

<b>Tab 1</b>	<b>SB 234 by Gaetz (CO-INTRODUCERS) Hays, Abruzzo;</b> (Similar to H 0139) Dental Care					
451322	A	S	RCS	AHS, Richter	Delete L.95:	11/19 05:17 PM

<b>Tab 2</b>	<b>CS/SB 242 by HP, Braynon (CO-INTRODUCERS) Flores;</b> (Similar to CS/H 0081) Infectious Disease Elimination Pilot Program					
276928	A	S	RCS	AHS, Smith	Delete L.121:	11/19 05:17 PM

<b>Tab 3</b>	<b>SB 284 by Thompson;</b> (Similar to H 0103) Commercial Transactions in Fresh Produce Markets					
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<b>Tab 4</b>	<b>SB 152 by Grimsley;</b> Ordering of Medication					
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<b>Tab 5</b>	<b>SB 238 by Grimsley;</b> (Identical to H 4007) Medical Assistant Certification					
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<b>Tab 6</b>	<b>SB 450 by Grimsley (CO-INTRODUCERS) Clemens;</b> (Similar to H 0107) Physical Therapy					
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<b>Tab 7</b>	<b>SB 248 by Garcia (CO-INTRODUCERS) Gaetz;</b> (Similar to H 0089) Medical Assistance Funding for Lawfully Residing Children					
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The Florida Senate  
**COMMITTEE MEETING EXPANDED AGENDA**  
**APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND**  
**HUMAN SERVICES**  
**Senator Garcia, Chair**  
**Senator Smith, Vice Chair**

**MEETING DATE:** Wednesday, November 18, 2015

**TIME:** 10:00 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	<b>SB 234</b> Gaetz (Similar H 139)	Dental Care; Establishing a joint local and state dental care access account initiative, subject to the availability of funding; authorizing the creation of dental care access accounts; providing criteria for the selection of dentists for participation in the initiative; providing for the establishment of accounts; requiring the Department of Health to implement an electronic benefit transfer system; authorizing the department to transfer state funds remaining in a closed account at a specified time and to return unspent funds from local sources, etc.  HP 10/20/2015 Favorable AHS 11/18/2015 Fav/CS AP	Fav/CS Yeas 8 Nays 0
2	<b>CS/SB 242</b> Health Policy / Braynon (Similar CS/H 81)	Infectious Disease Elimination Pilot Program; Citing this act as the "Miami-Dade Infectious Disease Elimination Act (IDEA)"; authorizing the University of Miami and its affiliates to establish a sterile needle and syringe exchange pilot program in Miami-Dade County; providing that the possession, distribution, or exchange of needles and syringes under the pilot program is not a violation of the Florida Comprehensive Drug Abuse Prevention and Control Act or any other law; requiring the pilot program to collect certain data; prohibiting the collection of personal identifying information from program participants, etc.  HP 11/02/2015 Fav/CS AHS 11/18/2015 Fav/CS FP	Fav/CS Yeas 8 Nays 0

**COMMITTEE MEETING EXPANDED AGENDA**

Appropriations Subcommittee on Health and Human Services  
Wednesday, November 18, 2015, 10:00 a.m.—12:00 noon

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
3	<b>SB 284</b> Thompson (Similar H 103)	Commercial Transactions in Fresh Produce Markets; Authorizing owners or operators of certain farmers' markets, community farmers' markets, flea markets, and other open-air markets to allow certain Food and Nutrition Service groups, associations, or third-party organizations to implement and operate an electronic benefits transfer system in such markets for the purpose of accepting SNAP benefits; requiring the owners or operators of such markets to reasonably accommodate such groups in the implementation and operation of an electronic benefits transfer system in the market, etc.  AG 11/02/2015 Favorable AHS 11/18/2015 Favorable AP	Favorable Yeas 8 Nays 0
4	<b>SB 152</b> Grimsley	Ordering of Medication; Revising the authority of a licensed physician assistant to order medication under the direction of a supervisory physician for a specified patient; authorizing an advanced registered nurse practitioner to order medication for administration to a specified patient; authorizing a licensed practitioner to authorize a licensed physician assistant or advanced registered nurse practitioner to order controlled substances for a specified patient under certain circumstances, etc.  HP 10/20/2015 Favorable AHS 11/18/2015 Favorable AP	Favorable Yeas 8 Nays 0
5	<b>SB 238</b> Grimsley (Identical H 4007)	Medical Assistant Certification; Repealing provisions relating to certification of a medical assistant by the American Association of Medical Assistants or as a Registered Medical Assistant by the American Medical Technologists, etc.  HP 11/02/2015 Favorable AHS 11/18/2015 Favorable FP	Favorable Yeas 8 Nays 0
6	<b>SB 450</b> Grimsley (Similar H 107)	Physical Therapy; Revising the definition of the term "practice of physical therapy"; providing that a licensed physical therapist who holds a specified doctoral degree may use specified letters in connection with her or his name or place of business; revising the terms and specified letters prohibited from being used by certain unlicensed persons, etc.  HP 11/02/2015 Favorable AHS 11/18/2015 Favorable FP	Favorable Yeas 8 Nays 0

**COMMITTEE MEETING EXPANDED AGENDA**

Appropriations Subcommittee on Health and Human Services  
Wednesday, November 18, 2015, 10:00 a.m.—12:00 noon

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
7	<b>SB 248</b> Garcia (Similar H 89)	Medical Assistance Funding for Lawfully Residing Children; Defining the term "lawfully residing child"; revising eligibility for the Florida Kidcare program to conform to changes made by the act; clarifying that undocumented immigrants are excluded from eligibility; providing eligibility for optional payments for medical assistance and related services for certain lawfully residing children; clarifying that undocumented immigrants are excluded from eligibility for optional Medicaid payments or related services, etc.  HP 11/02/2015 Favorable AHS 11/18/2015 Favorable AP	Favorable Yeas 8 Nays 0
8	Base Budget Review		Discussed
Other Related Meeting Documents			



# THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

**COMMITTEES:**

Appropriations Subcommittee on Education, *Chair*  
Appropriations  
Education Pre-K - 12  
Ethics and Elections  
Health Policy  
Higher Education  
Rules

**SENATOR DON GAETZ**  
1st District

## Committee Request

**To:** Senator Rene Garcia, Chair  
Appropriations Subcommittee on Health and Human Services

**Subject:** Committee Agenda Request

**Date:** November 2, 2015

I respectfully request that Senate Bill 234, Dental Care, be placed on the Appropriations Subcommittee on Health and Human Services agenda at your convenience. Thank you for your time and consideration.

Respectfully,

A handwritten signature in blue ink, appearing to read "Don Gaetz", is written over a faint, larger blue outline of the same signature.

Senator Don Gaetz

REPLY TO:

- ☐ 4300 Legendary Drive, Suite 230, Destin, FL 32541 (850) 897-5747 FAX: (888) 263-2259
- ☐ 420 Senate Office Building, 404 South Monroe Street, Tallahassee, FL 32399-1100 (850) 487-5001
- ☐ 5230 West U.S. Highway 98, Administration Building, 2nd Floor, Panama City, FL 32401 (850) 747-5856

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

**ANDY GARDINER**  
President of the Senate

**GARRETT RICHTER**  
President Pro Tempore

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11/18/15

Meeting Date

SB 234

Bill Number (if applicable)

451322

Amendment Barcode (if applicable)

Topic Dental Care

Name Joe Annett

Job Title Director of Governmental Affairs

Address 118 E. Jefferson St

Street

Tallahassee, FL 32301

City

State

Zip

Phone (850) 224-1089

Email johanna@floridadental.org

Speaking: ☒ For ☐ Against ☐ Information

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

Representing Florida Dental Association

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11/18/15

Meeting Date

SB 234

Bill Number (if applicable)

Topic Dental Case

Amendment Barcode (if applicable)

Name Joe Anne Hart

Job Title Dir. of Governmental Affairs

Address 118 E. Jefferson St

Street

Phone (850) 224.1088

Tam FL 32301

City

State

Zip

Email jahart@fla.gov

Speaking: ☒ For ☐ Against ☐ Information

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

Representing FL Dental Association

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11/18/15

Meeting Date

6B234

Bill Number (if applicable)

Topic Dental Care

Amendment Barcode (if applicable)

Name Bernard Kahn

Job Title Dentist

Address 926 N Maryland Av

Phone 407 629 4220

Street

Martland FL 32751

City

State

Zip

Email doctor@BKahnDDS.com

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Florida Dental Association

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)



THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11-18-15

Meeting Date

SB-234

Bill Number (if applicable)

Topic DENTAL CARE

Amendment Barcode (if applicable)

Name DR. ZACK KALA RICKAL

Job Title DENTIST

Address 28965 WESLEY CHAPEL BLVD

Phone 813-991-5100

Street

WESLEY CHAPEL, FL 33543

Email Dr.Zack@mylvr.com

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

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

Representing FLORIDA Dental Association

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

11/18/15

Meeting Date

234

Bill Number (if applicable)

Topic Dental Care

Amendment Barcode (if applicable)

Name Laura Cantwell

Job Title Associate State Director

Address 400 Canillon Pkwy, Suite 100

Phone 727-592-8020

Street

St Petersburg FL 33716

City

State

Zip

Email lcantwell@aarp.org

Speaking: ☒ For ☐ Against ☐ Information

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

Representing AARP

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11-18-2015

Meeting Date

234

Bill Number (if applicable)

Topic \_\_\_\_\_

Amendment Barcode (if applicable)

Name Brian Pitts

Job Title Trustee

Address 1119 Newton Ave S  
Street

Phone 727/877-9291

St Petersburg  
City

FL  
State

33705  
Zip

Email \_\_\_\_\_

Speaking: ☐ For ☐ Against ☒ Information

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

Representing Justice-2-Jesus

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

**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.)

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

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BILL: PCS/SB 234 (406770)

INTRODUCER: Appropriations Subcommittee on Health and Human Services; Senators Gaetz and Hays

SUBJECT: Dental Care

DATE: November 18, 2015      REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Stovall	HP	<b>Favorable</b>
2.	Brown	Pigott	AHS	<b>Recommend: Fav/CS</b>
3.			AP	

**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

PCS/SB 234 authorizes the creation of joint state and local dental care access accounts to promote local economic development and to encourage Florida-licensed dentists to practice in dental health professional shortage areas or medically underserved areas, or serve a medically underserved population, subject to the availability of funds.

The bill directs the Department of Health (DOH) to create individual benefit accounts through an electronic benefits transfer system for each dentist who satisfies the requirements of participation. A qualifying dentist must be actively employed by a public health program in a targeted area or demonstrate a commitment to opening a dental practice that serves at least 1,200 patients and obtaining local financial support from the community where the dentist will practice in that targeted area. No more than 10 new dental care access accounts may be established per fiscal year.

Funds from the account may be used to repay dental school loans; purchase property, facilities, or equipment for a dental office; or pay for transitional expenses relating to relocating or opening a dental practice. Subject to availability, a practitioner may receive funds for up to five years. An account may be terminated under certain conditions and any unspent funds returned to the donor or redistributed to other available applicants.

The DOH estimates first-year implementation expenditures of \$306,064 in general revenue and recurring maintenance and support costs of \$277,296 in general revenue.

The effective date of the bill is July 1, 2016.

## **II. Present Situation:**

### **Health Professional Shortage Areas**

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services according to criteria developed in accordance with section 332 of the Public Health Services Act. HPSA designations are used to identify areas and population groups within the United States that are experiencing a shortage of health professionals.

There are three categories of HPSA designation: (1) primary medical; (2) dental; and (3) mental health. For each discipline category, there are three types of HPSA designations based on the area or population group that is experiencing the shortage: (1) geographic area; (2) population group; and (3) facility.<sup>1</sup>

A geographic HPSA indicates that the entire area may experience barriers in accessing care, while a population HPSA indicates that a particular subpopulation of an area (e.g., homeless or low-income) may be underserved. Finally, a facility HPSA is a unique facility that primarily cares for an underserved population.

The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. The threshold for a dental HPSA is a population-to-provider ratio of at least 5,000 to 1 (or 4,000 to 1 in high-need communities).<sup>2</sup>

### **Medically Underserved Area**

Medically Underserved Areas (MUA) are also designated by the U.S. Department of Health and Human Services. These areas are designated using one of three methods and can consist of a whole county, a group of contiguous counties, or census tracts.<sup>3</sup>

The first method, the Index of Medical Underservice (IMU), calculates a score based on the ratio of primary medical care physicians per 1,000 in population, percentage of the population with incomes below the federal poverty level, infant mortality rate, and percentage of population aged 65 or older.

The second method, Medically Underserved Populations (MUP), is based on data collected under the MUA process and reviews the ratio of primary care physicians serving the population seeking the designation. A MUP is a group of people who encounter economic or cultural barriers to primary health care services.

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<sup>1</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, *Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Population* <http://www.hrsa.gov/shortage/> (last visited Sept. 21, 2015).

<sup>2</sup> *Id.*

<sup>3</sup> *Id.*

The third process, Exceptional MUP Designations, includes those population groups which do not meet the criteria of an IMU but may be considered for designation because of unusual conditions with a request by the governor or another senior executive level official and a local state health official.<sup>4</sup>

### **The Dental Workforce**

Nationally, the pool of dentists to serve the growing population of Americans is shrinking. The American Dental Association has found that 6,000 dentists retire each year in the U.S., while only 4,000 dental school students graduate each year. The projected shortage of dentists is even greater in rural America. Of the approximately 150,000 general dentists in practice in the U.S., only 14 percent practice in rural areas, 7.7 percent practice in large rural areas, 3.7 percent practice in small rural areas, and 2.2 percent practice in isolated rural areas. In 2003, there were 2,235 federally designated dental health professional shortage areas (HPSAs).<sup>5</sup> Today, the number of dental HPSAs has increased to over 4,900.

While the dental workforce is projected to grow by six percent between 2012 and 2025, it is not expected to meet the overall national demand. Florida is listed as the second neediest state, with 1,152 fewer dentists than the number required to serve the population.<sup>6</sup> Similar to the national trend, most dentists in Florida are concentrated in the more populous areas of the state, while rural areas, especially the central Panhandle counties and interior counties of south Florida, have a noticeable lack of dentists.<sup>7</sup> This is true for both general dentistry as well as for dental specialists. Additionally, over 20 percent of Florida licensed dentists that responded to the 2011-2012 *Florida Workforce Survey of Dentists* (survey) currently do not practice in Florida.<sup>8</sup>

Most dentists – 77.8 percent – practice in general dentistry.<sup>9</sup> In many rural communities, the county health department may be the primary provider of health care services, including dental care. Florida currently has 220 designated dental HPSAs, which have only enough dentists to serve 17 percent of the population living within them. For 2012, HRSA estimated that 853 additional dentists were required to meet the total need. This puts Florida among the states with

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<sup>4</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, *Medically Underserved Areas/Populations* <http://www.hrsa.gov/shortage/mua/index.html> (last visited Sept. 21, 2015).

<sup>5</sup> National Rural Health Association, *Issue Paper: Recruitment and Retention of a Quality Health Workforce in Rural Areas*, (November 2006) (on file with the Senate Committee on Health Policy).

<sup>6</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, *National and State Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2015*, pp.-3-4 (February 2015) <http://bhpr.hrsa.gov/healthworkforce/supplydemand/dentistry/nationalstatelevelprojectionsdentists.pdf> (last visited Oct. 20, 2015).

