

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

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

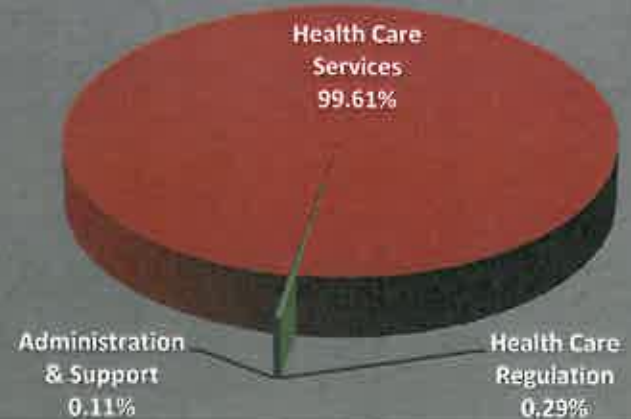
	FTE	Recurring	Nonrecurring	Total
<b>Fiscal Year 2011-12 Appropriations:</b>	1,655.00	21,911,471,206	367,416,242	22,278,887,448

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

**Base By Fund Type**



**Base By Program**



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

## Programs & Services Descriptions

### **A Program: Administration and Support**

#### **1 Budget Entity/Service: Executive Leadership/Support Services**

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

### **B Program: Health Care Services**

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

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

#### **2 Budget Entity/Service: Executive Direction/Support Services**

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

#### **3 Budget Entity/Service: Medicaid Services to Individuals**

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

#### **4 Budget Entity/Service: Medicaid Long Term Care**

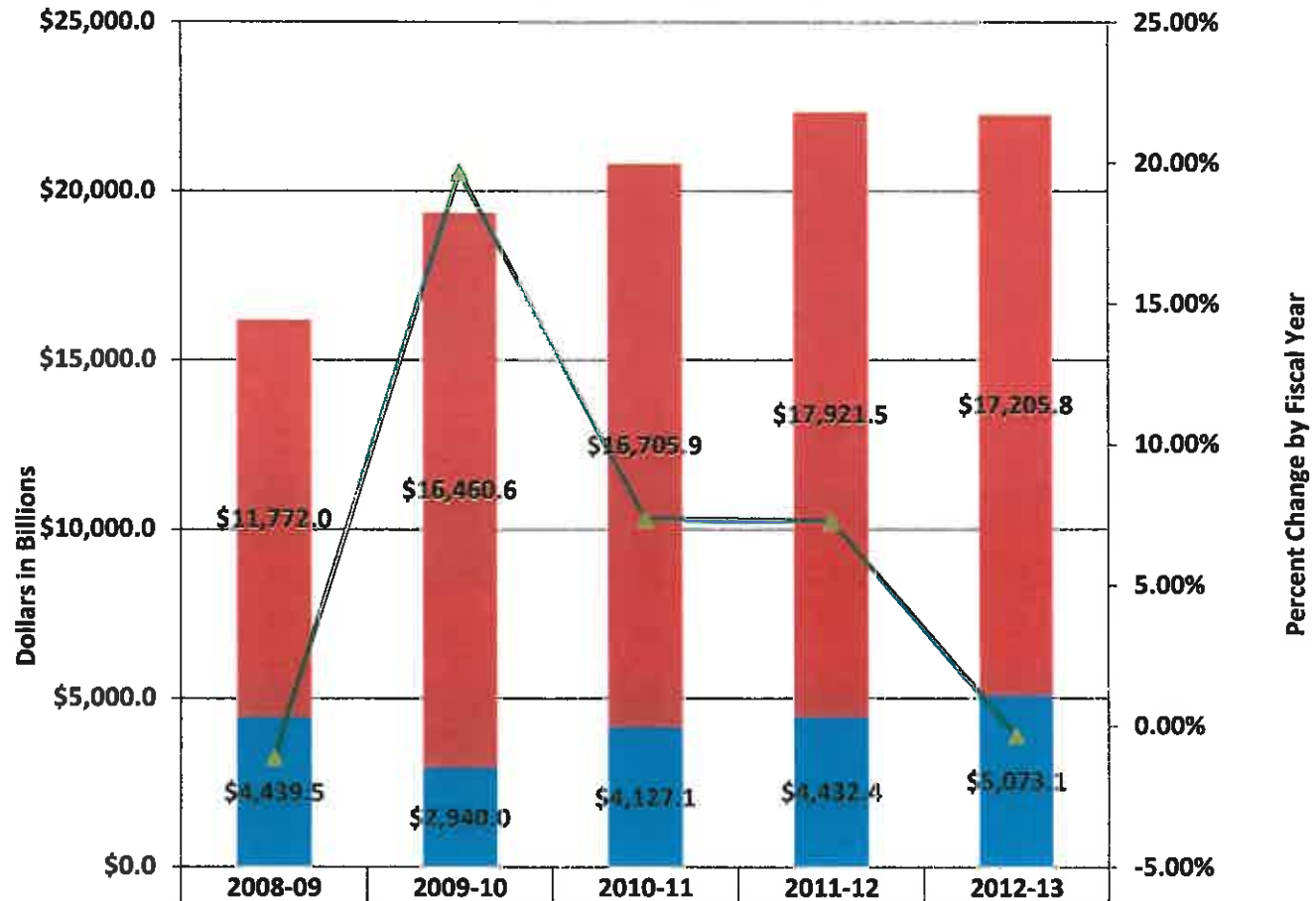
Recruit and enroll long term care providers, set standards, and establish reimbursement levels. Purchase long term care services for persons who meet institutional level of need requirements and are either eligible for regular Medicaid or are financially eligible only if receiving long term care services;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

