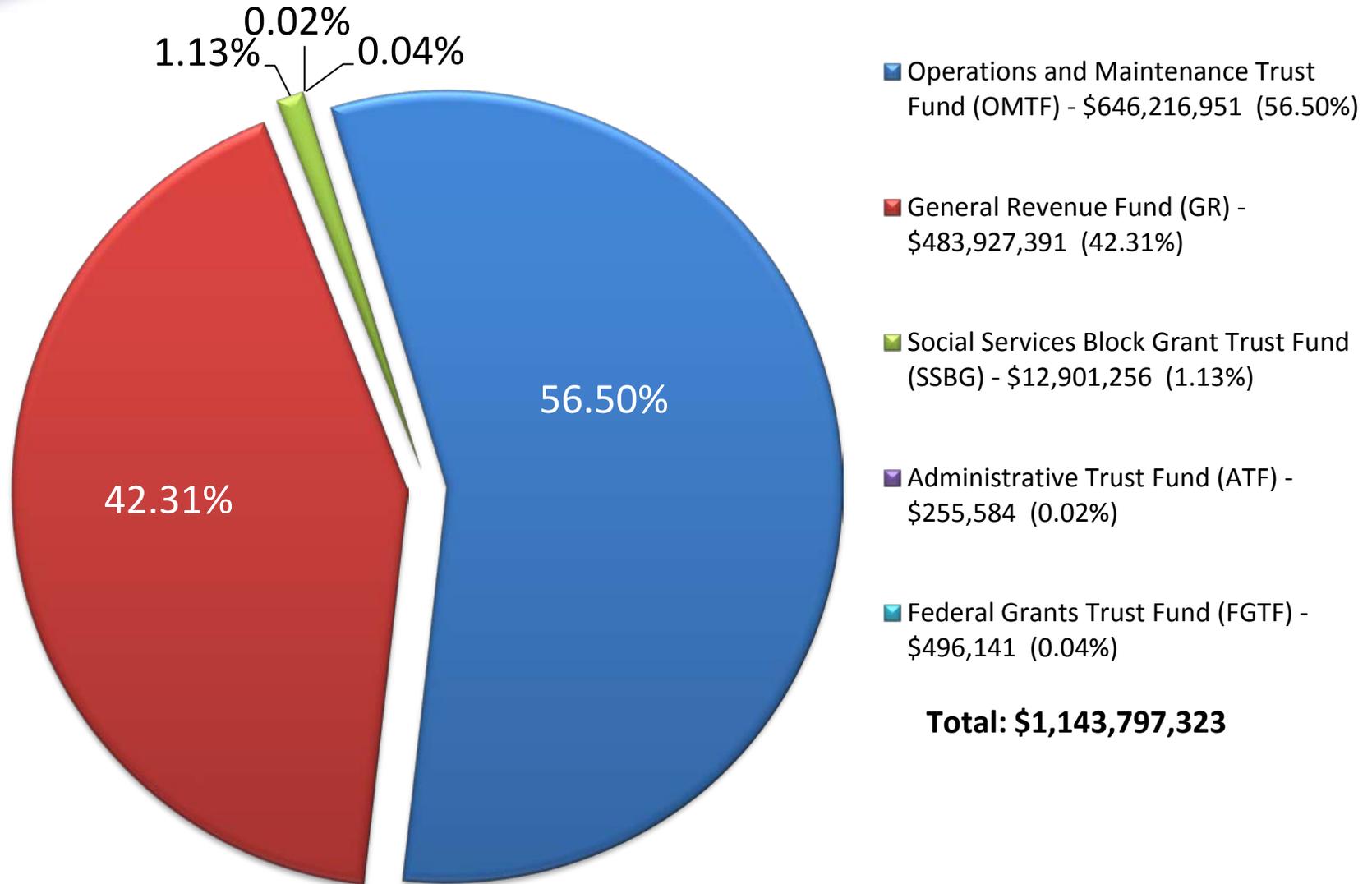


Agency Base Budget by Major Programs General Revenue Only





Agency Base Budget by Fund





Thank you

David Dobbs

Deputy Director of Budget and Planning

David.Dobbs@apdcares.org

www.apdcares.org



Rick Scott, Governor
Mike Carroll, Secretary



Prepared for Senate Subcommittee on
Health and Human Services

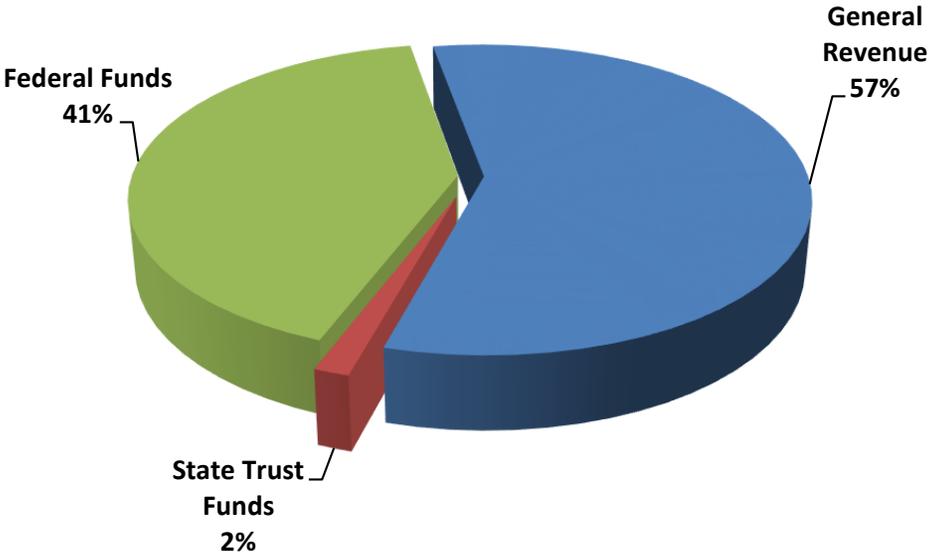