<sup>7</sup> Florida Dept. of Health, *Report on the 2011-2012 Workforce Survey of Dentists*, p. 6 (April 2014) <http://www.floridahealth.gov/programs-and-services/community-health/dental-health/workforce-reports/florida-workforce-survey-of-dentists-2011-2012.pdf> (last visited Sept. 21, 2015). In 2009, the DOH developed this workforce survey for dentists. The survey was administered on a voluntary basis in conjunction with biennial renewal of dental licenses and 87 percent of dentists with an active Florida license responded to the survey; a drop of 2 percent points from the 2009-2010 survey.

<sup>8</sup> *Id.* at 46.

<sup>9</sup> *Id.*

the highest proportion of their populations that are deemed underserved. By 2025, Florida's need grows to 1,152 dentists.<sup>10</sup>

The American Dental Association has also studied this issue and found that while there may be a sufficient number of dentists overall, there may be an inadequate number among certain populations or in certain geographic areas.<sup>11</sup> Children are acutely affected by the shortage of dentists to serve low income patients. In 2012, 26 percent of Medicaid-enrolled children in Florida received one or more dental care services, according data from the Agency for Health Care Administration (AHCA).<sup>12</sup> The survey noted a noticeable participation difference between private-practice dentists and those who practice in a safety-net setting. Of those in a private-office setting, only 13.7 percent report seeing Medicaid enrollees while over 60 percent of safety-net providers report Medicaid participation.<sup>13</sup>

In 2011, the Legislature passed HB 7107<sup>14</sup> creating the Statewide Medicaid Managed Care (SMMC) program as part IV of ch. 409, F.S. The program has two primary components: Managed Medical Assistance program (MMA) and Long Term Care program. To implement MMA, the law required the AHCA to create an integrated managed care program for the delivery of Medicaid primary and acute care services, including dental. Medicaid recipients who are enrolled in MMA receive their dental services through managed care plans. Although most dental services are designated as a required benefit only for Medicaid recipients under age 21, many of the managed care plans also provide dental services for adults as an enhanced benefit.

### **The Cost of Dental Education**

Among U.S. dental schools, the cost of a four-year degree has risen dramatically over the last 10 years – by 93 percent for in-state residents (from about \$89,000 to \$171,000) and by 82 percent for out-of-state residents (from \$128,000 to \$234,000). Dental school debt has increased proportionately. The average debt for dental school graduates in 2014 was \$247,227.<sup>15</sup>

In 2013, Congress enacted the Bipartisan Student Loan Certainty Act of 2013 (Public Law 113-28) that tied student loan interest rates to the 10-year Treasury Note. For graduate and professional student loans, the interest rate is tied to 10-year Treasury Note plus 3.6 percent, but may not exceed 9.5 percent in any given year.<sup>16</sup> In June 2014, through a Presidential Memorandum, President Barack Obama directed the Secretary of Education to propose regulations to allow additional students with student loan debt to cap their payments at 10

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<sup>10</sup> *Supra* note 6, at 9.

<sup>11</sup> Bradley Munson, B.A., and Marko Vujicic, Ph.D.: Health Policy Institute Research Brief, American Dental Association, *Supply of Dentists in the United States Likely to Grow*, p.2. (October 2014) [http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief\\_1014\\_1.ashx](http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1014_1.ashx) (last visited Sept. 21, 2015).

<sup>12</sup> *Supra* note 7, at 8.

<sup>13</sup> *Supra* note 7, at 35.

<sup>14</sup> See chapter 2011-134, Laws of Fla.

<sup>15</sup> American Dental Education Association, *Federal Student Loans*, <http://cqrengage.com/adea/federalStudentLoan> (last visited Sept. 21, 2015).

<sup>16</sup> *Id.*



percent of their income, by December 31, 2015.<sup>17</sup> The Presidential Memorandum called the plan, “*Pay as You Earn Plan*.”<sup>18</sup>

Some studies indicate that increasing education costs and the prospect of indebtedness after dental school graduation could further erode access to care for vulnerable, underserved populations.<sup>19</sup> At least three studies, including a 2011 Florida Senate Report,<sup>20</sup> have recommended consideration of loan forgiveness programs as one strategy for addressing dental workforce shortage concerns.<sup>21</sup>

Florida does not have a current state program to address the dental health professional shortage areas or medically underserved areas. According to the DOH, there are 16 vacant positions (out of 82 or 19.5 percent) for dentists in the DOH.<sup>22</sup> Additionally, according to the Health Resources and Services Administration, there are 16 vacant dentist positions in Florida Dental Health Professional Shortage Areas as of September 16, 2015.<sup>23</sup>

### Florida Health Services Corps

In 1992, the Legislature created the Florida Health Services Corps (FHSC), administered by the DOH, to encourage medical professionals to practice in locations that are underserved because of a shortage of qualified professionals.<sup>24</sup> The FHSC was defined<sup>25</sup> as a program that offered scholarships to allopathic, osteopathic, chiropractic, podiatric, dental, physician assistant, and

<sup>17</sup> *Id.*

<sup>18</sup> The White House, Office of the Press Secretary, *Presidential Memorandum - Federal Student Loan Repayments* (June 9, 2014) <https://www.whitehouse.gov/the-press-office/2014/06/09/presidential-memorandum-federal-student-loan-repayments> (last visited Sept. 21, 2015).

<sup>19</sup> American Dental Education Association, *A Report of the ADEA Presidential Task Force on the Cost of Higher Education and Student Borrowing*, pp. 17-18 (March 2013) [http://www.adea.org/uploadedFiles/ADEA/Content\\_Conversion\\_Final/publications/Documents/ADEACostandBorrowingReportMarch2013.pdf](http://www.adea.org/uploadedFiles/ADEA/Content_Conversion_Final/publications/Documents/ADEACostandBorrowingReportMarch2013.pdf) (last viewed Sept. 21, 2015). See also U.S. Dept. of Health and Human Services, Health Resources and Services Administration, *Financing Dental Education: Public Policy Interests, Issues and Strategic Considerations*, p. 39 (2005) <http://bhpr.hrsa.gov/healthworkforce1/reports/financedentaledu.pdf> (last visited Sept. 21, 2015).

<sup>20</sup> Comm. on Health Regulation, The Florida Senate, *Review Eligibility of Dentist Licensure in Florida and Other Jurisdictions*, p.15 (Interim Report 2012-127) (Sept. 2011) <http://www.flsenate.gov/PublishedContent/Session/2012/InterimReports/2012-127hr.pdf> (last visited Sept. 21, 2015). The report concluded, in part: “Florida may become more competitive in its recruitment of dentists in rural areas and may enhance Florida’s dental care for underserved populations if it offers a loan forgiveness program. The program could require dentists seeking loan assistance to serve in a rural area (the Panhandle or central, south Florida) and require dentists to serve a certain percentage of Medicaid recipients or participate in the provider network of managed care entities participating in the Medicaid program for a particular period of time. Considering the current lack of state resources, it may be beneficial to limit the number of dentists that may apply to the loan forgiveness program and target resources to areas with the most need for general dentists or specialists.” At the time, Florida was one of only eight states that did not have a state loan forgiveness program. According to the American Dental Association, it is one of only 11 states: Alabama, Arkansas, Connecticut, Florida, Georgia, Hawaii, Idaho, Indiana, Montana, Texas, and Utah as of July 2014. <http://www.ada.org/~media/ADA/Education%20and%20Careers/Files/dental-student-loan-repayment-resource.ashx> (Last visited Mar. 2, 2015).

<sup>21</sup> American Dental Education Association, *supra* note 19, at 26; *Financing Dental Education*, *supra* note 19, at 40.

<sup>22</sup> Florida Dept. of Health, *Senate Bill Analysis SB 234*, p. 2, (Sept. 24, 2015) (on file with the Senate Health Policy Committee).

<sup>23</sup> *Id.*

<sup>24</sup> Chapter 92-33, s. 111, Laws of Fla. (creating s. 381.0302, F.S., effective July 1, 1992).

<sup>25</sup> Section 381.0302(2)(b)1., F.S. (2011).



nursing students, and loan repayment assistance and travel and relocation expenses to allopathic and osteopathic residents and physicians, chiropractic physicians, podiatric physicians, nurse practitioners, dentists, and physician assistants, in return for service in a public health care program<sup>26</sup> or in a medically underserved area.<sup>27</sup> Membership in the FHSC could be extended to any health care practitioner who provided uncompensated care to medically indigent patients.<sup>28</sup> All FHSC members were required to enroll in Medicaid and to accept all patients referred by the DOH pursuant to the program agreement.<sup>29</sup> In exchange for this service, an FHSC member was made an agent of the state and granted sovereign immunity under s. 768.28(9), F.S., when providing uncompensated care to medically indigent patients referred for treatment by the DOH.<sup>30</sup>

The statute authorized the DOH to provide loan repayment assistance and travel and relocation reimbursement to allopathic and osteopathic medical residents with primary care specialties during their last two years of residency training or upon completion of residency training, and to physician assistants and nurse practitioners with primary care specialties, in return for an agreement to serve a minimum of two years in the FHSC. During the period of service, the maximum amount of annual financial payments was limited to no more than the annual total of loan repayment assistance and tax subsidies authorized by the National Health Services Corps (NHSC) loan repayment program.<sup>31</sup>

During the 20 years the program was authorized by law, it was funded only three times. A total of \$3,684,000 was appropriated in the 1994-1995 fiscal year, 1995-1996 fiscal year, and 1996-1997 fiscal year for loan assistance payments to all categories of eligible health care practitioners. Of that amount, \$971,664 was directed to 18 dentists for an average award of \$25,570 per year of service in the program.<sup>32</sup> The 2007 Legislature attempted to reinvigorate the program by appropriating \$700,000 to fund loan repayment assistance for dentists only.<sup>33</sup> However, the appropriation and a related substantive bill were vetoed.<sup>34</sup> The Legislature repealed the program in 2012.<sup>35</sup>

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<sup>26</sup> “Public health program” was defined to include a county health department, a children’s medical services program, a federally funded community health center, a federally funded migrant health center, or other publicly funded or nonprofit health care program designated by the department. Section 381.0302(2)(e), F.S. (2011).

<sup>27</sup> “Medically underserved area” was defined to include: a geographic area, a special population, or a facility that has a shortage of health professionals as defined by federal regulations; a county health department, community health center, or migrant health center; or a geographic area or facility designated by rule of the department that has a shortage of health care practitioners who serve Medicaid and other low-income patients. Section 381.0302(2)(c), F.S. (2011).

<sup>28</sup> “Medically indigent person” was defined as a person who lacks public or private health insurance, is unable to pay for care, and is a member of a family with income at or below 185 percent of the federal poverty level. Section 381.0302(2)(d), F.S. (2011).

<sup>29</sup> Section 381.0302(10), F.S. (2011).

<sup>30</sup> Section 381.0302(11), F.S. (2011).

<sup>31</sup> Section 381.0302(6), F.S. (2011).

<sup>32</sup> E-mail from Karen Lundberg, Florida Dept. of Health, to Joe Anne Hart, Florida Dental Association (Sept. 16, 2005) (on file with the Senate Committee on Health Policy).

<sup>33</sup> Chapter 2007-72, Laws of Fla. The funding was contained in Specific Appropriations 677A of the General Appropriation Act, but later vetoed pursuant to the Governor’s line item veto authority.

<sup>34</sup> *Journal of the Florida Senate*, at 3 (June 12, 2007).

<sup>35</sup> Chapter 2012-184, s. 45, Laws of Fla.

## National Health Service Corps

The NHSC programs provide scholarships and educational loan repayment to primary care providers<sup>36</sup> who agree to practice in areas that are medically underserved. NHSC loan repayment program (LRP) participants fulfill their service requirement by working at NHSC-approved sites in HPSAs. The NHSC-approved sites are community-based health care facilities that provide comprehensive outpatient, ambulatory, primary health care services. Eligible dental facilities must be located in a dental HPSA and offer comprehensive primary dental health services. NHSC-approved sites (with the exception of correctional facilities and free clinics) are required to provide services for free or on a sliding fee scale (SFS) or discounted fee schedule for low-income individuals. The SFS or discounted fee schedule is based upon the Federal Poverty Guidelines, and patient eligibility is determined by annual income and family size.<sup>37</sup>

The LRP provides funds to participants to repay their outstanding qualifying educational loans. Maximum loan reimbursement under the program is \$50,000 for a two-year, full-time practice or up to \$15,000 for a two-year, half-time clinical practice, although participants may be eligible to continue loan repayment beyond the initial term.<sup>38,39</sup> Participants who breach their LRP agreement are subject to monetary damages, which are the sum of the amount of assistance received by the participant representing any period of obligated service not completed, a penalty, and interest. Loan repayments are exempt from federal income and employment taxes and are not included as wages when determining benefits under the Social Security Act.<sup>40</sup> As of September 2015, there were 47 full-time-equivalent NHSC dentists in Florida.<sup>41</sup>

A second NHSC program, the State Loan Repayment Program (SLRP) offers cost-sharing grants to states to operate their own state educational loan repayment programs for primary care providers, including dental professionals, working in HPSAs within the state. The SLRP varies from state to state and may differ in eligible categories of providers, practice sites, length of required service commitment, and the amount of loan repayment assistance offered. However, there are certain statutory requirements SLRP grantees must meet. There is a minimum two-year service commitment with an additional one-year commitment for each year of additional support requested. Any SLRP program participant must practice at an eligible site located in a federally-designated HPSA. Like the NHSC loan repayment program awards, assistance provided through an SLRP is not taxable.

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<sup>36</sup> Primary care physicians, nurse practitioners, certified nurse midwives, physician assistants, dentists, dental hygienists, and behavioral and mental health providers, including health service psychologists, licensed clinical social workers, marriage and family therapists, psychiatrist nurse specialists, and licensed professional counselors.

<sup>37</sup> U.S. Dept. of Health and Human Services, Health Resources and Services Administration, *National Health Service Corps Site Reference Guide*, (April 14, 2014) <http://nhsc.hrsa.gov/downloads/sitereference.pdf> (last visited Mar. 2, 2015).

<sup>38</sup> The definition of part-time and full-time vary by discipline. The guidelines for both can be found in the *Fiscal Year 2015 Application and Program Guidance* packet beginning on 19 <http://www.nhsc.hrsa.gov/loanrepayment/lrpapplicationguidance.pdf> (last viewed Feb, 27, 2015).

<sup>39</sup> U.S. Department of Health and Human Services, Loan Repayment Program - *Fiscal Year 2015 Application and Program Guidance*, pp. 4-5 (January 2015) <http://www.nhsc.hrsa.gov/loanrepayment/lrpapplicationguidance.pdf> (last viewed Feb. 27, 2015).

<sup>40</sup> U.S. Dept. of Health and Human Services, Health Resources and Services Administration, *National Health Service Corps 101* (on file in the Senate Committee on Health Policy).

<sup>41</sup> E-mail from Debbie Reich, Supervisor, State Primary Care Office, Health Statistics and Performance Management, Florida Dept. of Health (Sept. 22, 2015) (on file with the Senate Committee on Health Policy).

In addition, the SLRP requires a \$1 state match for every \$1 provided under the federal grant. While the SLRP does not limit award amounts, the maximum award amount per provider that the federal government will support through its grant is \$50,000 per year, with a minimum service commitment of two years.

Florida does not currently participate in SLRP.