### **C Program: Health Care Regulation**

#### **1 Budget Entity/Service: Health Care Regulation**

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

## Agency for Health Care Administration 5-Year Funding History



<span style="color: red;">■</span> Trust Fund	\$11,772.0	\$16,460.6	\$16,705.9	\$17,921.5	\$17,205.8
<span style="color: blue;">■</span> General Revenue	\$4,439.5	\$2,940.0	\$4,127.1	\$4,432.4	\$5,073.1
<span style="color: green;">▲</span> Percent Change from Prior Year	-1.11%	19.67%	7.38%	7.30%	-0.34%

**AGENCY FOR HEALTH CARE ADMINISTRATION**  
**Trust Funds**

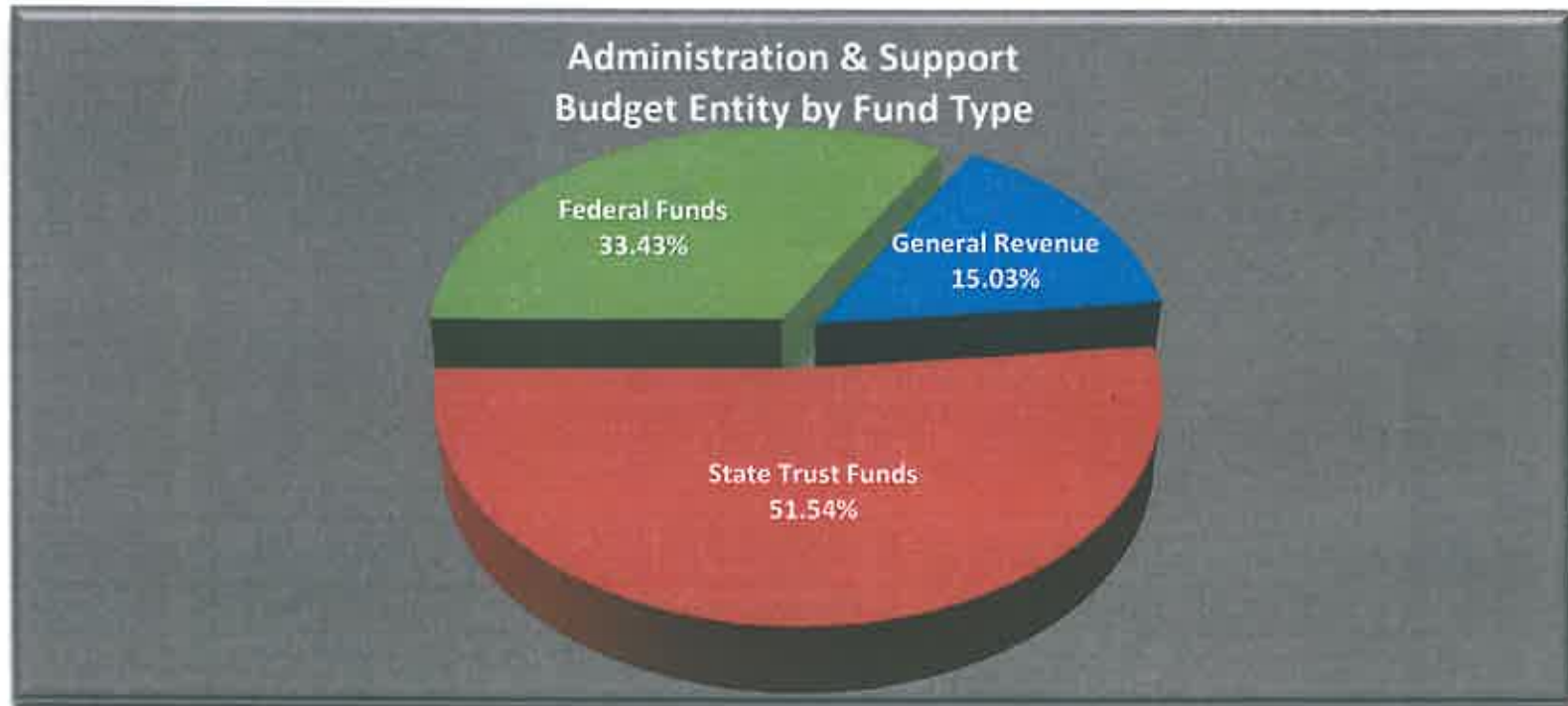
#	Trust Fund	Controlling Statutory Authority	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2013-14 Base Budget
1	Administrative Trust Fund	CH. 04-191, 00-057, LOF; 215.32, 20.425,	Management activities that are departmental in nature and funded by indirect cost earnings and assessments against trust funds.	Funds are primarily derived from indirect cost earnings and trust fund assessments.	Funds management activities that are departmental in nature.	\$ 19,749,852
2	Grants & Donation Trust Fund	CH. 04-193, 00-059, LOF; s. 215.32, 20.425, 409.916, F.S.	To support the activities associated with allowable grant or donor agreement activities and to support the activities associated with administering the Children's Special Health Care, drug rebate, quality assessment, nursing home lease bond, Medicaid fraud and abuse recoupment programs.	Funds are primarily derived from premiums collections, drug rebates, refunds, county distributions, nursing home lease bond, quality assessments, and state grants.	Funds Children's Special Health Care, drug rebate, quality assessment, nursing home lease bond, and the Medicaid fraud and abuse recoupment programs.	\$ 2,457,460,353
3	Health Care Trust Fund	CH. 04-190, 00-056, LOF; s. 408.16, 20.425, 400.063, F.S.	To support the activities associated with the regulation of facilities and providers pursuant to chapters 408 and 641, F.S., and any other purpose related to the enforcement of these chapters.	Funds are primarily derived from license fees, administrative fines, taxes, cigarette surcharge, federal grants, refunds, and transfers from other state agencies.	Funds regulatory activities.	\$ 885,316,214
4	Medical Care Trust Fund	CH. 04-194, 00-060, LOF; s. 20.425, F.S.	To provide health care services to individuals eligible pursuant to the requirement and limitation of Title XIX and Title XXI of the Social Security Act.	Funds are primarily derived of receipts from federal and state grants, refunds, and distributions from other departments.	Funds health care services provided to eligible individuals through Title XIX and Title XXI of the Social Security Act.	\$ 12,751,987,118
5	Public Medical Assistance Trust Fund	CH. 04-197, 00-063, LOF; s. 20.425, 394.4786, 395.701,	To support program activities associated with providing health care services to indigent persons.	Funds are primarily derived from fines, forfeitures, cigarette taxes and hospital assessments.	Funds health care services provided to eligible individuals through Title XIX of the Social Security Act.	\$ 561,410,000
6	Quality of Long Term Care Trust Fund	CH. 04-229, 01-205, LOF; s. 20.425, 400.0238, 400.0239, 400.0240, F.S.	To support activities and programs directly related to the improvement of the care of nursing homes and assisted living facility residents.	Funds are primarily derived from fines and forfeitures.	Funds activities and programs directly related to the improvement of the care of residents residing in nursing homes and assisted living facilities.	\$ 1,000,000
7	Refugee Assistance Trust Fund	CH. 04-198, 00-064, LOF; s. 20.45, F.S.	To provide medical assistance to individuals eligible pursuant to the requirements and limitations of 45 Code of Federal Regulations Parts 400 and 401.	Funds are primarily derived from federal grant funds under the Refugee Resettlement program and the Cuban/Haitian Entrant program transferred from the Department of Children and Family Services.	Funds medical assistance to individuals under the Refugee Resettlement program and the Cuban/Haitian Entrant program.	\$ 27,603,060
8	Tobacco Settlement Trust Fund	CH. 04-192, 00-058, LOF; s. 20.425, F.S.	To support activities and programs directly related to the implementation of the Children's Special Health Care and Medicaid programs.	Funds are primarily derived from Tobacco Settlement funds transferred from the Department of Financial Services.	Funds health care services provided to eligible individuals through Title XIX and Title XXI of the Social Security Act.	\$ 153,734,741