The Department of Children and Families
Fiscal Year 2015-2016
Base Budget Review
January 22, 2015

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

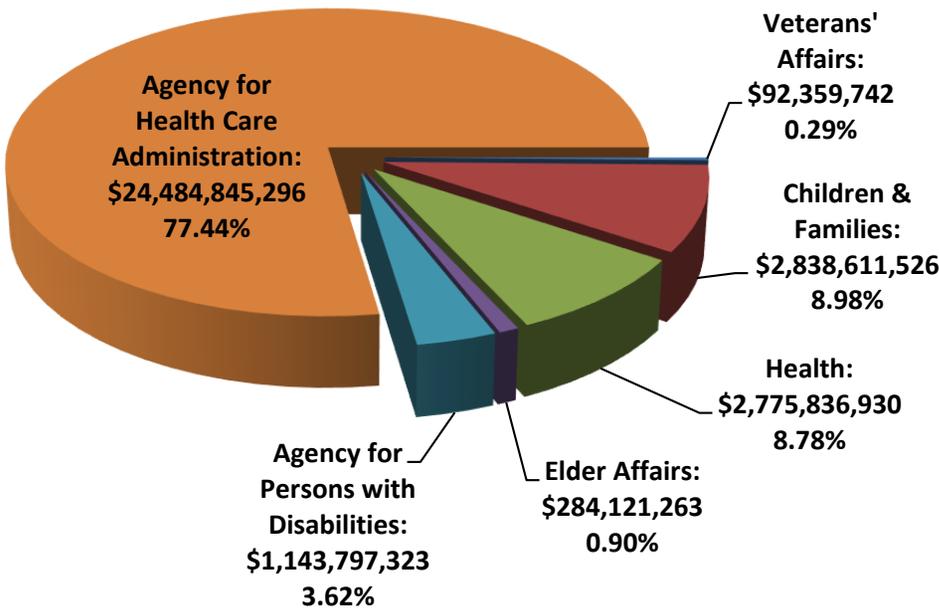
Department of Children and Families Fiscal Year 2015-16 Base Budget Review

Department	FTE	GR	State Trust Funds	Federal Funds	Total
Children & Family Services	11,869.5	1,621,071,405	42,982,137	1,174,557,984	2,838,611,526