### **III. Effect of Proposed Changes:**

The bill creates the dental care access accounts initiative at the Department of Health (DOH). The initiative is conditioned on the availability of funds and is intended to encourage dentists to practice in dental health professional shortage areas or medically underserved areas or serve a medically underserved population. The bill defines several key terms:

- Dental health professional shortage area: A geographic area so designated by the Health Resources and Services Administration of the U.S. Department of Health and Human Services;
- Medically underserved area: A designated health professional shortage area that lacks an adequate number of dental health professionals to serve Medicaid and other low income patients; and
- Public health program: A county health department, the Children's Medical Services program, a federally qualified community health center, a federally-funded migrant health center, or other publicly-funded or not-for-profit health care program designated by the DOH.

The initiative will be developed by the DOH to benefit dentists licensed to practice in this state who demonstrate, as required by DOH rule:

- Active employment by a public health program in a dental health professional shortage area or a medically underserved area; or
- A commitment to opening a private practice in a dental health professional shortage area or medically underserved area by residing in the area, maintaining a Medicaid provider agreement, enrolling with one or more Medicaid managed care plans, expending capital to open an office to serve at least 1,200 patients, and obtaining community financial support.

The DOH is required to establish dental access accounts for dentists who meet the requirements in the bill and to implement an electronic benefits transfer system. The bill requires that no more than 10 new dental care access accounts may be established per fiscal year. Funds from an account may be used only for specific purposes, such as payment of student loans; investment in property, facilities, or equipment necessary to establish an office and payment of transitional expenses related to relocating or opening a dental practice.

Subject to available appropriations, the DOH is required to distribute funds to the dental access accounts in amounts not to exceed \$100,000 and no less than \$10,000. A state award may not exceed three times the amount contributed to an account in the same year from a local source. The DOH is authorized to accept funds for deposit from local sources.

If a dentist qualifies for an account on the basis of his or her employment with a public health program, the dentist's salary and associated employer expenditures may count as local match for

a state award if the salary and employer expenditures are not state funds. State funds may not be used to calculate amounts contributed from local sources.

Accounts may be terminated if the dentist no longer works for a public health program and does not open a dental practice in a designated area within 30 days of terminating employment, the dentist's practice is no longer located in a dental professional shortage area or a medically underserved area, the provider has been terminated from Medicaid, or the provider has participated in any fraudulent activity. The DOH is directed to close an account five years after the first deposit or upon a dentist's termination from the program.

Any remaining funds after five years or from terminated accounts may be awarded to another account or returned to the donor. A dentist is required to repay any funds withdrawn from the account after the occurrence of an event which requires account closure, if the dentist fails to maintain eligibility for the program through employment in a public health program or establishing a dental practice for a minimum of two years, or uses the funds for unauthorized purposes. The DOH is authorized to recover the withdrawn funds through disciplinary enforcement actions and other methods authorized by law.

The DOH is authorized to adopt rules for application procedures that:

- Limit the number of applicants;
- Incorporate a documentation process for evidence of sufficient capital expenditures in opening a dental practice, such as contracts or leases or other acquisitions of a practice location of at least 30 percent of the value of equipment or supplies necessary to operate a practice; and
- Give priority to those applicants practicing in the areas receiving higher rankings by the Department of Economic Opportunity.

The DOH may also establish by rule a process to verify that funds withdrawn from an account have been used for the purposes authorized.

The Department of Economic Opportunity is directed to rank the dental professional shortage areas and medically underserved areas based on the extent to which limited access to dental care is impeding economic development.

The DOH must develop a marketing plan for the dental care access account initiative with the University of Florida's College of Dentistry, the Nova Southeastern College of Dental Medicine, the Lake Erie College of Osteopathic Medicine's School of Dental Medicine, and the Florida Dental Association.

Beginning in January 2018, the DOH is required to issue a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives which must include:

- The number of patients served by dentists who receive funding under the bill;
- The number of Medicaid recipients served by dentists who receive funding under the bill;
- The average number of hours worked and patients served per week by dentists who receive funding under the bill;

- The number of dentists in each dental health professional shortage area or medically underserved area who receive funding under the bill;
- The amount and source of local matching funds received by the DOH;
- The amount of state funds awarded to dentists under the bill; and
- A complete accounting of the use of funds, by categories identified by the DOH, including, but not limited to, loans, supplies, equipment, rental property payments, real property purchases, and salary and wages.

The DOH is directed under the bill to adopt rules to require dentists to report information to the DOH that is necessary for the DOH to fulfill the reporting requirement.

The bill's effective date is July 1, 2016.

#### **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:

Under PCS/SB 234, Floridians living in those areas identified as medically underserved and have little or no access to dental care could benefit from this initiative. The program could bring additional dental professionals to underserved communities. The initiative also permits the grantees to utilize the funds to transition or relocate to new areas and to build or renovate office space in rural communities, which would generate economic growth for small towns and cities. Additionally, dentists who qualify for loan repayment assistance will benefit from a reduction in their student loan debt.

C. Government Sector Impact:

If the program receives an appropriation, the bill will create a fiscal impact to the Department of Health (DOH) in order to implement and manage the dental care access account initiative. The estimated cost is \$306,064 for the 2016-2017 fiscal year with a

recurring cost of \$277,296 beginning with Fiscal Year 2017-2018. These costs would need to be funded with general revenue.

The initial cost for the electronic benefit transfer contract/vendor is estimated at \$100,000 for the first year and \$50,000 for the second year. The DOH reports that there is a current EBT system that could be used to implement this system, but it is unknown if it could accommodate all of the provisions of this bill. The EBT systems charge a nominal fee of approximately \$0.50 per participant per month as a maintenance fee. The DOH also anticipates a withdrawal fee of at least \$1 per transaction when a dentist makes a withdrawal from his or her account.

The number of dentists qualifying for this initiative is unknown.<sup>42</sup> However, the DOH estimates at least 32 dentists could be served annually. The cost of the EBT system would have to be negotiated based on the number of dentists participating in the program.

The DOH also reports the bill will create a workload impact that current staff is unable to meet. Two additional full-time equivalent (FTE) staff members would be required to develop the application process and adopt rules. Staff will also be needed to monitor activity, dentist conduct, dentist membership status, and rulings by the Board of Dentistry on recipients.

The following are the estimated expenditures for the DOH:<sup>43</sup>

<b>Estimated Expenditures (General Revenue)</b>	<b>1st Year</b>	<b>2nd Year Annualization/Recurring</b>
<b>SALARIES</b>		
1 FTE Health Care Program Analyst @ \$40,948 - pay grade 24	\$41,460	\$55,280
1 FTE Senior Management Analyst II @ \$46,381 - pay grade 26	\$47,114	\$62,818
<b>EXPENSES</b>		
2 FTEs Calculated with standard DOH professional package (limited travel) @ \$15,742	\$31,484	\$23,486
2 docking stations (@ \$142 each)	\$294	\$0-
<b>HUMAN RESOURCES SERVICES</b>		
2 FTEs Calculated with standard DOH Central Office package @ \$356	\$712	\$712
<b>Operating Capital Outlay</b>		
Operating Capital Outlay	\$0.00	\$0.00

<sup>42</sup> Florida Dept. of Health, *Senate Bill Analysis 234*, pp.4-5, (Sept. 24, 2015) (on file with the Senate Committee on Health Policy).

<sup>43</sup> *Id.*, at p 2.

<b>Estimated Expenditures (General Revenue)</b>	<b>1st Year</b>	<b>2nd Year Annualization/Recurring</b>
<b>Contractual Services</b>		
Estimate for the development, implementation and maintenance of an electronic benefit transfer (EBT) system	\$100,000	\$50,000
Marketing Campaign*	\$85,000	\$85,000
<b>TOTAL ESTIMATED EXPENDITURES</b>	<b>\$306,064</b>	<b>\$277,296</b>

\*The DOH is also directed to develop a marketing plan with Florida-based dental schools.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill creates section 381.4019 of the Florida Statutes.

**IX. Additional Information:**

- A. Committee Substitute – Statement of Substantial Changes:  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**Recommended CS by Appropriations Subcommittee on Health and Human Services on November 18, 2015:**

The proposed committee substitute requires that no more than 10 new dental care access accounts may be established per fiscal year.

- B. Amendments:

None.



451322

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
11/19/2015	.	
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	.	
	.	

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Appropriations Subcommittee on Health and Human Services  
(Richter) recommended the following:

**Senate Amendment (with title amendment)**

Delete line 95  
and insert:  
the department for participation. The department may not  
establish more than 10 new dental care access accounts per  
fiscal year. The department shall implement

===== T I T L E   A M E N D M E N T =====

And the title is amended as follows:





451322

11 Delete line 10  
12 and insert:  
13 accounts; limiting the number of new accounts that may  
14 be established per fiscal year; requiring the  
15 Department of Health to

By Senator Gaetz

1-00273-16

2016234\_\_

1 A bill to be entitled  
 2 An act relating to dental care; creating s. 381.4019,  
 3 F.S.; establishing a joint local and state dental care  
 4 access account initiative, subject to the availability  
 5 of funding; authorizing the creation of dental care  
 6 access accounts; specifying the purpose of the  
 7 initiative; defining terms; providing criteria for the  
 8 selection of dentists for participation in the  
 9 initiative; providing for the establishment of  
 10 accounts; requiring the Department of Health to  
 11 implement an electronic benefit transfer system;  
 12 providing for the use of funds deposited in the  
 13 accounts; requiring the department to distribute state  
 14 funds to accounts, subject to legislative  
 15 appropriations; authorizing the department to accept  
 16 contributions from a local source for deposit in a  
 17 designated account; limiting the number of years that  
 18 an account may remain open; providing for the  
 19 immediate closing of accounts under certain  
 20 circumstances; authorizing the department to transfer  
 21 state funds remaining in a closed account at a  
 22 specified time and to return unspent funds from local  
 23 sources; requiring a dentist to repay funds in certain  
 24 circumstances; authorizing the department to pursue  
 25 disciplinary enforcement actions and to use other  
 26 legal means to recover funds; requiring the department  
 27 to establish by rule application procedures and a  
 28 process to verify the use of funds withdrawn from a  
 29 dental care access account; requiring the department

Page 1 of 8

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

1-00273-16

2016234\_\_

30 to give priority to applications from dentists  
 31 practicing in certain areas; requiring the Department  
 32 of Economic Opportunity to rank dental health  
 33 professional shortage areas and medically underserved  
 34 areas; requiring the Department of Health to develop a  
 35 marketing plan in cooperation with certain dental  
 36 colleges and the Florida Dental Association; requiring  
 37 the Department of Health to annually submit a report  
 38 with certain information to the Governor and the  
 39 Legislature; providing rulemaking authority to require  
 40 the submission of information for such reporting;  
 41 providing an effective date.  
 42

43 Be It Enacted by the Legislature of the State of Florida:

44  
 45 Section 1. Section 381.4019, Florida Statutes, is created  
 46 to read:

47 381.4019 Dental care access accounts.—Subject to the  
 48 availability of funds, the Legislature establishes a joint local  
 49 and state dental care access account initiative and authorizes  
 50 the creation of dental care access accounts to promote economic  
 51 development by supporting qualified dentists who practice in  
 52 dental health professional shortage areas or medically  
 53 underserved areas or who treat a medically underserved  
 54 population. The Legislature recognizes that maintaining good  
 55 oral health is integral to overall health status and that the  
 56 good health of residents of this state is an important  
 57 contributing factor in economic development. Better health,  
 58 including better oral health, enables workers to be more

Page 2 of 8

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

1-00273-16

2016234

productive, reduces the burden of health care costs, and enables children to improve in cognitive development.

(1) As used in this section, the term:

(a) "Dental health professional shortage area" means a geographic area so designated by the Health Resources and Services Administration of the United States Department of Health and Human Services.

(b) "Department" means the Department of Health.

(c) "Medically underserved area" means a geographic area so designated by the Health Resources and Services Administration of the United States Department of Health and Human Services.

(d) "Public health program" means a county health department, the Children's Medical Services Network, a federally qualified community health center, a federally funded migrant health center, or other publicly funded or nonprofit health care program as designated by the department.

(2) The department shall develop and implement a dental care access account initiative to benefit dentists licensed to practice in this state who demonstrate, as required by the department by rule:

(a) Active employment by a public health program located in a dental health professional shortage area or a medically underserved area; or

(b) A commitment to opening a private practice in a dental health professional shortage area or a medically underserved area, as demonstrated by the dentist residing in the designated area, maintaining an active Medicaid provider agreement, enrolling in one or more Medicaid managed care plans, expending sufficient capital to make substantial progress in opening a

1-00273-16

2016234

dental practice that is capable of serving at least 1,200 patients, and obtaining financial support from the local community in which the dentist is practicing or intending to open a practice.

(3) The department shall establish dental care access accounts as individual benefit accounts for each dentist who satisfies the requirements of subsection (2) and is selected by the department for participation. The department shall implement an electronic benefit transfer system that enables each dentist to spend funds from his or her account for the purposes described in subsection (4).

(4) Funds contributed from state and local sources to a dental care access account may be used for one or more of the following purposes:

(a) Repayment of dental school student loans.

(b) Investment in property, facilities, or equipment necessary to establish and operate a dental office consisting of no fewer than two operatories.

(c) Payment of transitional expenses related to the relocation or opening of a dental practice which are specifically approved by the department.

(5) Subject to legislative appropriation, the department shall distribute state funds as an award to each dental care access account. An individual award must be in an amount not more than \$100,000 and not less than \$10,000, except that a state award may not exceed 3 times the amount contributed to an account in the same year from local sources. If a dentist qualifies for a dental care access account under paragraph (2) (a), the dentist's salary and associated employer

1-00273-16

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expenditures constitute a local match and qualify the account for a state award if the salary and associated expenditures do not come from state funds. State funds may not be included in a determination of the amount contributed to an account from local sources.

(6) The department may accept contributions of funds from a local source for deposit in the account of a dentist designated by the donor.

(7) The department shall close an account no later than 5 years after the first deposit of state or local funds into that account or immediately upon the occurrence of any of the following:

(a) Termination of the dentist's employment with a public health program, unless, within 30 days of such termination, the dentist opens a private practice in a dental health professional shortage area or medically underserved area.

(b) Termination of the dentist's practice in a designated dental health professional shortage area or medically underserved area.

(c) Termination of the dentist's participation in the Florida Medicaid program.

(d) Participation by the dentist in any fraudulent activity.

(8) Any state funds remaining in a closed account may be awarded and transferred to another account concurrent with the distribution of funds under the next legislative appropriation for the initiative. The department shall return to the donor on a pro rata basis unspent funds from local sources which remain in a closed account.

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(9) If the department determines that a dentist has withdrawn account funds after the occurrence of an event specified in subsection (7), has used funds for purposes not authorized in subsection (4), or has not remained eligible for a dental care access account for a minimum of 2 years, the dentist shall repay the funds to his or her account. The department may recover the withdrawn funds through disciplinary enforcement actions and other methods authorized by law.

(10) The department shall establish by rule:

(a) Application procedures for dentists who wish to apply for a dental care access account. An applicant may demonstrate that he or she has expended sufficient capital to make substantial progress in opening a dental practice that is capable of serving at least 1,200 patients by documenting contracts for the purchase or lease of a practice location and providing executed obligations for the purchase or other acquisition of at least 30 percent of the value of equipment or supplies necessary to operate a dental practice. The department may limit the number of applicants selected and shall give priority to those applicants practicing in the areas receiving higher rankings pursuant to subsection (11). The department may establish additional criteria for selection which recognize an applicant's active engagement with and commitment to the community providing a local match.

(b) A process to verify that funds withdrawn from a dental care access account have been used solely for the purposes described in subsection (4).