## Administration and Support FY 2013-14 Base Budget Summary

### Program Description

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

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



**FY 2013-14 Base-Budget Review Details**

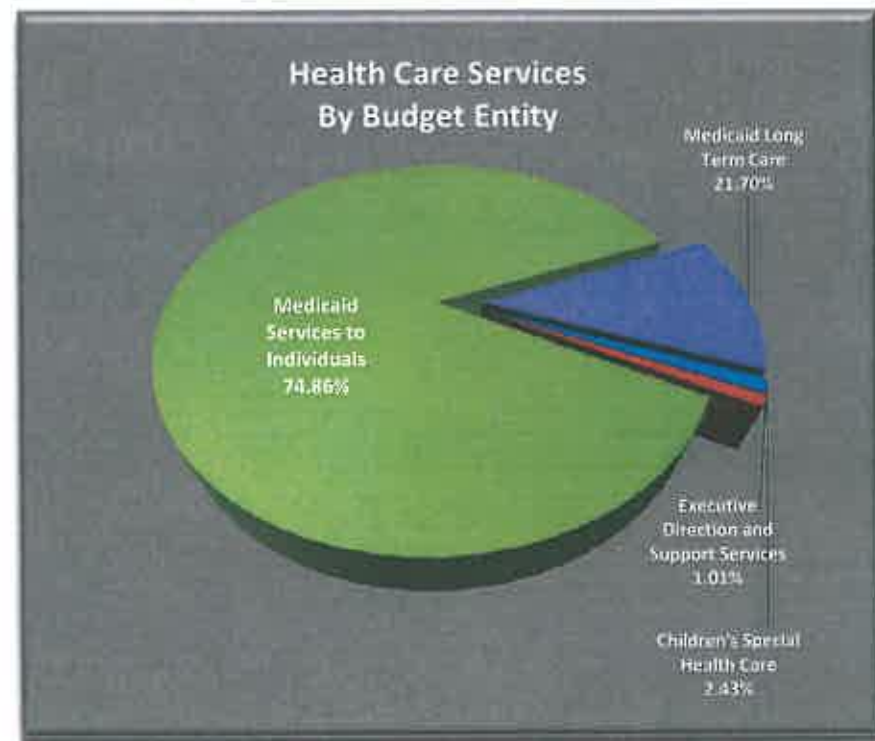
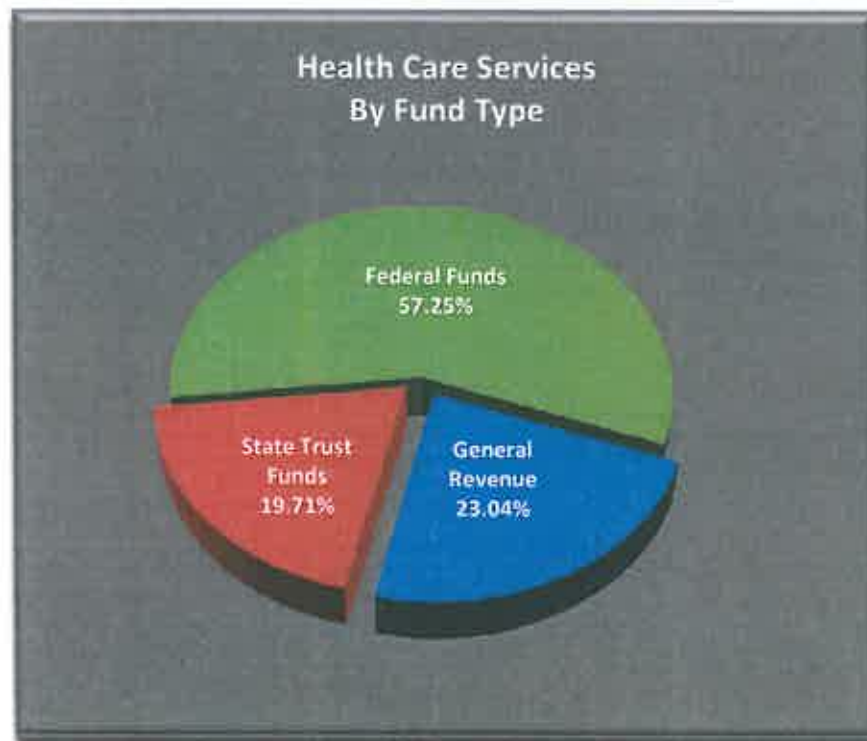
	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
	<b>Administration &amp; Support</b>	<b>249.00</b>	<b>3,493,987</b>	<b>19,749,852</b>	<b>23,243,839</b>	
<b>1</b>	<b>Budget Entity: Administration &amp; Support</b>					
<b>2</b>	<b>Brief Description of Entity:</b> Provides leadership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

## Health Care Services FY 2013-14 Base Budget Summary

### Program Description

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

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



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



	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
<b>25</b>	<b>Budget Entity: Executive Direction and Support Services</b>					
<b>26</b>	<b>Brief Description of Entity:</b> Provides executive direction and support for the Medicaid program by delivering financial, budget, policy and logistical support; purchasing health care services and ensuring that purchased care is appropriate and medically necessary; eliminating waste, fraud and abuse; and improving quality of care provided to beneficiaries.					
27	Salaries & Benefits	747.00	2,656,324	39,516,388	42,172,712	Costs associated with salaries and benefits for 747.0 full time equivalents (FTE) positions.
28	Other Personal Services		1,774,139	23,694,586	25,468,725	Costs associated with services rendered by a person who is not filling an established full-time position.
29	Expenses		906,891	6,740,806	7,647,697	Costs associated with usual , ordinary, and incidental operating expenditures.
30	Operating Capital Outlay		45,391	221,266	266,657	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
31	Pharmaceutical Expense Assistance		50,000		50,000	Provides pharmaceutical expense assistance in accordance with s. 402.81, F.S., to individuals diagnosed with cancer or individuals who have received organ transplants who were medically needy recipients prior to January 1, 2006. Individuals must also be a Florida resident, eligible for Medicare, and request enrollment in the program. Appropriation covers the Medicare Part B prescription drug coinsurance and deductibles for Medicare Part B medications that treat eligible cancer and organ transplant patients.