**DCF Base Budget by Fund Type
State Fiscal Year 2015-2016**



**Base Budget by HHS Agency for
State Fiscal Year 2015-2016**



Major Programs at DCF

Department of
Children & Families

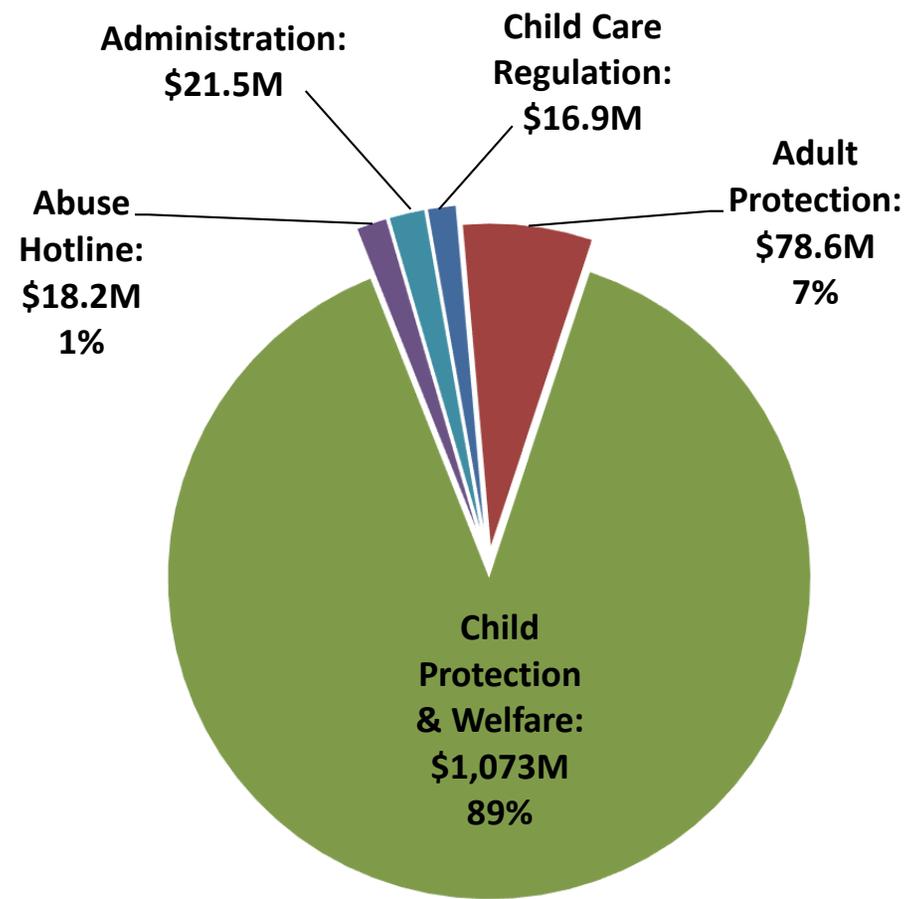
- Family Safety and Preservation Services
- Mental Health Services
- Substance Abuse Services
- Economic Self-Sufficiency Services

Family Safety & Preservation Services

Quick Facts

- Florida Abuse Hotline
 - Receives approximately 460,000 reports annually, of which half met the criteria for investigation.
- Child Protection & Welfare
 - Performed approximately 184,000 total investigations in 61 counties and with six sheriffs in FY 2013-14.
 - Under contract with 20 Community Based Care lead agencies (CBCs):
 - CBCs provide services to approximately 31,000 families annually.
 - Around 3,250 children are adopted from foster care each year.
- Child Care Regulation
 - Oversees approximately 7,500 child care arrangements.