(11) The Department of Economic Opportunity shall rank the dental health professional shortage areas and medically

1-00273-16 2016234\_\_

underserved areas of the state based on the extent to which  
limited access to dental care is impeding the areas' economic  
development, with a higher ranking indicating a greater  
impediment to development.

(12) The department shall develop a marketing plan for the  
dental care access account initiative in cooperation with the  
University of Florida College of Dentistry, the Nova  
Southeastern University College of Dental Medicine, the Lake  
Erie College of Osteopathic Medicine School of Dental Medicine,  
and the Florida Dental Association.

(13)(a) By January 1 of each year, beginning in 2018, the  
department shall issue a report to the Governor, the President  
of the Senate, and the Speaker of the House of Representatives  
which must include:

1. The number of patients served by dentists receiving  
funding under this section.

2. The number of Medicaid recipients served by dentists  
receiving funding under this section.

3. The average number of hours worked and patients served  
in a week by dentists receiving funding under this section.

4. The number of dentists in each dental health  
professional shortage area or medically underserved area  
receiving funding under this section.

5. The amount and source of local matching funds received  
by the department.

6. The amount of state funds awarded to dentists under this  
section.

7. A complete accounting of the use of funds by categories  
identified by the department, including, but not limited to,

1-00273-16 2016234\_\_

loans, supplies, equipment, rental property payments, real  
property purchases, and salary and wages.

(b) The department shall adopt rules to require dentists to  
report information to the department which is necessary for the  
department to fulfill its reporting requirement under this  
subsection.

Section 2. This act shall take effect July 1, 2016.

Braynon Bill

THE FLORIDA SENATE

APPEARANCE RECORD

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

11/18

Meeting Date

SB 242

Bill Number (if applicable)

Topic Pilot Program

Amendment Barcode (if applicable)

Name Phillis Ceteris

Job Title V. P. Govt + Community Relations Baptist Health

Address

Phone

Street

City

State

Zip

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against

(The Chair will read this information into the record.)

Representing

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

18 Nov 15

Meeting Date

242

Bill Number (if applicable)

Topic Infectious Disease Generation Pilot

Amendment Barcode (if applicable)

Name Jill Gran

Job Title Policy & Legislative Affairs

Address 2868 Mahan Dr Ste 3

Phone 850 878 2196

Street

Tallahassee

FL

32308

City

State

Zip

Email jill@fudaa.org

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Florida Alcohol & Drug Abuse Assoc

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11-18-15

Meeting Date

242

Bill Number (if applicable)

Topic Inf Disease Elim Act

Amendment Barcode (if applicable)

Name MARTHA DECASTRO

Job Title VP for Nursing

Address 306 E College Ave  
Street

Phone 850-222-9800

TTH FL 01  
City State Zip

Email martha@tha.org

Speaking: ☒ For ☐ Against ☐ Information

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

Representing Florida Hospital Assoc

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)



THE FLORIDA SENATE  
**APPEARANCE RECORD**

Nov. 18

Meeting Date

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

CS/SB242

Bill Number (if applicable)

Topic Sterile Syringe Access

Amendment Barcode (if applicable)

Name Jesse Fry

Job Title Policy Analyst

Address 641 E College Ave #2

Phone (850) 339-6395

Street Tallahassee

City FL

State 32301

Zip

Email ifry@theaidsinstitute.org

Speaking: ☒ For ☐ Against ☐ Information

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

Representing The AIDS Institute

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11/18/15

Meeting Date

242

Bill Number (if applicable)

Topic Needle Exchange Program

Amendment Barcode (if applicable)

Name Mary Thomas

Job Title Assistant General Counsel

Address 1430 Piedmont Dr E

Street

Phone 850 224 6490

Tallahassee

FL

32308

City

State

Zip

Email MThomas@flmedical.org

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Florida Medical Association

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11/18/2015  
Meeting Date

242  
Bill Number (if applicable)

Topic Infectious Disease Elimination Act

Amendment Barcode (if applicable)

Name Lauren Seck

Job Title Medical Student

Address 302 Stadium Drive #206  
Street

Phone 561 222 9638

Tallahassee FL 32304  
City State Zip

Email laj14b@meditsu.rdu

Speaking: ☐ For ☐ Against ☐ Information

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

Representing FSU College of Medicine

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

11/18/15

Meeting Date

242

Bill Number (if applicable)

Topic Infectious Disease Elimination Pilot Program

Amendment Barcode (if applicable)

Name Chris Garrett

Job Title Medical Student

Address 302 Stadium drive unit 202  
Street

Phone 305-395-2410

Tallahassee

City

FL

State

32304

Zip

Email chg08@med.fsu.edu

Speaking: ☐ For ☐ Against ☐ Information

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

Representing FSU College of Medicine

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11/18/15

Meeting Date

242

Bill Number (if applicable)

Topic Infectious Disease Elimination Pilot Program

Amendment Barcode (if applicable)

Name John Dudley

Job Title 4th year medical student, FSU College of Medicine

Address 1020 Villagio Cir  
Street

Phone \_\_\_\_\_

Sarasota  
City

FL  
State

34237  
Zip

Email \_\_\_\_\_

Speaking: ☐ For ☐ Against ☐ Information

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

Representing myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

11/18/15

Meeting Date

242

Bill Number (if applicable)

Topic \_\_\_\_\_

Amendment Barcode (if applicable)

Name Chris Noland

Job Title \_\_\_\_\_

Address 1000 Riverside Ave

Phone 904-233-3081

Street

City

Jax FL

State

Zip

32204

Email nolandc@fla.com

Speaking: ☒ For ☐ Against ☐ Information

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

Representing Florida Public Health

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/14/14)

**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

11-18-2015

Meeting Date

242

Bill Number (if applicable)

Topic \_\_\_\_\_

Amendment Barcode (if applicable)

Name Brian Pitts

Job Title Trustee

Address 1119 Newton Ave S  
Street

Phone 727/897-9291

St Petersburg FL 33705  
City State Zip

Email \_\_\_\_\_

Speaking: ☐ For ☐ Against ☒ Information

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

Representing Justice-2-Jesus

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

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S-001 (10/14/14)



THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

242

Meeting Date \_\_\_\_\_

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

Topic \_\_\_\_\_

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

Name NESS MCCARTY

Job Title \_\_\_\_\_

Address 111 NW 1<sup>ST</sup> ST 2810  
Street  
MIAMI 33128  
City State Zip

Phone 305-979-7110

Email VMM2@MIAMI.DA.GOV

Speaking: ☒ For ☐ Against ☐ Information

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

Representing MIAMI-DADE COUNTY

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

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

S-001 (10/14/14)



**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.)

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

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BILL: PCS/CS/SB 242 (331366)

INTRODUCER: Appropriations Subcommittee on Health and Human Services; Health Policy Committee;  
and Senator Braynon and others

SUBJECT: Infectious Disease Elimination Pilot Program

DATE: November 18, 2015      REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Stovall	HP	<b>Fav/CS</b>
2.	Brown	Pigott	AHS	<b>Recommend: Fav/CS</b>
3.			FP	

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

PCS/CS/SB 242 creates the Miami-Dade Infectious Disease Elimination Act (IDEA), which authorizes the University of Miami and its affiliates to establish a single sterile needle and syringe exchange pilot program in Miami-Dade County as a means to prevent the transmission of blood-borne diseases. The bill provides duties and requirements for the operation of the pilot program.

The bill prohibits state, county, or municipal funds from being used to operate the pilot program. Instead, the pilot program must be funded through grants and donations from private resources.

The pilot program expires on July 1, 2021.

The bill has no fiscal impact. The bill has an effective date of July 1, 2016.

**II. Present Situation:**

Needle and syringe exchange programs (NSEPs) provide sterile needles and syringes in exchange for used needles and syringes to reduce the transmission of human immunodeficiency virus (HIV) and other blood-borne infections associated with the reuse of contaminated needles and syringes by injection-drug-users (IDUs).

## Intravenous Drug Use in Florida

In 2013, the majority of Florida counties with high rates of persons living with HIV/AIDS (PLWHA), and with a high IDU-associated risk, were in the southeast or central parts of the state.<sup>1</sup> The Department of Health (DOH) reports that 50 to 90 percent of HIV-infected IDUs are also co-infected with Hepatitis C Virus.<sup>2</sup> The chart below displays data from 2013 of the 11 Florida counties with the highest incidence of PLWHA with an IDU-associated risk.<sup>3</sup>

County	Total PLWHA Cases	Total IDU	Percent IDU
Miami-Dade	26,445	3,240	12%
Broward	17,214	2,132	12%
Palm Beach	7,964	1,481	19%
Orange	7,508	1,304	17%
Hillsborough	6,262	1,198	19%
Duval	5,584	999	18%
Pinellas	3,675	728	20%
Lee	1,777	310	18%
St. Lucie	1,550	309	20%
Volusia	1,408	340	24%
Brevard	1,300	273	21%
<b>State Totals</b>	<b>101,977</b>	<b>17,368</b>	<b>17%</b>

### *Intravenous Drug Use in Miami-Dade County*

In a 2011 study, researchers from the University of Miami estimated that there are more than 10,000 IDUs in Miami and that one in five of these IDUs are HIV positive while one in three are Hepatitis C positive.<sup>4</sup> The researchers also found that IDUs in Miami—a city without a needle and syringe exchange program—had over 34 times the adjusted odds of disposal of a used syringe in a public location relative to IDUs in San Francisco—a city with multiple exchange programs.<sup>5</sup>

### Needle and Syringe Exchange Programs

In the mid-1980s, the National Institute on Drug Abuse (NIDA) undertook a research program to develop, implement, and evaluate the effectiveness of intervention strategies to reduce risk behaviors and prevent the spread of HIV/AIDS, particularly among IDUs, their sexual partners, and offspring. The studies found that comprehensive strategies—in the absence of a vaccine or

<sup>1</sup> Florida Dep't of Health, *HIV Infection Among Those with an Injection Drug Use-Associated Risk, Florida, 2014* (power point slide 18) (revised Jan. 29, 2015), available at <http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/documents/hiv-aids-slide-sets/2014/idu-2014.pdf> (last visited Sept. 19, 2015).

<sup>2</sup> Florida Dep't of Health, *HIV Disease and Hepatitis C Virus (HCV) Co-Infection – Florida, 2013* (Revised Sept. 3, 2014) (on file with the Senate Committee on Health Policy).

<sup>3</sup> *Supra* note 1. Percent IDU adjusted to conform to previous data charts.

<sup>4</sup> Hansel E. Tookes, et al. “A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs.” *Drug and Alcohol Dependence*, June 2012, Vol. 123, Issue 1, pp. 255-259, available at <http://www.ncbi.nlm.nih.gov/pubmed/22209091> (last visited Sept. 21, 2015).

<sup>5</sup> *Id.*

cure for AIDS—are the most cost effective and reliable approaches to prevent new blood-borne infections. The strategies NIDA recommends are community-based outreach, drug abuse treatment, and sterile syringe access programs, including needle and syringe exchange programs (NSEPs). In general, these strategies are referred to as harm reduction.<sup>6</sup>

Needle and syringe exchange programs provide free sterile needles and syringe units and collect used needles and syringes from IDUs to reduce transmission of blood-borne pathogens, including HIV, hepatitis B virus, and hepatitis C virus (HCV). In addition, the programs help to:

- Increase the number of drug users who enter and remain in available treatment programs;
- Disseminate HIV risk reduction information and referrals for HIV testing and counseling and drug treatment;
- Reduce injection frequency and needle-sharing behaviors;
- Reduce the number of contaminated syringes in circulation in a community; and
- Increase the availability of sterile needles, thereby reducing the risk that new infections will spread.<sup>7</sup>

The first sanctioned NSEP in the world began in Amsterdam, the Netherlands, in 1984. The first sanctioned program to operate in North America originated in Tacoma, Washington, in 1988. As of June 2014, there are 194 NSEPs in 33 states, the District of Columbia, the Commonwealth of Puerto Rico, and the Indian Nations.<sup>8</sup>

### ***Safe Sharps Disposal***

Improperly discarded sharps pose a serious risk for injury and infection to sanitation workers and the community. “Sharps” is a medical term for devices with sharp points or edges that can puncture or cut skin.<sup>9</sup>

Examples of sharps include:

- Needles - hollow needles used to inject drugs (medication) under the skin;
- Syringes - devices used to inject medication into or withdraw fluid from the body;
- Lancets - also called “fingerstick” devices - instruments with a short, two-edged blade used to get drops of blood for testing;
- Auto injectors - including epinephrine and insulin pens - syringes pre-filled with fluid medication designed to be self-injected into the body;
- Infusion sets - tubing systems with a needle used to deliver drugs to the body; and

<sup>6</sup> National Institute of Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, *Principles of HIV Prevention in Drug-Using Populations: A Research-Based Guide* (March 2002), available at [http://www.nhts.net/media/Principles%20of%20HIV%20Prevention%20\(17\).pdf](http://www.nhts.net/media/Principles%20of%20HIV%20Prevention%20(17).pdf) (last visited Sept. 21, 2015).

<sup>7</sup> *Id.*, at 18. See also World Health Organization, *Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS Among Injecting Drug Users* (2004) pp. 28–29, available at <http://www.who.int/hiv/pub/idu/pubidu/en/> (last visited Sept. 21, 2015).

<sup>8</sup> North American Syringe Exchange Network, *Syringe Services Program Coverage in the United States* (June 2014), available at [http://www.amfar.org/uploadedFiles/\\_amfarorg/On\\_the\\_Hill/2014-SSP-Map-7-17-14.pdf](http://www.amfar.org/uploadedFiles/_amfarorg/On_the_Hill/2014-SSP-Map-7-17-14.pdf) (last visited Sept. 21, 2015).

<sup>9</sup> U.S. Food and Drug Administration, *Needles and Other Sharps (Safe Disposal Outside of Health Care Settings)*, (Jan. 27, 2014) available at: <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/Sharps/> (last visited Sept. 21, 2015).

- Connection needles/sets - needles that connect to a tub to transfer fluids in and out of the body.<sup>10</sup>

Used needles and other sharps pose a dangerous risk to people and animals if not properly disposed as they can spread disease and cause injury. On November 8, 2011, the Federal Drug Administration (FDA) launched a new web site for patients and caregivers on the safe disposal of sharps.<sup>11</sup> The most common infections from such injuries are Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV).<sup>12</sup> The FDA's guidelines for disposal are to never place loose needles or other sharps into household or public trash cans or recycling bins, and to never flush them down toilets.<sup>13</sup>

### ***Federal Ban on Funding Needle and Syringe Exchange Programs***

In 1988, Congress enacted an initial ban on the use of federal funds for NSEPs which remained in place until 2009. In 2009, Congress passed the 2010 Consolidated Appropriations Act, which removed the ban on federal funding of NSEPs. In July 2010, the U.S. Department of Health and Human Services issued implementation guidelines for programs interested in using federal dollars for NSEPs.<sup>14</sup>

However, on December 23, 2011, President Barack Obama signed the 2012 omnibus spending bill that reinstated the ban on the use of federal funds for NSEPs, which reversed the 111th Congress's 2009 decision to allow federal funds to be used for NSEPs.<sup>15</sup> The ban on federal funding for NSEPs remains in effect.

### **Florida Comprehensive Drug Abuse Prevention and Control Act**

In Florida, the term "drug paraphernalia" is defined as all equipment, products, and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, transporting, injecting, ingesting, inhaling, or otherwise introducing into the human body, a controlled substance in violation of ch. 893, F.S., or s. 877.111, F.S.<sup>16</sup>

Section 893.147, F.S., regulates the use or possession of drug paraphernalia. Currently, it is unlawful for any person to use, or to possess with intent to use, drug paraphernalia:

- To plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, or conceal a controlled substance in violation of this chapter; or

<sup>10</sup> *Id.*

<sup>11</sup> U.S. Food and Drug Administration, *Improperly Discarded "Sharps" Can Be Dangerous*, <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm278763.htm#1> (last visited Sept. 21, 2015).