32	Transfer to Division of Administrative Hearings		50,616	50,616	101,232	Payment to the Division of Administrative Hearings (DOAH) to resolve conflicts between private citizens and organizations and agencies of the state.
33	Contracted Nursing Home Audit Program		827,653	1,129,095	1,956,748	Independent financial audits of nursing home and ICF/DDs to determine compliance with cost reporting requirements set forth in the long-term care reimbursement plan. Cost reports are the basis for institutional Medicaid rates.
34	Contracted Services		17,209,224	47,226,082	64,435,306	Costs associated with services rendered through contractual arrangements.
35	Medicaid Fiscal Contract		19,958,293	51,900,265	71,858,558	Funding for the Florida Medicaid Management Information System (FMMIS). Includes costs associated with Medicaid claims processing, enrollment of Medicaid providers, and Pharmacy Benefit Management activities. Funding for the Agency's Decision Support System (DSS) activities are also included in this category.
36	Medicaid Peer Review		1,093,903	4,403,348	5,497,251	Funding for the purchase utilization review of certain services by independent Peer Review Organizations to help safeguard against unnecessary and inappropriate medical care. Reviews include medical services/records for medical necessity, quality of care and length of stay. Services receiving peer review include Hospital Inpatient, Inpatient Psychiatric Hospital, Community Behavior Health, Home Health, Private Duty Nursing, Developmental Disabilities Quality Assurance, and NICU Utilization. Medicaid Peer Review is federally required.
37	Risk Management Insurance		333,599	556,670	890,269	Funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights insurance.
38	Lease Or Lease-Purchase Equipment		26,165	180,781	206,946	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
39	Transfers to DMS for Human Resources Services Statewide Contract		93,415	178,211	271,626	Funding for the People First human resources contract administered by the Department of Management Services.
<b>40</b>	<b>Total - Executive Direction &amp; Support Services</b>	<b>747.00</b>	<b>45,025,613</b>	<b>175,798,114</b>	<b>220,823,727</b>	