FY 2015-16 Base Budget Total – \$1,209 Billion

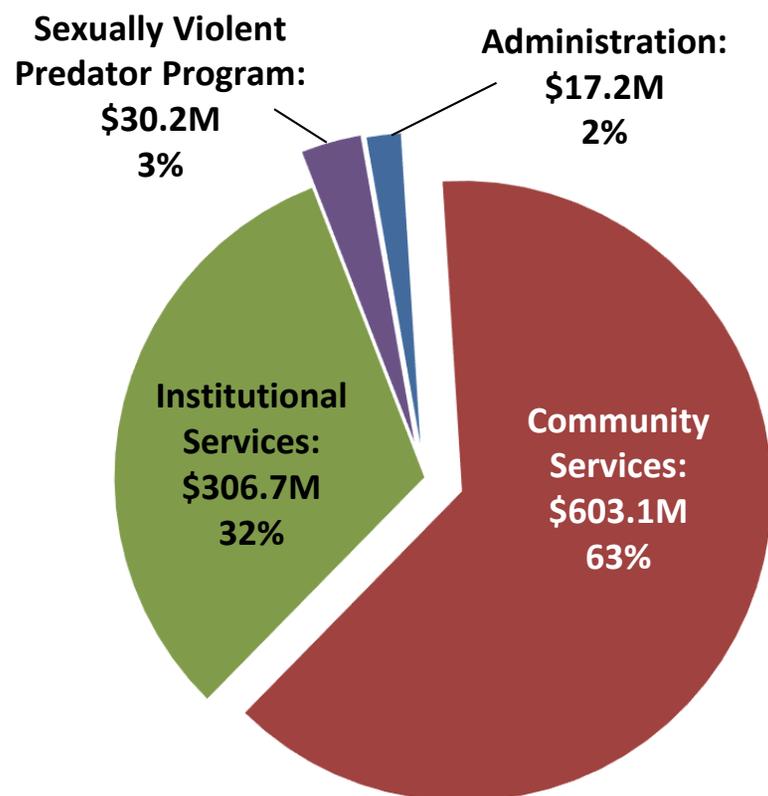


Mental Health & Substance Abuse Services

Quick Facts

- DCF contracts with seven Managing Entities (MEs) to coordinate these services:
 - In turn, the MEs subcontract with approximately 300 community-based service providers.
 - On average, approximately 343,000 persons receive these services annually in a community environment.
- The Mental Health Treatment Facilities house approximately 2,600 residents for both civil and forensic placements.
- Sexually Violent Predator (SVP) Program currently serves 631 persons.

FY 2015-16 Base Budget Total – \$957.3 Million



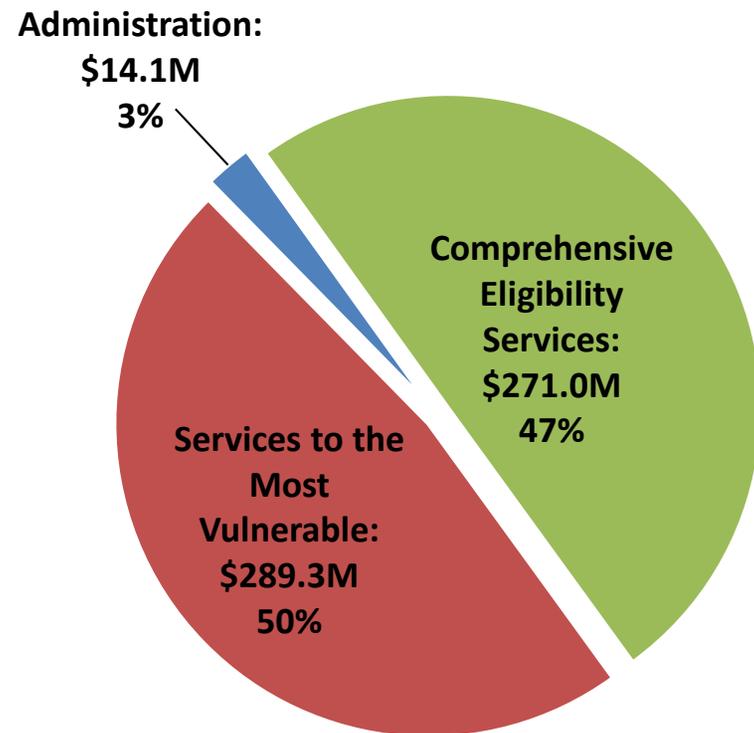
Economic Self-Sufficiency Services

Quick Facts

- DCF helps to promote strong and economically self-sufficient communities by determining eligibility for food, cash and medical assistance for individuals and families.
 - Persons Served – Food Assistance Average for FY 2014-15 is 3,662,360.
 - Persons Served – Cash Assistance is 84,663.
 - Persons Served – Medicaid is 2,131,362.
- Homelessness – There are 28 local homeless coalitions serving 64 counties in Florida, to plan, network, coordinate, and monitor the delivery of services to the homeless.
- Refugee Services program is 100% federally funded. Refugees who received services average for FY 2014-15 is 47,242.*

*Data reported are unduplicated individuals served.