<sup>12</sup> *Supra*, note 10.

<sup>13</sup> *Id.*

<sup>14</sup> Matt Fisher, Center for Strategic and International Studies, *A History of the Ban on Federal Funding for Syringe Exchange Programs*, SmartGlobalHealth.org (Feb. 6, 2012), available at <http://www.smartglobalhealth.org/blog/entry/a-history-of-the-ban-on-federal-funding-for-syringe-exchange-programs/> (last visited Sept. 21, 2015).

<sup>15</sup> *Id.*

<sup>16</sup> Section 893.145, F.S.

- To inject, ingest, inhale, or otherwise introduce into the human body a controlled substance in violation of ch. 893, F.S.

Any person who violates this provision commits a first degree misdemeanor.<sup>17</sup>

It is unlawful for any person to deliver, possess with intent to deliver, or manufacture with intent to deliver drug paraphernalia, knowing, or under circumstances where one reasonably should know, that it will be used:

- To plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, or conceal a controlled substance in violation of this act, or
- To inject, ingest, inhale, or otherwise introduce into the human body a controlled substance in violation of this act.

Any person who violates this provision commits a third degree felony.<sup>18</sup>

A court, jury, or other authority, when determining in a criminal case whether an object constitutes drug paraphernalia, must consider specified facts surrounding the connection between the item and the individual arrested for possessing drug paraphernalia. A court or jury is required to consider a number of factors in determining whether an object is drug paraphernalia, such as proximity of the object in time and space to a controlled substance, the existence of residue of controlled substances on the object, and expert testimony concerning its use.<sup>19</sup>

### ***Federal Law Exemption***

Any person authorized by local, state, or federal law to manufacture, possess, or distribute drug paraphernalia is exempt from the federal drug paraphernalia statute.<sup>20</sup>

## **III. Effect of Proposed Changes:**

**Section 1** titles the bill as the “Miami-Dade Infectious Disease Elimination Act (“IDEA”).”

**Section 2** amends s. 381.0038, F.S., to create a sterile needle and syringe exchange pilot program in Miami-Dade County.

The bill authorizes the University of Miami and its affiliates to establish a single sterile needle and syringe exchange pilot program in Miami-Dade County. The pilot program may operate at a fixed location or through a mobile health unit. The pilot program is designed to offer the free exchange of clean, unused needles and hypodermic syringes for used needles and hypodermic syringes as a means to prevent the transmission of HIV, AIDS, viral hepatitis, or other blood-borne diseases.

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<sup>17</sup> A first degree misdemeanor is punishable by up to 1-year imprisonment in a county jail, a fine of up to \$1,000, or both. *See* ss. 775.082 and 775.083, F.S.

<sup>18</sup> A third degree felony is punishable by up to 5 years in state prison, a fine not to exceed \$5,000, or both. *See* ss. 775.082 and 775.083, F.S.

<sup>19</sup> Section 893.146, F.S.

<sup>20</sup> 21 U.S.C. § 863(f)(1).

The bill provides that the pilot program must provide for maximum security of exchange sites and equipment, including:

- An accounting of the number of needles and syringes in use;
- The number of needles and syringes in storage;
- Safe disposal of returned needles; and
- Any other measure required to control the use and dispersal of needles and syringes.

The pilot program must operate a one-for-one exchange, whereby participants receive one sterile needle and syringe unit in exchange for each used one. In addition to the needle and syringe exchange, the pilot program must make available:

- Educational materials;
- HIV, AIDS, and viral hepatitis counseling and testing;
- Referral services to provide education regarding HIV, AIDS, viral hepatitis, and other blood-borne disease transmission; and
- Drug-abuse prevention and treatment counseling and referral services.

The bill specifies that the possession, distribution, or exchange of needles or syringes as part of the pilot program is not a violation of any law. However, a pilot program staff member, volunteer, or participant is not immune for criminal prosecution for:

- Possession of needles or syringes that are not a part of the pilot program; or
- Redistribution of needles or syringes in any form, if acting outside the pilot program.

The pilot program must collect data for annual and final reporting purposes, including information on:

- The number of participants served;
- The number of needles and syringes exchanged and distributed;
- The demographic profiles of the participants served;
- The number of participants entering drug counseling and treatment;
- The number of participants receiving testing for HIV, AIDS, viral hepatitis, or other blood-borne diseases, and
- Other data deemed necessary for the pilot program.

The bill specifies that personal identifying information may not be collected from a participant for any purpose.

State, county, or municipal funds may not be used to operate the pilot program, and the pilot program must be funded through grants and donations from private resources and funds.

The bill provides that the pilot program will expire July 1, 2021.

**Section 3** creates an undesignated section of Florida law to provide a severability clause, providing that if any provision of this act or its application to any person or circumstances is held invalid, the invalidity does not affect other provisions or applications of the bill that can be given effect without the invalid provision or application, and to this end the provisions of the bill are severable.

**Section 4** provides an effective date of July 1, 2016.

**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:

Under PCS/CS/SB 242, the University of Miami will be responsible for securing funding through grants and donations from private sources. According to the Department of Health, the needle exchange site must obtain a Biomedical Waste Operating Permit as a sharps collection program in accordance with Chapter 64E-16, Florida Administrative Code, through the Department's Miami-Dade Environmental Health office.

C. Government Sector Impact:

The pilot program may reduce state and local government expenditures for the treatment of blood-borne diseases associated with intravenous drug use in Miami-Dade County. As one example, the state and local governments currently pay for medical expenditures through a number of programs for patients with AIDS, such as Medicaid, the AIDS Drug Assistance Program, and the AIDS Insurance Continuation Program. In 2010 dollars, the lifetime treatment of an HIV infection is estimated to cost \$379,668.<sup>21</sup>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

The bill requires the pilot program to collect various data for the purpose of annual reports and the program's final report, including "other data deemed necessary for the pilot program." The

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<sup>21</sup> Centers for Disease Control, *HIV Cost-effectiveness*, <http://www.cdc.gov/hiv/prevention/ongoing/costeffectiveness/> (last visited Oct. 27, 2015).

bill does not provide guidance as to standards under which data may be deemed necessary or which entity may deem data to be necessary. Furthermore the bill does not identify to whom the annual and final reports are to be submitted.

**VIII. Statutes Affected:**

This bill substantially amends section 381.0038 of the Florida Statutes.

**IX. Additional Information:**

- A. **Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**Recommended CS/CS by Appropriations Subcommittee on Health and Human Services on November 18, 2015:**

The proposed committee substitute changes the pilot program's expiration date from July 1, 2020, to July 1, 2021.

**CS by Health Policy on November 2, 2015:**

The CS added county and municipal funds as other sources of public funding that may not be used to operate the pilot program. The CS also removed the requirement for the Office of Program Policy Analysis and Government Accountability to submit a report on the pilot program.

- B. **Amendments:**

None.





276928

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
11/19/2015	.	
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	.	

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Appropriations Subcommittee on Health and Human Services (Smith)  
recommended the following:

**Senate Amendment**

Delete line 121  
and insert:  
(f) The pilot program shall expire July 1, 2021.

By the Committee on Health Policy; and Senators Braynon and Flores

588-01040-16

2016242c1

A bill to be entitled

An act relating to an infectious disease elimination pilot program; creating the "Miami-Dade Infectious Disease Elimination Act (IDEA)"; amending s. 381.0038, F.S.; authorizing the University of Miami and its affiliates to establish a sterile needle and syringe exchange pilot program in Miami-Dade County; establishing the pilot program criteria; providing that the possession, distribution, or exchange of needles and syringes under the pilot program is not a violation of the Florida Comprehensive Drug Abuse Prevention and Control Act or any other law; providing conditions under which a pilot program staff member, volunteer, or participant may be prosecuted; requiring the pilot program to collect certain data; prohibiting the collection of personal identifying information from program participants; prohibiting state, county, or municipal funds from being used to operate the pilot program; requiring the pilot program to be funded through private grants and donations; providing for expiration of the pilot program; providing for severability; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. This act may be cited as the "Miami-Dade Infectious Disease Elimination Act (IDEA)."

Section 2. Section 381.0038, Florida Statutes, is amended to read:

Page 1 of 5

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

588-01040-16

2016242c1

381.0038 Education; sterile needle and syringe exchange pilot program.—The Department of Health shall establish a program to educate the public about the threat of acquired immune deficiency syndrome.

(1) The acquired immune deficiency syndrome education program shall:

(a) Be designed to reach all segments of Florida's population;

(b) Contain special components designed to reach non-English-speaking and other minority groups within the state;

(c) Impart knowledge to the public about methods of transmission of acquired immune deficiency syndrome and methods of prevention;

(d) Educate the public about transmission risks in social, employment, and educational situations;

(e) Educate health care workers and health facility employees about methods of transmission and prevention in their unique workplace environments;

(f) Contain special components designed to reach persons who may frequently engage in behaviors placing them at a high risk for acquiring acquired immune deficiency syndrome;

(g) Provide information and consultation to state agencies to educate all state employees; ~~and~~

(h) Provide information and consultation to state and local agencies to educate law enforcement and correctional personnel and inmates;—

(i) Provide information and consultation to local governments to educate local government employees;—

(j) Make information available to private employers and

Page 2 of 5

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

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encourage them to distribute this information to their employees;-

(k) Contain special components which emphasize appropriate behavior and attitude change; and-

(l) Contain components that include information about domestic violence and the risk factors associated with domestic violence and AIDS.

(2) The education program designed by the Department of Health shall use ~~utilize~~ all forms of the media and shall place emphasis on the design of educational materials that can be used by businesses, schools, and health care providers in the regular course of their business.

(3) The department may contract with other persons in the design, development, and distribution of the components of the education program.

(4) The University of Miami and its affiliates may establish a single sterile needle and syringe exchange pilot program in Miami-Dade County. The pilot program may operate at a fixed location or through a mobile health unit. The pilot program shall offer the free exchange of clean, unused needles and hypodermic syringes for used needles and hypodermic syringes as a means to prevent the transmission of HIV, AIDS, viral hepatitis, or other blood-borne diseases among intravenous drug users and their sexual partners and offspring.

(a) The pilot program must:

1. Provide for maximum security of exchange sites and equipment, including an accounting of the number of needles and syringes in use, the number of needles and syringes in storage, safe disposal of returned needles, and any other measure that

588-01040-16

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may be required to control the use and dispersal of sterile needles and syringes.

2. Operate a one-to-one exchange, whereby the participant shall receive one sterile needle and syringe unit in exchange for each used one.

3. Make available educational materials; HIV, AIDS, and viral hepatitis counseling and testing; referral services to provide education regarding the transmission of HIV, AIDS, viral hepatitis, and other blood-borne diseases; and drug abuse prevention and treatment counseling and referral services.

(b) The possession, distribution, or exchange of needles or syringes as part of the pilot program established under this subsection is not a violation of any part of chapter 893 or any other law.

(c) A pilot program staff member, volunteer, or participant is not immune from criminal prosecution for:

1. The possession of needles or syringes that are not a part of the pilot program; or

2. The redistribution of needles or syringes in any form, if acting outside the pilot program.

(d) The pilot program must collect data for annual and final reporting purposes, which must include information on the number of participants served, the number of needles and syringes exchanged and distributed, the demographic profiles of the participants served, the number of participants entering drug counseling and treatment, the number of participants receiving testing for HIV, AIDS, viral hepatitis, or other blood-borne diseases, and other data deemed necessary for the pilot program. However, personal identifying information may not

588-01040-16

2016242c1

117 be collected from a participant for any purpose.

118 (e) State, county, or municipal funds may not be used to  
119 operate the pilot program. The pilot program shall be funded  
120 through grants and donations from private resources and funds.

121 (f) The pilot program shall expire July 1, 2020.

122 Section 3. If any provision of this act or its application  
123 to any person or circumstance is held invalid, the invalidity  
124 does not affect other provisions or applications of the act  
125 which can be given effect without the invalid provision or  
126 application, and to this end the provisions of this act are  
127 severable.

128 Section 4. This act shall take effect July 1, 2016.



The Florida Senate

## Committee Agenda Request

**To:** Senator Rene Garcia, Chair  
Appropriations Subcommittee on Health and Human Services

**Subject:** Committee Agenda Request

**Date:** October 20, 2015

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I respectfully request that **Senate Bill # 284**, relating to Commercial Transactions in Fresh Produce, be placed on the:

- ☒ committee agenda at your earliest possible convenience.
- ☐ next committee agenda.

*Geraldine F. Thompson*  
Senator Geraldine F. Thompson  
Florida Senate, District 12



File signed original with committee office

S-020 (03/2004)

**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.)

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

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BILL: SB 284

INTRODUCER: Senator Thompson

SUBJECT: Commercial Transactions in Fresh Produce Markets

DATE: November 17, 2015      REVISED: \_\_\_\_\_

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Akhavein	Becker	AG	<b>Favorable</b>
2. Brown	Pigott	AHS	<b>Recommend: Favorable</b>
3. _____	_____	AP	_____

---

## **I. Summary:**

SB 284 permits an owner or operator of a market that sells fresh produce to allow a non-competing third party that has been authorized by the U.S. Department of Agriculture (USDA) to be a Supplemental Nutrition Services Program (SNAP) retailer to establish an Electronic Benefit Transfer (EBT) system to accept SNAP payments for the market's produce sellers, to the extent allowed by federal law and regulation. The bill does not require a market owner or operator to operate or maintain an EBT system for its produce sellers. It also does not prohibit an authorized Food Nutrition Service produce seller from operating its own EBT system for its own customers.

The bill has no fiscal impact to the state.

The bill has an effective date of July 1, 2016.

## **II. Present Situation:**

According to the Food Research and Action Center, it is well documented that the SNAP program that delivers monthly benefits through EBT cards (formerly known as the federal Food Stamp Program) is beneficial to the health of children and adults and the well-being of low-income people in the United States by enhancing the food purchasing power of eligible low-income families. However, many venues, especially in low-income communities, do not accept SNAP cards.<sup>1</sup>

The Johns Hopkins Center for a Livable Future issued a report in the summer of 2012 detailing the relationship between nutritious food, farmers' markets, and the SNAP program. The report states that low-income consumers lack access to farmers' markets because the SNAP program cannot be used at many such markets since they lack wireless terminals to process EBT sales.

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<sup>1</sup> See <http://frac.org/wp-content/uploads/2011/06/SNAPstrategies.pdf>. (last visited October 26, 2015).