	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
41	<b>Budget Entity: Medicaid Services to Individuals</b>					
42	<p><b>Brief Description of Entity:</b> Recruit and enroll sufficient providers to meet the medical needs of eligible beneficiaries. Develop programs to improve client outcomes and set standards for service. Purchase medically needed services for beneficiaries under the Medicaid program in which enrolled. Monitor quality of care provided and compliance with standards. Institute steps to improve quality, efficiency, cost, and access to care. Recruit health maintenance organizations (HMO) to participate in Medicaid, set standards, and contract with HMOs electing to participate in Medicaid. Annually set rates for pre-paid plans and ensure compliance with standards. Promote quality improvement by plans. Resolve beneficiary and provider complaints.</p> <p>*Although Medicaid Services are classified as optional or mandatory, all medically necessary services are mandatory for children and pregnant women.</p>					
43	Adult Vision/Hearing Services	-	7,617,533	10,720,146	18,337,679	Reimbursement for vision/hearing services to adult Medicaid recipients. Optional Service
44	Case Management		43,759,419	60,857,380	104,616,799	Reimbursement for case management services to Medicaid clients of Children's Medical Services (CMS), and adults served by Alcohol, Drug Abuse and Mental Health (ADM) programs. Case management is the process of assessing client need for services, developing a plan of care, making arrangements for delivery of needed services and monitoring service effectiveness. This expenditure category also includes funding for the Disease Management (DM) contracts which include: HIV/AIDS, Sickle Cell, Renal Disease, CHF, COPD, Diabetes, Hypertension, Asthma, and Hemophilia. Children; Mandatory Service if medically necessary Adult; Optional Service DM Contracts; optional service
45	Therapeutic Services for Children		31,130,034	42,516,553	73,646,587	Provides a wide array of community outpatient mental health services, targeted case management and community-based residential treatment services in therapeutic foster homes to assist children and families in resolving mental health issues that interfere with the child's functioning at home, in school or in the community. These services also serve to prevent the need for more intensive, more restrictive residential mental health placements. Therapy treatments must be prescribed by the beneficiary's primary care physician and be provided by a licensed therapist or assistant supervised by a licensed therapist. The provider conducts an evaluation of the beneficiary, writes a plan of care for the beneficiary, performs the needed therapy, and provides reevaluations and revisions of the plan of care as needed or every six months. Mandatory service for children.
46	Community Mental Health Services		25,924,806	43,046,453	68,971,259	Reimbursement for treatment planning and review, evaluation and testing, medical evaluation, counseling, therapy and treatment services, and day treatment. Services must be medically necessary, and recommended by a licensed practitioner. Optional Service for Adults, mandatory if medically necessary for children.
47	Adult Dental Services		13,913,359	19,287,371	33,200,730	Reimbursement for adult dental services. Optional Service
48	Developmental Evaluation & Intervention/Part C			8,782,789	8,782,789	Provides funds for Medicaid recipients that receive early intervention services through the Department of Health. Services include the evaluation for program eligibility, comprehensive assessment of needs of children age 0 to 36 months and their families; service coordination/case management to assure that services are received as specified in the Family Support Plan; and assessment and intervention services to achieve identified child outcomes. Services must be provided by a Medicaid enrolled provider who has been recognized by the Dept. of Health, Children's Medical Services as a Part C early intervention provider. Optional Service for Children.
49	Early & Periodic Screening of Children		115,504,341	158,032,050	273,536,391	Reimbursement for Child Health Check-ups. Child Health Check-Up consists of a comprehensive, preventive health screening that is performed on a periodic basis on children 20 years of age or younger. Mandatory Service for children.
50	G/A-Rural Hospital Financial Assistance		1,220,185	12,810,581	14,030,766	Rural hospital disproportionate share program. Must be a rural hospital, serve a disproportionate share of Medicaid and charity care services, conform to all agency quality of care requirements, agree to accept all patients regardless of ability to pay, agree to provide backup and referral services to the county public health units and other low-income providers within the hospitals service area. Optional Service
51	Family Planning		2,333,512	21,043,044	23,376,556	Reimbursement for services that include health history, physical examination, information and referral, education and counseling, diagnostic and laboratory procedures, contraceptive methods, drugs, devices, supplies, voluntary sterilization, natural family planning and follow-up care. Mandatory Service