FY 2015-16 Base Budget Total – \$574.4 Million



Department of Elder Affairs

SENATE HEALTH AND HUMAN SERVICES APPROPRIATIONS
SUBCOMMITTEE

AGENCY BASE BUDGET 2015

CHIEF FINANCIAL OFFICER JON MANALO



Major Responsibilities

- Department is official State Unit on Aging
- Established by Legislature to oversee programs for state's seniors
- Enable elders to remain in homes & communities as long as possible to avoid nursing homes
- Major programs
 - Eligibility Assessment
 - Home & Community Based Services
 - Statewide Public Guardian
 - Long Term Care Ombudsman



Base Budget

Fund Source	Amount
General Revenue	116,701,537
State Trust Funds	720,398
Federal Funds	166,699,328
Total Recurring Funds	284,121,263
Total FTEs	440.50



Base Budget 2015-2016

Budget Entity	FTE	Total Funds	Percent
Comprehensive Eligibility Services	272.50	18,316,195	6.4%
Home & Community Services	64.50	246,784,065	86.9%
Executive Direction & Support Services	71.50	9,337,347	3.3%
Consumer Advocate Services	32.00	9,683,656	3.4%
Total Recurring	440.50	284,121,263	100.00%



Comprehensive Eligibility Services

Florida's federally mandated pre-admission screening program for nursing home applicants

Major Program	FTE	General Revenue	Trust Funds	Total All Funds
Comprehensive Assessment and Review for Long-Term Care Services (CARES)	272.50	4,495,785	13,820,410	18,316,195
Total	272.50	4,495,785	13,820,410	18,316,195



Home & Community Services

Budget appropriated for elder services

Major Programs	GR	Trust Funds	Total All Funds
Older American's Act Program	346,998	96,743,728	97,090,726
Community Care for the Elderly	58,378,099	2,666,897	61,044,996
Alzheimer's Disease	18,178,467	0	18,178,467
Local Services Program	7,465,811	0	7,465,811
Home Energy Assistance	0	5,963,764	5,963,764
Serving Health Insurance Needs for Elders	0	2,403,718	2,403,718
Senior Community Service Employment	0	4,865,169	4,865,169



Executive Direction & Support Services

Houses the administration arm of the Department:

- Offices of the Secretary
- Legal
- Human Resources
- General Services
- Fiscal & Contract Administration
- Information Technology
- Communications
- Legislative Affairs

Major Program	FTE	General Revenue	Trust Funds	Total All Funds
Administrative Support	71.50	2,444,313	6,893,034	9,337,347
Total	71.50	2,444,313	6,893,034	9,337,347



Consumer Advocate Services

Houses the Long Term Care Ombudsman Program and the Statewide Public Guardian Office

Major Program	General Revenue	Trust Funds	Total All Funds
Statewide Public Guardianship Office	5,921,731	567,614	6,489,345
Long Term Care Ombudsman Program	1,299,065	1,434,286	2,733,351



Contact Information

- Main Line: 850-414-2000
- Elder Helpline: 1-800-96-ELDER (1-800-963-5337)
- Fax: 850-414-2004
- Website: elderaffairs.state.fl.us
- Secretary Samuel P. Verghese
 - 850-414-2039
- Legislative Affairs Director, Jo Morris
 - 850-414-2155 or morrisj@elderaffairs.org



Department of Health



Base Budget

“To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.”

Executive Direction



FTE	GR	FEDERAL	STATE	TOTAL BASE
406.50	\$10,485,359	\$40,466,639	\$6,135,455	\$57,087,453

Offices/Programs

- Office of the State Surgeon General
- Office of the Chief of Staff
- Office of the Inspector General
- Office of the General Counsel
- Office of the Deputy Secretary for Health & Deputy State Health Officer for CMS
- Office of the Deputy Secretary for Administration
- Office of Budget and Revenue Management
- Office Minority Health
- Office of Information Technology
- Division of Administration

Community Public Health



	FTE	GR	FEDERAL	STATE	TOTAL BASE
Community Public Health	1,291.00	\$241,196,320	\$924,487,336	\$39,297,383	\$1,204,981,039
County Health Departments	11,045.07	\$124,931,534	\$0	\$847,129,029	\$972,060,563

Offices/Programs

- County Health Departments
- Community Health Promotion
- Disease Control and Health Protection
- Emergency Preparedness and Community Support

Highlighted Special Category Appropriation:

Bankhead/Coley/Cancer Research	\$ 10.0 M
Biomedical Research	\$ 3.0 M
James & Esther King Public Health Research	\$ 10.0 M
Florida Cancer Centers	\$ 60.0 M
AIDS Programs	\$ 66.8 M
Federal Nutrition Program - WIC & Childcare Food	\$ 460.0 M
School Health Services	\$ 17.0 M
Tobacco Prevention Services	\$ 66.6 M