According to the Johns Hopkins report, SNAP redemptions at farmers' markets fell by half between 1992 and 2009 with the transition to EBT, which started in 1993. The report concludes that improving EBT technology at farmers' markets has the potential to improve SNAP participants' diets and health by increasing access to fresh, local fruits and vegetables.<sup>2</sup>

The federal government pays 100 percent of the SNAP benefits while the federal and state governments share administrative costs.<sup>3</sup> The SNAP program for retailers and the certification of a retailer to use an EBT system to process SNAP payments are administered by the USDA Food and Nutrition Service.<sup>4</sup>

The USDA defines farmers' market as a multi-stall market at which farmer-producers sell agricultural products directly to the general public at a central or fixed location, particularly fresh fruit and vegetables (but also meat products, dairy products, and/or grains).<sup>5</sup> While there has been a boom in the number of farmers' markets in the last two decades, there is still limited access for the nation's poorest consumers. Data from USDA shows there were 7,864 farmers' markets of which 1,645, about one out of five, accepted SNAP payments as of mid-year 2012.<sup>6</sup>

In order to encourage greater EBT participation by farmers' markets, the USDA provided grant money for a farmers' market to implement an EBT system if the market was not already an authorized SNAP retailer on or before November 18, 2011. On July 27, 2012, the Florida Department of Children and Families (DCF) announced the availability of the USDA grant money and engaged in a marketing campaign to encourage more farmers' markets to participate in EBT. That effort has resulted in fourteen markets participating in the program with one more in the implementation phase.<sup>7</sup> Grant money is still available to provide EBT systems to authorized participants.

The Florida Department of Agriculture and Consumer Services (DACS) operates 12 "State Farmers' Markets" under the authority contained in s. 570.07(18), F.S. Of the 12 markets, five have retail businesses that sell products to the public and three of these have installed EBT systems at their own expense. Other farmers' markets are operated by local governments, not-for-profit organizations, private organizations, business development groups, and individuals, each of which has its own system for accepting payment for products.<sup>8</sup>

There are various reasons why a farmers' market might not have an EBT system. These include a decision by the owner not to accept SNAP benefits, a lack of access to electricity and phone lines needed for vendors to accept EBT cards, or a business decision not to fund the wireless technology and associated costs of implementation that are typically necessary to handle EBT sales. Southern Food Policy Advocates, an organization whose self-defined mission is to address

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<sup>2</sup> See [http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-a-livable-future/\\_pdf/projects/ffp/farm\\_bill/Reuniting-Snap-Participants-and-Farmers-Markets.pdf](http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-a-livable-future/_pdf/projects/ffp/farm_bill/Reuniting-Snap-Participants-and-Farmers-Markets.pdf). (last visited October 26, 2015).

<sup>3</sup> See <http://frac.org/federal-foodnutrition-programs/snapfood-stamps/>. (last visited October 26, 2015).

<sup>4</sup> See SB 552 by Senator Thompson from the 2014 Legislative Session.

<sup>5</sup> See <http://www.fns.usda.gov/ebt/what-farmers-market> (last visited October 26, 2015).

<sup>6</sup> See <http://www.usnews.com/news/articles/2012/08/06/farmers-market-boom-not-reaching-many-food-stamp-users> (last visited October 26, 2015).

<sup>7</sup> See SB 552 by Senator Thompson from the 2014 Legislative Session.

<sup>8</sup> Correspondence dated October 29, 2015, from Office of Legislative Affairs, Department of Agriculture and Consumer Services. (on file with Senate Agriculture Committee).

issues concerning food, nutrition, and fitness of Floridians,<sup>9</sup> points out that while the USDA program gives emphasis to farmers' markets, fresh produce is also sold at other venues, such as flea markets and open air markets.<sup>10</sup>

### **III. Effect of Proposed Changes:**

**Section 1** creates an undesignated section of Florida law relating to transactions in markets that sell fresh produce. The bill provides the following definitions: a "market" means a farmers' market, community farmers' market, flea market, or other open air market, and "SNAP" means the federal Supplemental Nutrition Assistance Program.

The bill permits an owner or operator of a market that sells fresh produce, but who is not already a SNAP retailer, to allow specified, authorized third parties, which may not be a competitor market, to accept SNAP benefits on behalf of the market's produce sellers to the extent allowed by federal law and regulation. It requires the market owner or operator to reasonably accommodate the authorized third party in the implementation and operation of an EBT system.

The bill does not apply to a market selling fresh produce whose owner or operator has a system in place for accepting SNAP benefits nor does it prohibit an authorized Food and Nutrition Service produce seller from operating its own EBT system for its customers' transactions. Finally, the bill does not require a market owner or operator to create, operate, or maintain an EBT system on behalf of its produce sellers.

**Section 2** provides that the bill takes effect July 1, 2016.

### **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.

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<sup>9</sup> See <http://southfpa.blogspot.com/> (last visited October 26, 2015).

<sup>10</sup> See SB 552 by Senator Thompson from the 2014 Legislative Session.



**B. Private Sector Impact:**

Under SB 284, SNAP beneficiaries will be able to use their EBT cards to purchase fresh produce at additional markets if markets selling fresh produce allow an EBT system to be established in their marketplace. Food and Nutrition Service groups, associations, or other specified parties that are authorized SNAP retailers may be able to offer EBT services at participating fresh produce markets.

**C. Government Sector Impact:**

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill creates an undesignated section of Florida law.

**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.

By Senator Thompson

12-00367-16

2016284\_\_

A bill to be entitled

An act relating to commercial transactions in fresh produce markets; defining terms; authorizing owners or operators of certain farmers' markets, community farmers' markets, flea markets, and other open-air markets to allow certain Food and Nutrition Service groups, associations, or third-party organizations to implement and operate an electronic benefits transfer system in such markets for the purpose of accepting SNAP benefits; requiring the owners or operators of such markets to reasonably accommodate such groups in the implementation and operation of an electronic benefits transfer system in the market; providing applicability; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. (1) As used in this section, the term:

(a) "Market" means a farmers' market, community farmers' market, flea market, or other open-air market.

(b) "SNAP" means the Supplemental Nutrition Assistance Program established under 7 U.S.C. ss. 2011 et seq.

(2) The owner or operator of a market selling fresh produce who is not an authorized SNAP retailer may, to the extent and manner allowed by federal law and regulation, allow an authorized Food and Nutrition Service group or association of produce sellers which is actively participating in fresh produce sales in the market, or an authorized Food and Nutrition Service third-party organization, to implement and operate an electronic

Page 1 of 2

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12-00367-16

2016284\_\_

benefits transfer system in the market for the purpose of accepting SNAP benefits on behalf of the market's fresh produce sellers.

(a) The market owner or operator shall reasonably accommodate the authorized Food and Nutrition Service group, association, or third-party organization in the implementation and operation of the electronic benefits transfer system.

(b) The authorized Food and Nutrition Service group, association, or third-party organization responsible for the implementation and operation of the electronic benefits transfer system may not be a competing market.

(3) This section does not:

(a) Apply to a market selling fresh produce whose owner or operator has an electronic benefits transfer system for accepting SNAP benefits in the market;

(b) Prohibit an authorized Food and Nutrition Service produce seller in a market selling fresh produce from operating his or her own electronic benefits transfer system as part of his or her customer transaction options; or

(c) Require a market owner or operator to create, operate, or maintain an electronic benefits transfer system on behalf of the market produce sellers.

Section 2. This act shall take effect July 1, 2016.

Page 2 of 2

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.



The Florida Senate

## Committee Agenda Request

**To:** Senator Rene Garcia, Chair  
Appropriations Subcommittee on Health and Human Services

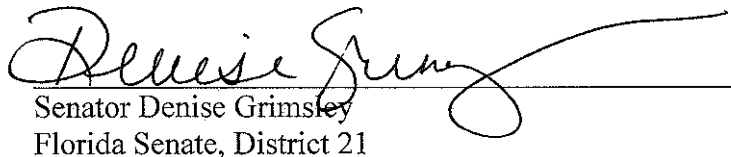
**Subject:** Committee Agenda Request

**Date:** November 2, 2015

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I respectfully request that **Senate Bill #152**, relating to Ordering of Medication, **Senate Bill #238** relating to Medical Assistant Certification and **Senate Bill #450** relating to Physical Therapy, be placed on the:

- ☐ committee agenda at your earliest possible convenience.
- ☒ next committee agenda.

  
\_\_\_\_\_  
Senator Denise Grimsley  
Florida Senate, District 21

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11/18/15

Meeting Date

152

Bill Number (if applicable)

Topic SB 152

Amendment Barcode (if applicable)

Name Jean Vansmith

Job Title Government Relations Manager

Address

Street

Phone 813-482-6393

Email

City

State

Zip

Speaking: ☒ For ☐ Against ☐ Information

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

Representing Florida Hospital

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

11/18/2015  
Meeting Date

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

152  
Bill Number (if applicable)

Topic Ordering of Medications

Amendment Barcode (if applicable)

Name Chris Floyd

Job Title Consultant

Address 801 College Ave  
Street

Phone 813-624-5117

Tallahassee FL 32301  
City State Zip

Email \_\_\_\_\_

Speaking: ☐ For ☐ Against ☐ Information

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

Representing FLA Assoc. of Nurse Practitioners

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11/18  
Meeting Date

152  
Bill Number (if applicable)

Topic Order of Medication

Amendment Barcode (if applicable)

Name Alisa LaPort

Job Title Lobbyist

Address \_\_\_\_\_  
Street

Phone 443-1319

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 FL Nurses Association

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

11/18/15  
Meeting Date

SB 152  
Bill Number (if applicable)

Topic Ordering Medication

Amendment Barcode (if applicable)

Name Michael Anway

Job Title \_\_\_\_\_

Address \_\_\_\_\_  
Street

Phone 850-425-5621

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Michael.anway@hlow.com

Speaking: ☒ For ☐ Against ☐ Information

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

Representing FLORIDA Chamber of Commerce

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

11/18/15

Meeting Date

152

Bill Number (if applicable)

Topic Ordering of Medication

Amendment Barcode (if applicable)

Name Laura Cantwell

Job Title Associate State Director

Address 400 Canillon Pkwy, Suite 100

Phone 727-592-8020

Street

St Petersburg

FL

33716

City

State

Zip

Email lcantwell@aarp.org

Speaking: ☒ For ☐ Against ☐ Information

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

Representing AARP

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)



THE FLORIDA SENATE

# APPEARANCE RECORD

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

11/18

Meeting Date

152

Bill Number (if applicable)

Topic Ordering Medication

Amendment Barcode (if applicable)

Name Barbara Lumpkin

Job Title Consultant

Address 464 Green Spring  
Street

Phone 407 227 7705

Wentworth Springs FL 32705  
City State Zip

Email \_\_\_\_\_

Speaking: ☒ For ☐ Against ☐ Information

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

Representing Baptist Health South Florida

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11-18-15  
Meeting Date

152  
Bill Number (if applicable)

Topic Ordering of Medications

Amendment Barcode (if applicable)

Name MARTHA DE CASTRO

Job Title VP for Nursing

Address 3010 E College Ave  
Street

Phone 850 222 9800

Tallah FL 01  
City State Zip

Email Martha@fha.org

Speaking: ☒ For ☐ Against ☐ Information

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

Representing Florida Hospital Assoc

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11/18/15

Meeting Date

152

Bill Number (if applicable)

Topic

Ordering

Amendment Barcode (if applicable)

Name

Chris Lyon

Job Title

Attorney

Address

315 S. Calhoun St., Suite 830

Phone

850/222-5702

Street

Tallahassee

FL

32301

City

State

Zip

Email

clyon@llw-law.com

Speaking:



For



Against



Information

Waive Speaking:



In Support



Against

(The Chair will read this information into the record.)

Representing

Florida Association of Nurse Anesthetists

Appearing at request of Chair:



Yes



No

Lobbyist registered with Legislature:



Yes



No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

# APPEARANCE RECORD

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

11/15/15

Meeting Date

132

Bill Number (if applicable)

Topic \_\_\_\_\_

Amendment Barcode (if applicable)

Name Chris Noland

Job Title \_\_\_\_\_

Address 1000 Riverside

Phone 904-233-3051

Street

Jax

FL

32204

City

State

Zip

Email cnoland@acp.com

Speaking: ☒ For ☐ Against ☐ Information

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

Representing American College of Physicians

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

**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

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BILL: SB 152

INTRODUCER: Senator Grimsley

SUBJECT: Ordering of Medication

DATE: November 17, 2015

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Stovall	Stovall	HP	<b>Favorable</b>
2.	Brown	Pigott	AHS	<b>Recommend: Favorable</b>
3.			AP	

---

## **I. Summary:**

SB 152 provides express authority for an advanced registered nurse practitioner to order *any* medication for administration to a patient in a hospital, ambulatory surgical center, or mobile surgical facility within the framework of an established protocol. The bill provides express authority in chapter 893, Florida Statutes, the Florida Comprehensive Drug Abuse Prevention and Control Act, for a supervisory physician to authorize a physician assistant or an advanced registered nurse practitioner to order controlled substances for administration to a patient in a hospital, ambulatory surgical center, or mobile surgical facility.

The bill has an indeterminate fiscal impact. See Section V.

The bill has an effective date of July 1, 2016.

## **II. Present Situation:**

### **Regulation of Physician Assistants in Florida**

Chapter 458, F.S., sets forth the provisions for the regulation of the practice of medicine by the Board of Medicine. Chapter 459, F.S., similarly sets forth the provisions for the regulation of the practice of osteopathic medicine by the Board of Osteopathic Medicine. Physician assistants (PAs) are regulated by both boards. Licensure of PAs is overseen jointly by the boards through the Council on Physician Assistants.<sup>1</sup>

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<sup>1</sup> The council consists of three physicians who are members of the Board of Medicine; one physician who is a member of the Board of Osteopathic Medicine; and a physician assistant appointed by the State Surgeon General. (See ss. 458.347(9) and 459.022(9), F.S.)

Physician assistants are trained and required by statute to work under the supervision and control of medical physicians or osteopathic physicians.<sup>2</sup> The Board of Medicine and the Board of Osteopathic Medicine have adopted rules that set out the general principles a supervising physician must use in developing the scope of practice of the PA under both direct<sup>3</sup> and indirect<sup>4</sup> supervision.

A supervising physician's decision to permit a PA to perform a task or procedure under direct or indirect supervision must be based on reasonable medical judgment regarding the probability of morbidity and mortality to the patient. The supervising physician must be certain that the PA is knowledgeable and skilled in performing the tasks and procedures assigned.<sup>5</sup> Each physician or group of physicians supervising a licensed PA must be qualified in the medical areas in which the PA is to perform and must be individually or collectively responsible and liable for the performance and the acts and omissions of the PA.<sup>6</sup>

Current law allows a supervisory physician to delegate to a licensed PA the authority to prescribe or dispense any medication used in the physician's practice, except controlled substances, general anesthetics, and radiographic contrast materials.<sup>7</sup> However, Florida law does allow a supervisory physician to delegate authority to a PA to order any medication, including controlled substances, general anesthetics, and radiographic contrast materials, for a patient of the physician during the patient's stay in a facility licensed under ch. 395, F.S.<sup>8</sup>

### **Regulation of Advanced Registered Nurse Practitioners in Florida**

Chapter 464, F.S., governs the licensure and regulation of nurses in Florida. Nurses are licensed by the Department of Health and are regulated by the Board of Nursing.<sup>9</sup>

An advanced registered nurse practitioner (ARNP) is a licensed nurse who is certified in advanced or specialized nursing.<sup>10</sup> Florida recognizes three types of ARNP: nurse practitioner

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<sup>2</sup> Sections 458.347(4) and 459.022(4), F.S.

<sup>3</sup> "Direct supervision" requires the physician to be on the premises and immediately available. (*See* Fla. Admin. Code R. 64B8-30.001(4) and 64B15-6.001(4).)

<sup>4</sup> "Indirect supervision" refers to the easy availability of the supervising physician to the physician assistant, which includes the ability to communicate by telecommunications, and requires the physician to be within reasonable physical proximity. (*See* Fla. Admin. Code R. 64B8-30.001(5) and 64B15-6.001(5).)

<sup>5</sup> Fla. Admin. Code R. 64B8-30.012(2) and 64B15-6.010(2).