	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
52	G/A-Shands Teaching Hospital		9,673,569		9,673,569	State Funding provided to Shands Teaching Hospital via a legislative appropriation. Funding is used in the current year as match in Low Income Pool and Hospital Exemption programs.
53	Healthy Start Services			23,641,947	23,641,947	Reimbursement for services provided for under the Healthy Start program. Assists recipients in coordinating and gaining access to services that will: reduce the number of infants born with medical problems; and Maintain the health of infants after birth. Waiver service. Program is operated by DOH. Optional Service
54	Home Health Services		79,008,710	108,058,112	187,066,822	Reimbursement for services provided in a recipient's home or other authorized setting to promote, maintain or restore health or to minimize the effects of illness and disability. Mandatory Service
55	Hospice Services		77,769,399	243,851,372	321,620,771	Reimbursement for palliative health care and supportive services for terminally ill patients and their families. Optional Service
56	Hospital Inpatient Services		536,895,053	3,098,730,424	3,635,625,477	Reimbursement for inpatient hospital services include room and board, medical supplies, diagnostic and therapeutic services, use of hospital facilities, drugs and biologicals, nursing care, and all supplies and equipment necessary to provide appropriate care and treatment. Mandatory Service
57	Regular Disproportionate Share		750,000	245,820,577	246,570,577	Federally regulated program allowing Medicaid payments to certain hospitals based upon criteria determined by the state. This program is designed to provide financial resources to hospitals serving a disproportionate share of the Medicaid and indigent population. This program is capped annually by a federal allotment. Mandatory Service.
58	Low Income Pool		9,249,591	991,000,412	1,000,250,003	The Low Income Pool Program is considered one of four fundamental elements of the Medicaid reform waiver and is defined as a program established to ensure continued government support for the provision of health care services to Medicaid, underinsured and uninsured populations. The program consists of a \$1 billion capped annual allotment. Under this program, local and some state funds are primarily used to generate federal matching dollars, and are then distributed through the LIP distribution methodology. Optional Program.
59	Freestanding Dialysis Centers		8,072,839	11,025,429	19,098,268	Reimbursement for freestanding dialysis center services include in-center hemodialysis, in-center administration of agency approved drugs, and home peritoneal dialysis. Optional Service.
60	Hospital Insurance Benefit		67,624,696	92,358,024	159,982,720	Reimbursement of inpatient hospital deductible for Medicare Part A, Deductible and coinsurance for Medicare Part B. Medicare deductible for blood under Part A & B. Mandatory Service.
61	Hospital Outpatient Services		179,037,495	881,924,468	1,060,961,963	Reimbursement for preventive, diagnostic, therapeutic or palliative care, and service items provided in an outpatient setting under the direction of a licensed physician or dentist. Mandatory Service.
62	Respiratory Therapy Services		8,519,392	11,638,934	20,158,326	Reimbursement for evaluation and treatment of pulmonary dysfunction for children only. Reimbursable services include: ventilator support, therapeutic use of medical gases, respiratory rehabilitation, management of life support systems, bronchopulmonary drainage, breathing exercises, and chest physiotherapy. Optional service; mandatory if medically necessary for children.
63	Nurse Practitioner Services		3,044,132	4,157,513	7,201,645	Reimbursement for services provided by licensed, Medicaid-participating registered nurse first assistants (RNFA). The services must be rendered in collaboration with a physician and in accordance with chapter 464, Florida Statutes. Mandatory Service
64	Birth Center Services		670,472	915,694	1,586,166	Reimbursement to licensed facilities that provide obstetrical, gynecological and family planning services. Optional service; mandatory if medically necessary for pregnant women.
65	Other Lab & X-ray Services		45,356,292	62,553,508	107,909,800	Reimbursement to independent laboratories and for x-ray services rendered by licensed Medicaid providers. Mandatory Service.
66	Patient Transportation		60,529,149	82,697,481	143,226,630	Reimbursement for non-emergency medical and emergency transportation services. Non-emergency medical transportation services are provided through contracts with the Florida Commission for the Transportation Disadvantaged and through certain HMOs, PSNs and Medicaid Reform fee-for-service specialty plans. Mandatory Service.