Children's Special Health Care



FTE	GR	FEDERAL	STATE	TOTAL BASE
723.00	\$96,936,583	\$175,755,958	\$56,743,865	\$329,436,406

Offices/Program

- Child Protections and Special Technology
- Children's Medical Services Administration
- Children's Medical Services Operations
- Early Steps Program

Highlighted Special Category Appropriation

CMS Network	\$198.0 M
Early Steps	\$ 56.2 M
Medical Services/CPT	\$ 20.9 M
Poison Control Centers	\$ 1.6 M

Health Practitioner and Access



FTE	GR	FEDERAL	STATE	TOTAL BASE
595.00	\$0	\$469,639	\$61,078,832	\$61,548,471

Offices/Programs

- Enforcement
- Health Care Practitioner Regulation
- Operations
- Executive Boards

Highlighted Special Category Appropriation:

Unlicensed Activities \$ 1.2 M

Disability Determinations



FTE	GR	FEDERAL	STATE	TOTAL BASE
1,111.00	\$899,864	149,823,134	0	\$150,722,998

Office/Programs

- Medical Disability Program Operations
- Quality Assurance
- Medical Disability Administrative Services
- Bureau of Medical Disability Information Services
- Bureau of Medical Disability Program Services

Highlighted Special Category Appropriation:

Disability Determinations - Federal	\$149.4 M
Medically Needy - Federal	\$1.0 M
Medically Needy - General Revenue	\$.9 M



Vision:

To be the **Healthiest State** in the Nation

THE FLORIDA SENATE
APPEARANCE RECORD

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

1/22/15
Meeting Date

Bill Number (if applicable)

Topic Agency Overview

Amendment Barcode (if applicable)

Name Elizabeth Dudek

Job Title Secretary

Address 2727 Manan Drive
Street

Phone 850-412-3626

Tallahassee FL 32308
City State Zip

Email "

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Agency for Health Care Admin

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)

1/22/15

Meeting Date

Bill Number (if applicable)

Topic HHS

Amendment Barcode (if applicable)

Name Christy Sandy

Job Title Transportation Manager

Address 2595 Old Mauldrie Rd.

Phone 904-209-3714

Street

St. Aug. Fl.

32086

Email csandy@stjohnsco.com

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing St. Johns Co. Road, Transportation

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE

APPEARANCE RECORD

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Jan 22, 2015
Meeting Date

Bill Number (if applicable)

Topic Agency Presentation

Amendment Barcode (if applicable)

Name Mike Prndergast

Job Title Executive Director

Address The Capitol, Suite 2105, 400 South Monroe St. Phone (850) 487-1533

Street

Tallahassee

Florida

32399

City

State

Zip

Email exdir@fdva.state.fl.us

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing The Florida Department of Veterans' Affairs

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)

Jan 22, 2015

Meeting Date

Bill Number (if applicable)

Topic Agency Presentation

Amendment Barcode (if applicable)

Name Leticia Nazario-Braddock

Job Title Director of Administration

Address The Capitol, Suite 2105, 400 South Monroe St.

Phone (850) 487-1533

Street

Tallahassee Florida 32399

City

State

Zip

Email

Speaking: [] For [] Against [x] Information

Waive Speaking: [] In Support [] Against (The Chair will read this information into the record.)

Representing The Florida Dept. of Veterans' Affairs

Appearing at request of Chair: [x] Yes [] No

Lobbyist registered with Legislature: [] Yes [x] No

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APPEARANCE RECORD

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1/22/2015

Meeting Date

Bill Number (if applicable)

Topic Agency Base Budget

Amendment Barcode (if applicable)

Name David Dobbs

Job Title Deputy Director for Budget + Planning

Address 4030 Esplanad Way

Phone 414-6058

Street

Tallahassee FL 39819

City

State

Zip

Email david.dobbs@dpdcares.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Agency for Persons with Disabilities

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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APPEARANCE RECORD

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1/22/15
Meeting Date

Bill Number (if applicable)

Topic FY 15-16 Budget Issues

Amendment Barcode (if applicable)

Name Geoffrey Becker

Job Title Assistant Secretary for Administration

Address 1317 Winewood Blvd

Phone 850 487 1111

Tallahassee FL 32399
City State Zip

Email gcoffrey.becker@myflfamily.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Department of Children & Families

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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APPEARANCE RECORD

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1/21/15

Meeting Date

Bill Number (if applicable)

Topic Base Budget

Amendment Barcode (if applicable)

Name Jon Manalo

Job Title CEO

Address _____
Street

Phone 414-2077

City

State

Zip

Email manaloj@elderaffairs.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Elder 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.