<sup>6</sup> Sections 458.347(3) and 459.022(3), F.S.

<sup>7</sup> Sections 458.347(4)(e) and (f)1 and 459.022(4)(e), F.S.

<sup>8</sup> *See* s. 395.002(16), F.S. The facilities licensed under ch. 395, F.S., are hospitals, ambulatory surgical centers, and mobile surgical facilities.

<sup>9</sup> The Board of Nursing is composed of 13 members appointed by the Governor and confirmed by the Senate who serve 4-year terms. Seven of the 13 members must be nurses who reside in Florida and have been engaged in the practice of professional nursing for at least 4 years. Of those seven members, one must be an advanced registered nurse practitioner, one a nurse educator at an approved nursing program, and one a nurse executive. Three members of the BON must be licensed practical nurses who reside in the state and have engaged in the practice of practical nursing for at least 4 years. The remaining three members must be Florida residents who have never been licensed as nurses and are in no way connected to the practice of nursing, any health care facility, agency, or insurer. Additionally, one member must be 60 years of age or older. (*See* s. 464.004(2), F.S.)

<sup>10</sup> "Advanced or specialized nursing practice" is defined as the performance of advanced-level nursing acts approved by the Board of Nursing which, by virtue of post-basic specialized education, training and experience, are appropriately performed by an advanced registered nurse practitioner. (*See* s. 464.003(2), F.S.)

(NP), certified registered nurse anesthetist (CRNA), and certified nurse midwife (CNM).<sup>11</sup> To be certified as an ARNP, a nurse must hold a current license as a registered nurse<sup>12</sup> and submit proof to the Board of Nursing that he or she meets one of the following requirements:<sup>13</sup>

- Satisfactory completion of a formal post-basic educational program of specialized or advanced nursing practice;
- Certification by an appropriate specialty board;<sup>14</sup> or
- Graduation from a master's degree program in a nursing clinical specialty area with preparation in specialized practitioner skills.

Advanced or specialized nursing acts may only be performed under protocol of a supervising physician or dentist.<sup>15</sup> Within the established framework of the protocol, an ARNP may:<sup>16</sup>

- Monitor and alter drug therapies;
- Initiate appropriate therapies for certain conditions; and
- Order diagnostic tests and physical and occupational therapy.

The statute further describes additional acts that may be performed within an ARNP's specialty certification (CRNA, CNM, and NP).<sup>17</sup>

Advanced registered nurse practitioners must meet financial responsibility requirements, as determined by rule of the Board of Nursing, and the practitioner profiling requirements.<sup>18</sup> The Board of Nursing requires professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 or an unexpired irrevocable letter of credit in the same amounts payable to the ARNP.<sup>19</sup>

Florida law does not authorize ARNPs to prescribe controlled substances.<sup>20</sup> However, s. 464.012(4)(a), F.S., provides express authority for a CRNA to order certain controlled substances "to the extent authorized by established protocol approved by the medical staff of the facility in which the anesthetic service is performed."

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<sup>11</sup> Section 464.003(3), F.S. Florida certifies clinical nurse specialists as a category distinct from advanced registered nurse practitioners. (See ss. 464.003(7) and 464.0115, F.S.)

<sup>12</sup> Practice of professional nursing. (See s. 464.003(20), F.S.)

<sup>13</sup> Section 464.012(1), F.S.

<sup>14</sup> Specialty boards expressly recognized by the Board of Nursing include: Council on Certification of Nurse Anesthetists, or Council on Recertification of Nurse Anesthetists; American College of Nurse Midwives; American Nurses Association (American Nurses Credentialing Center); National Certification Corporation for OB/GYN, Neonatal Nursing Specialties; National Board of Pediatric Nurse Practitioners and Associates; National Board for Certification of Hospice and Palliative Nurses; American Academy of Nurse Practitioners; Oncology Nursing Certification Corporation; American Association of Critical-Care Nurses Adult Acute Care Nurse Practitioner Certification. (See Fla. Admin. Code R. 64B9-4.002(2)).

<sup>15</sup> Section 464.003(2), F.S.

<sup>16</sup> Section 464.012(3), F.S.

<sup>17</sup> Section 464.012(4), F.S.

<sup>18</sup> Sections 456.0391 and 456.041, F.S.

<sup>19</sup> Fla. Admin. Code R. 64B9-4.002(5).

<sup>20</sup> Sections 893.02(21) and 893.05(1), F.S.

### **Definitions related to the Ordering of Medicinal Drugs**

Chapter 464, F.S., does not contain a definition of the terms “order” or “prescribe.” Chapter 465, F.S., relating to pharmacy, defines “prescription” as “any order for drugs or medicinal supplies written or transmitted by any means of communication by a duly licensed practitioner authorized by the laws of the state to prescribe such drugs or medicinal supplies and intended to be dispensed by a pharmacist.”<sup>21</sup> “Dispense” is defined as “the transfer of possession of one or more doses of a medicinal drug by a pharmacist to the ultimate consumer or her or his agent.”<sup>22</sup> “Administration” is defined as “the obtaining and giving of a single dose of medicinal drugs by a legally authorized person to a patient for her or his consumption.”<sup>23</sup> Chapter 893, F.S., relating to drug abuse prevention and control, contains similar definitions.<sup>24</sup>

### **ARNP Petition for Declaratory Statement**

On January 22, 2014, a petition for declaratory statement<sup>25</sup> was filed with the Board of Nursing which asked, “Can ARNPs legally order narcotics for patients we treat in the institution with written protocols from our attending Doctors [sic]?”<sup>26</sup> The petition noted that prior to January 1, 2014, ARNPs ordered controlled substances for patients. Effective January 1, 2014, the hospital disallowed the practice and required all ARNPs to get an order from a physician. The hospital cited passage of legislation in 2013 which clarified the authority of physician assistants to order controlled substances but did not address the authority of ARNPs.<sup>27</sup> The Board of Nursing dismissed the petition, finding that it failed to comply with the requirements of chapter 120 and that it sought an opinion regarding the scope of practice of a category of licensees based on an employer’s policies.

### **Drug Enforcement Agency Registration**

An individual practitioner<sup>28</sup> who is an agent or employee of another practitioner (other than a mid-level practitioner)<sup>29</sup> registered to dispense controlled substances, may, when acting in the normal course of business or employment, administer or dispense (other than by issuance of a prescription) controlled substances if and to the extent authorized by state law, under the registration of the employer or principal practitioner in lieu of being registered himself or herself.<sup>30</sup>

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<sup>21</sup> Section 465.003(14), F.S.

<sup>22</sup> Section 465.003(6), F.S.

<sup>23</sup> Section 465.003(1), F.S.

<sup>24</sup> See ss. 893.02(1), 893.02(7), and 893.02(22), F.S.

<sup>25</sup> A declaratory statement is an agency’s opinion regarding the applicability of a statutory provision, rule, or agency order to a petitioner’s set of circumstances. (*See* s. 120.565(1), F.S.)

<sup>26</sup> Petition for Declaratory Statement filed by Carolann Robley ARNP, MSN, BC, FNP (on file with the Senate Committee on Health Policy).

<sup>27</sup> *See* ch. 2013-127, Laws of Fla.

<sup>28</sup> “Practitioner” means a physician, dentist, veterinarian, scientific investigator, pharmacy, hospital, or other person licensed, registered, or otherwise permitted, by the United States of the jurisdiction in which he practices or does research, to distribute, dispense, conduct research with respect to, administer, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research. *See* 21 U.S.C. s. 802(21) (2011).

<sup>29</sup> Examples of mid-level practitioners include, but are not limited to: nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists, and physician assistants.

<sup>30</sup> 21 C.F.R. 1301.22.



Health care practitioners who are agents or employees of a hospital or other institution, may, when acting in the usual course of business or employment, administer, dispense, or prescribe controlled substances under the registration of the hospital or other institution in which he or she is employed, in lieu of individual registration, provided that:

- The dispensing, administering, or prescribing is in the usual course of professional practice;
- The practitioner is authorized to do so by the state in which he or she practices;
- The hospital or other institution has verified that the practitioner is permitted to administer, dispense, or prescribe controlled substances within the state;
- The practitioner acts only within the scope of employment in the hospital or other institution;
- The hospital or other institution authorizes the practitioner to administer, dispense, or prescribe under its registration and assigns a specific internal code number for each practitioner; and
- The hospital or other institution maintains a current list of internal codes and the corresponding practitioner.<sup>31</sup>

### III. Effect of Proposed Changes:

This bill expressly authorizes an advanced registered nurse practitioner (ARNP) to order any medication, including a controlled substance, for administration to a patient in a hospital, ambulatory surgical center, or mobile surgical facility within the framework of an established protocol. This authority is comparable to the express authority previously granted by the Legislature to physician assistants (PAs).

The bill also provides express authority in ch. 893, F.S., for a supervisory physician to authorize a PA or ARNP to order controlled substances for administration to a patient in a hospital, ambulatory surgical center, or mobile surgical facility.

The bill conforms ss. 458.347(4)(g) and 459.022(4)(f), F.S., relating to the authority of a PA to order medications, to changes made elsewhere in the act, but does not alter the authority of supervisory physicians or PAs.

The bill clarifies the distinction between a prescription and an order for administration by amending the definition of “prescription” in ch. 465 and ch. 893, F.S., to exclude an order that is dispensed for administration and making conforming changes in s. 893.04, F.S. The bill also revises the definition of “administer” in ch. 893, F.S., to include the term “administration.”

The bill reenacts various sections of Florida law as required to incorporate amendments made in the act.

The bill takes effect July 1, 2016.

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<sup>31</sup> *Id.*; See also U.S. Department of Justice, Drug Enforcement Administration, *Practitioner’s Manual*, 27 (2006), available at: [http://www.deadiversion.usdoj.gov/pubs/manuals/pract/pract\\_manual012508.pdf](http://www.deadiversion.usdoj.gov/pubs/manuals/pract/pract_manual012508.pdf) (last visited Sept. 17, 2015).

**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:**

Under SB 152, physicians who use advanced registered nurse practitioners to serve hospitalized patients, physicians who supervise ARNPs with a hospital practice, and hospitals that employ ARNPs may see increased efficiencies if ARNPs can order controlled substances directly under a supervisory protocol without the need for obtaining a physician's order. These efficiencies include time savings for the practitioners and ARNPs and better utilization of potentially limited space, such as emergency room beds where patients might otherwise wait while a supervising physician is located.

**C. Government Sector Impact:**

The impact described in Section V. B., above, would also apply to public hospitals and physicians employed in public hospitals.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 458.347, 459.022, 464.012, 465.003, 893.02, 893.04, and 893.05.

This bill reenacts the following sections of the Florida Statutes: 400.462, 401.445, 409.906, 766.103, 409.9201, 458.331, 459.015, 465.014, 465.015, 465.016, 465.022, 465.023, 465.1901, 499.003, 831.30, 112.0455, 381.986, 440.102, 499.0121, 768.36, 810.02, 812.014, 856.015, 944.47, 951.22, 985.711, 1003.57, 1006.09, and 893.0551.

**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.

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

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By Senator Grimsley

21-00029-16

2016152\_\_

1 A bill to be entitled  
 2 An act relating to the ordering of medication;  
 3 amending ss. 458.347 and 459.022, F.S.; revising the  
 4 authority of a licensed physician assistant to order  
 5 medication under the direction of a supervisory  
 6 physician for a specified patient; amending s.  
 7 464.012, F.S.; authorizing an advanced registered  
 8 nurse practitioner to order medication for  
 9 administration to a specified patient; amending s.  
 10 465.003, F.S.; revising the term "prescription" to  
 11 exclude an order for drugs or medicinal supplies  
 12 dispensed for administration; amending s. 893.02,  
 13 F.S.; revising the term "administer" to include the  
 14 term "administration"; revising the term  
 15 "prescription" to exclude an order for drugs or  
 16 medicinal supplies dispensed for administration;  
 17 amending s. 893.04, F.S.; conforming provisions to  
 18 changes made by act; amending s. 893.05, F.S.;  
 19 authorizing a licensed practitioner to authorize a  
 20 licensed physician assistant or advanced registered  
 21 nurse practitioner to order controlled substances for  
 22 a specified patient under certain circumstances;  
 23 reenacting ss. 400.462(26), 401.445(1), 409.906(18),  
 24 and 766.103(3), F.S., to incorporate the amendments  
 25 made to ss. 458.347 and 459.022, F.S., in references  
 26 thereto; reenacting ss. 401.445(1) and 766.103(3),  
 27 F.S., to incorporate the amendment made to s. 464.012,  
 28 F.S., in references thereto; reenacting ss.  
 29 409.9201(1) (a), 458.331(1) (pp), 459.015(1) (rr),

Page 1 of 10

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21-00029-16

2016152\_\_

30 465.014(1), 465.015(2) (c), 465.016(1) (s),  
 31 465.022(5) (j), 465.023(1) (h), 465.1901, 499.003(43),  
 32 and 831.30(1), F.S., to incorporate the amendment made  
 33 to s. 465.003, F.S., in references thereto; reenacting  
 34 ss. 112.0455(5) (i), 381.986(7) (b), 440.102(1) (l),  
 35 458.331(1) (pp), 459.015(1) (rr), 465.015(3),  
 36 465.016(1) (s), 465.022(5) (j), 465.023(1) (h),  
 37 499.0121(14), 768.36(1) (b), 810.02(3) (f),  
 38 812.014(2) (c), 856.015(1) (c), 944.47(1) (a), 951.22(1),  
 39 985.711(1) (a), 1003.57(1) (i), and 1006.09(8), F.S., to  
 40 incorporate the amendment made to s. 893.02, F.S., in  
 41 references thereto; reenacting s. 893.0551(3) (e),  
 42 F.S., to incorporate the amendment made to s. 893.04,  
 43 F.S., in a reference thereto; reenacting s.  
 44 893.0551(3) (d), F.S., to incorporate the amendment  
 45 made to s. 893.05, F.S., in a reference thereto;  
 46 providing an effective date.

47  
 48 Be It Enacted by the Legislature of the State of Florida:  
 49

50 Section 1. Paragraph (g) of subsection (4) of section  
 51 458.347, Florida Statutes, is amended to read:

52 458.347 Physician assistants.—

53 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

54 (g) A supervisory physician may delegate to a licensed  
 55 physician assistant the authority to, and the licensed physician  
 56 assistant acting under the direction of the supervisory  
 57 physician may, order any medication ~~medications~~ for  
 58 administration to the supervisory physician's patient ~~during his~~

Page 2 of 10

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21-00029-16

2016152\_\_

59 ~~or her care in a facility licensed under chapter 395,~~  
 60 ~~notwithstanding any provisions in chapter 465 or chapter 893~~  
 61 ~~which may prohibit this delegation. For the purpose of this~~  
 62 ~~paragraph, an order is not considered a prescription. A licensed~~  
 63 ~~physician assistant working in a facility that is licensed under~~  
 64 ~~chapter 395 may order any medication under the direction of the~~  
 65 ~~supervisory physician.~~

66 Section 2. Paragraph (f) of subsection (4) of section  
 67 459.022, Florida Statutes, is amended to read:

68 459.022 Physician assistants.—

69 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

70 (f) A supervisory physician may delegate to a licensed  
 71 physician assistant the authority to, and the licensed physician  
 72 assistant acting under the direction of the supervisory  
 73 physician may, order any medication medications for  
 74 administration to the supervisory physician's patient during his  
 75 ~~or her care in a facility licensed under chapter 395,~~  
 76 ~~notwithstanding any provisions in chapter 465 or chapter 893~~  
 77 ~~which may prohibit this delegation. For the purpose of this~~  
 78 ~~paragraph, an order is not considered a prescription. A licensed~~  
 79 ~~physician assistant working in a facility that is licensed under~~  
 80 ~~chapter 395 may order any medication under the direction of the~~  
 81 ~~supervisory physician.~~

82 Section 3. Paragraph (a) of subsection (3) of section  
 83 464.012, Florida Statutes, is amended to read:

84 464.012 Certification of advanced registered nurse  
 85 practitioners; fees.—

86 (3) An advanced registered nurse practitioner shall perform  
 87 those functions authorized in this section within the framework

21-00029-16

2016152\_\_

88 of an established protocol that is filed with the board upon  
 89 biennial license renewal and within 30 days after entering into  
 90 a supervisory relationship with a physician or changes to the  
 91 protocol. The board shall review the protocol to ensure  
 92 compliance with applicable regulatory standards for protocols.  
 93 The board shall refer to the department licensees submitting  
 94 protocols that are not compliant with the regulatory standards  
 95 for protocols. A practitioner currently licensed under chapter  
 96 458, chapter 459, or chapter 466 shall maintain supervision for  
 97 directing the specific course of medical treatment. Within the  
 98 established framework, an advanced registered nurse practitioner  
 99 may:

100 (a) Monitor and alter drug therapies and order any  
 101 medication for administration to a patient in a facility  
 102 licensed under chapter 395.