	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
67	Physician Assistant Services		4,803,011	6,577,096	11,380,107	Reimbursement for services provided by licensed, Medicaid-participating physician assistants. The services must be provided in collaboration with a practitioner licensed pursuant to Chapter 458 or 459, Florida Statutes. Optional Service.
68	Personal Care Services		16,063,451	21,949,547	38,012,998	Health care support services that are medically necessary. Mandatory services and they are provided only to children.
69	Physical Rehabilitation Therapy		3,750,728	5,122,536	8,873,264	Reimbursement for physical therapy services provided by licensed Medicaid-participating physical therapists and by supervised physical therapy assistants. Mandatory Service for children only.
70	Physician Services		342,388,250	919,277,813	1,261,666,063	Mandatory Service Chiropractic and Podiatric services are optional for adults, but mandatory for children.
71	Prepaid Health Plan		1,008,785,812	2,552,786,789	3,561,572,601	Capitated reimbursement to managed care organizations for health care services provided to Medicaid recipients under eligibility categories SSI, elderly and disabled, TANF, SOBRA children, SOBRA pregnant women, and unemployed parents.
72	Prescribed Medicine/ Drugs		379,937,139	1,095,838,502	1,475,775,641	Reimbursement for services provided by licensed Medicaid-participating pharmacies. Medicaid reimburses for legend drugs and for specific non-legend drugs. Optional Service. Mandatory for children.
73	Medicare Part D Payment		491,317,257	0	491,317,257	Also known as the "Clawback." Payment that Medicaid makes to the federal government on behalf of each dually eligible Medicaid recipient to help finance Medicare Part D. Mandatory Service
74	Private Duty Nursing Services		71,065,738	97,057,608	168,123,346	Reimbursement for medically necessary nursing services provided to children who have complex medical needs and who require more individual or continuous care than is available from a nursing visit. Mandatory Service
75	Rural Health Services		53,071,723	72,605,884	125,677,607	Reimbursement for outpatient primary health care services provided by a clinic located in a designated rural, medically-underserved area. Each clinic must have on its staff at least one family nurse or nurse midwife practitioner or physician assistant and a supervising physician. Mandatory Service
76	Speech Therapy Services		22,911,934	31,296,193	54,208,127	Reimbursement for speech-language pathology services to children provided by licensed, Medicaid-participating speech-language pathologists and by supervised, speech language pathologist assistants. The services are available in the home or other appropriate setting. Services may be rendered to a group of children. Mandatory Service
77	MediPass Services		9,425,885	12,925,533	22,351,418	A \$2 per member per month payment for primary care case management to a primary care physician who is responsible for providing primary care and case management. Optional Service
78	Supplemental Medical Insurance		543,095,225	728,897,645	1,271,992,870	Payment of Medicare part A and B monthly premiums for Medicaid/Medicare dually eligible beneficiaries. Mandatory Service
79	Occupational Therapy Services		14,629,011	19,980,408	34,609,419	Reimbursement for occupational therapy services for children that address the functional needs of an individual related to the performance of self-help skills; adaptive behavior; and sensory, motor, and postural development. Mandatory service for children.
80	Clinic Services		43,301,674	87,429,120	130,730,794	Reimbursement to county health department (per-encounter) for outpatient primary care services for diagnosis and treatment of diseases and/or referral to other health care providers. Optional Service
81	Medicaid School Refinance			97,569,420	97,569,420	Federal share of funds to school districts for Medicaid physical and behavioral services. Optional Service
82	<b>Total - Medicaid Services to Individuals</b>	-	<b>4,332,150,816</b>	<b>11,984,784,356</b>	<b>16,316,935,172</b>	