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THE FLORIDA SENATE
APPEARANCE RECORD

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1/22/15

Meeting Date

Bill Number (if applicable)

Topic Base Budget

Amendment Barcode (if applicable)

Name Marty Stubbfield

Job Title Deputy Secretary of Adm.

Address _____

Phone _____

Street

Tallahassee

FL

City

State

Zip

Email _____

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Dept. of Health

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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S-001 (10/14/14)

Did NOT SPEAK

THE FLORIDA SENATE

APPEARANCE RECORD

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Meeting Date

Bill Number (if applicable)

Topic Aging Services / Transportation

Amendment Barcode (if applicable)

Name Andrew T. De Candis

Job Title Executive Director

Address ⁶⁰⁴ ~~604~~ Walnut St
Street

Phone 904-403-3028

Green Cove Springs, FL
City State Zip

Email adecand@claycc.org
005

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Clay County Council on Aging

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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This form is part of the public record for this meeting.

CourtSmart Tag Report

Room: SB 401

Case:

Caption: Appropriations Subcommittee on Health and Human Services

Type:

Judge:

Started: 1/22/2015 10:31:45 AM

Ends: 1/22/2015 11:49:52 AM

Length: 01:18:08

10:31:46 AM Meeting called to order
10:32:11 AM Roll call
10:32:31 AM TAB 1- SB 94, Joyner, Closing the Gap Bill Program
10:33:31 AM Sen. Garcia
10:33:44 AM Robin Auber
10:34:34 AM TAB 2- Overview of Agency Health Care Administration
10:55:36 AM Sen. Sobel
10:56:34 AM Elizabeth Dudek, Secretary, AHCA
10:58:31 AM Sen. Garcia
10:59:41 AM Elizabeth Dudek
11:01:18 AM Sen. Garcia
11:01:29 AM Elizabeth Dudek
11:02:10 AM Sen. Garcia
11:02:32 AM Elizabeth Dudek
11:04:50 AM Sen. Garcia
11:06:14 AM Public Testimony: Christy Sandy, Transportation Manager, St. Johns COA Transportaion
11:08:12 AM Sen. Garcia
11:08:19 AM Christy Sandy
11:08:35 AM Sen. Garcia
11:08:39 AM Christy Sandy
11:08:47 AM Sen. Sobel
11:08:57 AM Christy Sandy
11:09:16 AM Sen. Sobel
11:09:21 AM Christy Sandy
11:09:28 AM Sen. Sobel
11:09:54 AM Christy Sandy
11:10:02 AM Sen. Sobel
11:10:08 AM Christy Sandy
11:10:21 AM Sen. Garcia
11:10:33 AM Elizabeth Dudek
11:11:20 AM Sen. Garcia
11:11:44 AM TAB 3 Review and Discussion of Fiscal year 2015-2016 Budget Issues
11:12:16 AM Elizabth Dudek, Secretary, Agency for Health Care Administration
11:15:44 AM Mike Pendergast, Executive Director, Department of Veterans' Affairs
11:19:44 AM Leticia Nazario-Braddock, Director of Administration, Department of Veterans' Affairs
11:21:46 AM Sen. Sobel
11:22:18 AM Mike Pendergast
11:23:54 AM Sen. Sobel
11:24:18 AM Mike Pendergast
11:24:44 AM Sen. Richter
11:27:06 AM Sen. Garcia
11:27:34 AM David Dobbs, Deputy Director of Budget and Planning, Agencies for Persons with Disabilities
11:32:45 AM Geoffery Becker, Assistant Secretary for Administration, Department of Children and Families
11:37:50 AM Sen. Garcia
11:37:58 AM Geoffery Becker
11:38:25 AM Sen. Garcia
11:38:53 AM Geoffery Becker
11:39:01 AM Jon Manalo, Chief Financial Officer, Department of Elder Affairs
11:41:29 AM Sen. Garcia
11:41:42 AM Marty Stubblefield, Deputy Secretary for Administration, Department of Health
11:45:35 AM Sen. Ritcher
11:46:27 AM Marty Stubblefield

11:46:53 AM Sen. Garcia
11:47:27 AM Marty Stubblefield
11:47:33 AM Sen. Garcia
11:47:35 AM Marty Stubblefield
11:49:05 AM Sen. Garcia
11:49:15 AM Closing remarks/Adjourn