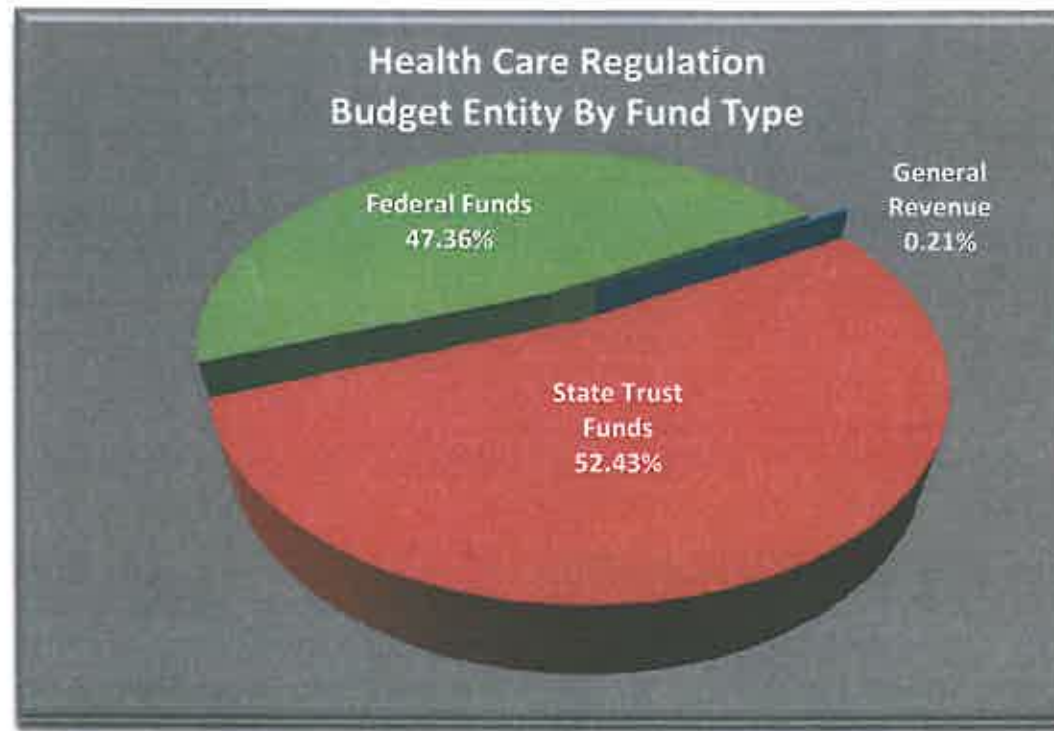
	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
<b>83</b>	<b>Budget Entity: Medicaid Long Term Care</b>					
<b>84</b>	<b>Brief Description of Entity:</b> Recruit and enroll long term care providers, set standards, and establish reimbursement levels. Purchase long term care services for persons who meet institutional level of need requirements and are either eligible for regular Medicaid or are financially eligible only if receiving long term care services; purchase eligible services for the developmentally disabled as determined needed by the Agency for Persons with Disabilities. Resolves beneficiary and provider complaints and prepare federal waivers and state plan amendments. *Although Medicaid Services are classified as optional or mandatory, all medically necessary services are mandatory for children and pregnant women.					
<b>85</b>	Assistive Care Services			26,179,861	26,179,861	Reimbursement for assistive care services provided to eligible recipients living in congregate living facilities and requiring integrated services on a 24-hour per day basis. Includes residents of licensed Assisted Living Facilities (ALFs), adult family care homes (AFCHs) and residential treatment facilities (RTFs). Optional Service.
<b>86</b>	Home & Community Based Services		9,696,434	1,072,639,449	1,082,335,883	Provides payment for a wide range of home and community-based services provided to elderly and other disabled Medicaid beneficiaries who would otherwise require institutional care. The state match is transferred from the Department of Elderly Affairs, the Department of Children and Family Services, the Agency for Persons with Disabilities and the Department of Health. Includes the following waivers: Aged and Disabled Adult, Aging Out, Developmental Disabilities, Channeling, Alzheimer's, Brain & Spinal, Adult Day Care, AIDS, Riley Day Syndrome. Optional Service.
<b>87</b>	ALF Waiver			37,257,303	37,257,303	Provides extra support for elders residing in an ALF and includes three services: case management, assisted living, and if needed, incontinence supplies. Optional Service.
<b>88</b>	ICF/MR - Sunland Center			90,647,711	90,647,711	Medicaid reimburses for services rendered by state owned and operated intermediate care facilities for the developmentally disabled (ICF/DD). ICF/DD services include: Room and board; Food and food supplements; Nursing services; Rehabilitative care; Therapy; Basic wardrobe; Training and help with daily living skills; Medical supplies, durable medical equipment, eyeglasses, hearing aids; Dental care; and Transportation. Optional Service.
<b>89</b>	ICF/DD Community		93,070,381	160,686,517	253,756,898	Provides payment for continuous active treatment to beneficiaries with developmental disabilities who meet Medicaid Institutional Care Program eligibility requirements and level of care criteria. 24-hour-a-day medical, rehabilitative and health related services are provided in certified facilities. Services provided in this setting are those that cannot be rendered more safely or economically in another setting. Optional Service.
<b>90</b>	Nursing Home Care		485,569,881	2,284,675,764	2,770,245,645	Reimbursement on per day basis for Skilled, Intermediate and General Care. Skilled Care: Mandatory Service Intermediate Care: Optional Service General Care: Optional Service
<b>91</b>	State Mental Health Hospital Program			11,147,258	11,147,258	Medicaid pays for medically necessary inpatient mental health services for recipients age 65 and older who meet the Medicaid Institutional Care Program eligibility requirements and who reside in a state mental health hospital in the state of Florida. Optional Service.
<b>92</b>	Mental Health Hospital Disproportionate Share			69,602,260	69,602,260	Federally regulated program allowing Medicaid payments to state mental health hospitals based upon criteria determined by the state. The program is designed to provide financial resources to hospitals serving as institutes of mental disease. This program is capped annually by a federal allotment. Optional Service.
<b>93</b>	TB Hosp Disproportionate Share			2,444,444	2,444,444	Federally regulated program allowing Medicaid payments to specialized hospitals based upon criteria determined by the state. The program is designed to provide financial resources to hospitals serving specialty purposes, in this case tuberculosis. This program is capped annually by a federal allotment. Optional Service.
<b>94</b>	Nursing Home Diversion Waiver			359,036,110	359,036,110	Provides frail elders with an alternative to nursing facility placement. Offering coordinated acute and long-term care services to frail elders in the community setting. Optional Service.
<b>95</b>	Program Care for the Elderly			26,578,951	26,578,951	Provides a comprehensive range of medical and home and community-based services for individuals who would otherwise qualify for placement in a nursing home.
<b>96</b>	<b>Total - Medicaid Long Term Care</b>	<b>-</b>	<b>588,336,696</b>	<b>4,140,895,628</b>	<b>4,729,232,324</b>	
<b>97</b>	<b>PROGRAM TOTAL</b>	<b>747.00</b>	<b>5,022,135,716</b>	<b>16,775,495,272</b>	<b>21,797,630,988</b>	

## Health Care Regulation FY 2013-14 Base Budget Summary

### Program Description

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

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



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