103 Section 4. Subsection (14) of section 465.003, Florida  
 104 Statutes, is amended to read:

105 465.003 Definitions.—As used in this chapter, the term:

106 (14) "Prescription" includes any order for drugs or  
 107 medicinal supplies written or transmitted by any means of  
 108 communication by a  ~~duly~~ licensed practitioner authorized by the  
 109 laws of this the state to prescribe such drugs or medicinal  
 110 supplies and intended to be dispensed by a pharmacist, except  
 111 for an order that is dispensed for administration. The term also  
 112 includes an orally transmitted order by the lawfully designated  
 113 agent of such practitioner; ~~The term also includes~~ an order  
 114 written or transmitted by a practitioner licensed to practice in  
 115 a jurisdiction other than this state, but only if the pharmacist  
 116 called upon to dispense such order determines, in the exercise

21-00029-16

2016152\_\_

of her or his professional judgment, that the order is valid and necessary for the treatment of a chronic or recurrent illness; ~~and. The term "prescription" also includes a pharmacist's order for a product selected from the formulary created pursuant to s. 465.186. Prescriptions may be retained in written form or the pharmacist may cause them to be recorded in a data processing system, provided that such order can be produced in printed form upon lawful request.~~

Section 5. Subsections (1) and (22) of section 893.02, Florida Statutes, are amended to read:

893.02 Definitions.—The following words and phrases as used in this chapter shall have the following meanings, unless the context otherwise requires:

(1) "Administer" or "administration" means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a person or animal.

(22) "Prescription" ~~means and~~ includes any an order for drugs or medicinal supplies which is written, signed, or transmitted by any word of mouth, telephone, telegram, or other means of communication by a ~~duly~~ licensed practitioner authorized licensed by the laws of this the state to prescribe such drugs or medicinal supplies, is issued in good faith and in the course of professional practice, is intended to be filled, ~~compounded, or dispensed by a another person authorized licensed~~ by the laws of this the state to do so, and meets ~~meeting~~ the requirements of s. 893.04.

(a) The term also includes an order for drugs or medicinal supplies ~~se~~ transmitted or written by a physician, dentist,

Page 5 of 10

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21-00029-16

2016152\_\_

veterinarian, or other practitioner licensed to practice in a state other than Florida, but only if the pharmacist called upon to fill such an order determines, in the exercise of his or her professional judgment, that the order was issued pursuant to a valid patient-physician relationship, that it is authentic, and that the drugs or medicinal supplies ~~se~~ ordered are considered necessary for the continuation of treatment of a chronic or recurrent illness.

(b) The term does not include an order that is dispensed for administration by a licensed practitioner authorized by the laws of this state to administer such drugs or medicinal supplies.

(c) ~~However,~~ If the physician writing the prescription is not known to the pharmacist, the pharmacist shall obtain proof to a reasonable certainty of the validity of the said prescription.

(d) A prescription ~~order~~ for a controlled substance may ~~shall~~ not be issued on the same prescription blank with another prescription ~~order~~ for a controlled substance that which is named or described in a different schedule or with another, ~~nor shall any prescription order for a controlled substance be issued on the same prescription blank as a prescription order~~ for a medicinal drug, as defined in s. 465.003(8), that is which ~~does not fall within the definition of a controlled substance as defined in this act.~~

Section 6. Paragraphs (a), (d), and (f) of subsection (2) of section 893.04, Florida Statutes, are amended to read:

893.04 Pharmacist and practitioner.—

(2) (a) A pharmacist may not dispense a controlled substance

Page 6 of 10

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21-00029-16

2016152\_\_

175 listed in Schedule II, Schedule III, or Schedule IV to any  
 176 patient or patient's agent without first determining, in the  
 177 exercise of her or his professional judgment, that the  
 178 ~~prescription order~~ is valid. The pharmacist may dispense the  
 179 controlled substance, in the exercise of her or his professional  
 180 judgment, when the pharmacist or pharmacist's agent has obtained  
 181 satisfactory patient information from the patient or the  
 182 patient's agent.

183 (d) Each ~~written~~ prescription written ~~prescribed~~ by a  
 184 practitioner in this state for a controlled substance listed in  
 185 Schedule II, Schedule III, or Schedule IV must include ~~both~~ a  
 186 written and a numerical notation of the quantity of the  
 187 controlled substance prescribed and a notation of the date in  
 188 numerical, month/day/year format, or with the abbreviated month  
 189 written out, or the month written out in whole. A pharmacist  
 190 may, upon verification by the prescriber, document any  
 191 information required by this paragraph. If the prescriber is not  
 192 available to verify a prescription, the pharmacist may dispense  
 193 the controlled substance, but may insist that the person to whom  
 194 the controlled substance is dispensed provide valid photographic  
 195 identification. If a prescription includes a numerical notation  
 196 of the quantity of the controlled substance or date, but does  
 197 not include the quantity or date written out in textual format,  
 198 the pharmacist may dispense the controlled substance without  
 199 verification by the prescriber of the quantity or date if the  
 200 pharmacy previously dispensed another prescription for the  
 201 person to whom the prescription was written.

202 (f) A pharmacist may not knowingly dispense ~~fill~~ a  
 203 prescription that has been forged for a controlled substance

Page 7 of 10

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21-00029-16

2016152\_\_

204 listed in Schedule II, Schedule III, or Schedule IV.

205 Section 7. Subsection (1) of section 893.05, Florida  
 206 Statutes, is amended to read:

207 893.05 Practitioners and persons administering controlled  
 208 substances in their absence.—

209 (1) (a) A practitioner, in good faith and in the course of  
 210 his or her professional practice only, may prescribe,  
 211 administer, dispense, mix, or otherwise prepare a controlled  
 212 substance, or the practitioner may cause the controlled  
 213 substance ~~same~~ to be administered by a licensed nurse or an  
 214 intern practitioner under his or her direction and supervision  
 215 only.

216 (b) Pursuant to s. 458.347(4)(g), s. 459.022(4)(f), or s.  
 217 464.012(3), as applicable, a practitioner who supervises a  
 218 licensed physician assistant or advanced registered nurse  
 219 practitioner may authorize the licensed physician assistant or  
 220 advanced registered nurse practitioner to order controlled  
 221 substances for administration to a patient in a facility  
 222 licensed under chapter 395.

223 (c) A veterinarian may ~~se~~ prescribe, administer, dispense,  
 224 mix, or prepare a controlled substance for use on animals only,  
 225 and may cause the controlled substance ~~it~~ to be administered by  
 226 an assistant or orderly under the veterinarian's direction and  
 227 supervision only.

228 (d) A certified optometrist licensed under chapter 463 may  
 229 not administer or prescribe a controlled substance listed in  
 230 Schedule I or Schedule II of s. 893.03.

231 Section 8. Subsection (26) of s. 400.462, subsection (1) of  
 232 s. 401.445, subsection (18) of s. 409.906, and subsection (3) of

Page 8 of 10

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21-00029-16

2016152

s. 766.103, Florida Statutes, are reenacted for the purpose of incorporating the amendments made by this act to ss. 458.347 and 459.022, Florida Statutes, in references thereto.

Section 9. Subsection (1) of s. 401.445 and subsection (3) of s. 766.103, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 464.012, Florida Statutes, in references thereto.

Section 10. Paragraph (a) of subsection (1) of s. 409.9201, paragraph (pp) of subsection (1) of s. 458.331, paragraph (rr) of subsection (1) of s. 459.015, subsection (1) of s. 465.014, paragraph (c) of subsection (2) of s. 465.015, paragraph (s) of subsection (1) of s. 465.016, paragraph (j) of subsection (5) of s. 465.022, paragraph (h) of subsection (1) of s. 465.023, s. 465.1901, subsection (43) of s. 499.003, and subsection (1) of s. 831.30, Florida Statutes, are reenacted for the purpose of incorporating the amendments made by this act to s. 465.003, Florida Statutes, in references thereto.

Section 11. Paragraph (i) of subsection (5) of s. 112.0455, paragraph (b) of subsection (7) of s. 381.986, paragraph (l) of subsection (1) of s. 440.102, paragraph (pp) of subsection (1) of s. 458.331, paragraph (rr) of subsection (1) of s. 459.015, subsection (3) of s. 465.015, paragraph (s) of subsection (1) of s. 465.016, paragraph (j) of subsection (5) of s. 465.022, paragraph (h) of subsection (1) of s. 465.023, subsection (14) of s. 499.0121, paragraph (b) of subsection (1) of s. 768.36, paragraph (f) of subsection (3) of s. 810.02, paragraph (c) of subsection (2) of s. 812.014, paragraph (c) of subsection (1) of s. 856.015, paragraph (a) of subsection (1) of s. 944.47, subsection (1) of s. 951.22, paragraph (a) of subsection (1) of

Page 9 of 10

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21-00029-16

2016152

s. 985.711, paragraph (i) of subsection (1) of s. 1003.57, and subsection (8) of s. 1006.09, Florida Statutes, are reenacted for the purpose of incorporating the amendments made by this act to s. 893.02, Florida Statutes, in references thereto.

Section 12. Paragraph (e) of subsection (3) of s. 893.0551, Florida Statutes, is reenacted for the purpose of incorporating the amendments made by this act to s. 893.04, Florida Statutes, in a reference thereto.

Section 13. Paragraph (d) of subsection (3) of s. 893.0551, Florida Statutes, is reenacted for the purpose of incorporating the amendments made by this act to s. 893.05, Florida Statutes, in a reference thereto.

Section 14. This act shall take effect July 1, 2016.

Page 10 of 10

CODING: Words ~~stricken~~ are deletions; words underlined are additions.





The Florida Senate

## Committee Agenda Request

**To:** Senator Rene Garcia, Chair  
Appropriations Subcommittee on Health and Human Services

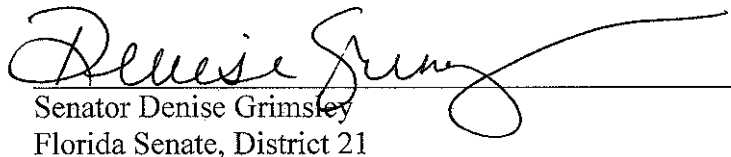
**Subject:** Committee Agenda Request

**Date:** November 2, 2015

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I respectfully request that **Senate Bill #152**, relating to Ordering of Medication, **Senate Bill #238** relating to Medical Assistant Certification and **Senate Bill #450** relating to Physical Therapy, be placed on the:

- ☐ committee agenda at your earliest possible convenience.
- ☒ next committee agenda.

  
\_\_\_\_\_  
Senator Denise Grimsley  
Florida Senate, District 21

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11-18-2015

Meeting Date

238  
~~4007~~

Bill Number (if applicable)

Topic \_\_\_\_\_

Amendment Barcode (if applicable)

Name BRIAN PITS

Job Title Trustee

Address 1119 Newton Ave S.  
Street

Phone 727/897-9291

St Petersburg FL 33705  
City State Zip

Email \_\_\_\_\_

Speaking: ☐ For ☒ Against ☐ Information

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

Representing Justice-2-Jesus

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

**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

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BILL: SB 238

INTRODUCER: Senator Grimsley

SUBJECT: Medical Assistant Certification

DATE: November 17, 2015      REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Stovall	HP	<b>Favorable</b>
2.	Brown	Pigott	AHS	<b>Recommend: Favorable</b>
3.			FP	

---

**I. Summary:**

SB 238 amends section 458.3485(3), Florida Statutes, to remove a voluntary provision which recognizes two certification organizations for medical assistants.

The bill has no fiscal impact to the state.

The effective date of the bill is July 1, 2016.

**II. Present Situation:**

Medical Assistants (MAs) provide medical assistance under the direct supervision and responsibility of a physician. An MA is not a licensed profession in Florida.

Under the supervision of a physician, an MA may perform certain procedures, including:

- Clinical procedures, such as:
  - Aseptic procedures;
  - Taking vital signs;
  - Preparing patients for a physician's care;
  - Performing venipunctures and non-intravenous injections; and
  - Observing and reporting patients' signs or symptoms.
- Administering basic first aid;
- Assisting with patient examinations or treatments;
- Operating office medical equipment;
- Collecting routine laboratory specimens as directed by the physician;
- Administering medication as directed by the physician;
- Performing basic laboratory procedures;

- Performing office procedures including all general administrative duties required by the physician; and
- Performing dialysis procedures, including home dialysis.<sup>1</sup>

According to U.S. Department of Labor statistics, Florida has the third highest number of MAs in the country with 40,770.<sup>2</sup> The mean hourly wage is \$14.13 or an annual mean wage of \$29,400.<sup>3</sup> Nationally, the mean hourly wage is \$15.01 and mean annual wage is \$31,220 with the 90th percentile at \$20.56 and \$42,760, respectively.<sup>4</sup> Overwhelmingly, MAs find employment within the offices of physicians, health care practitioners, or medical and surgical hospitals.<sup>5</sup> In the next 10 years, job growth in this occupation is expected to increase by 29 percent nationally.<sup>6</sup>

### **Certification of Medical Assistants**

Under current Florida law, an MA is not required to be certified. The law, however, recognizes two certifying entities for MAs. An MA may be certified by either the American Association of Medical Assistants (AAMA) or as a Registered Medical Assistant (RMA) by the American Medical Technologists (AMT).<sup>7</sup> Both of these organizations are not-for-profit, but only the AAMA certifies medical assistants exclusively.<sup>8</sup> At least two other organizations, both for-profit, that certify several allied health professions, also offer certifications for medical assistants. The AAMA has offered exams the longest, since 1963.<sup>9</sup>

To be eligible for the AAMA certification examination, applicants must be one of the following:

- A completing student<sup>10</sup> or recent graduate<sup>11</sup> from a medical assisting program accredited by the Commission on Accreditation of Allied Health Education Program (CAAHEP) or the Accrediting Bureau of Health Education Schools (ABHES);
- A non-recent graduate of a CAAHEP or ABHES accredited medical assisting program; or
- An MA re-certificant.<sup>12</sup>

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<sup>1</sup> Section 458.3485, F.S.

<sup>2</sup> United States Department of Labor, Bureau of Labor Statistics, *Occupational Employment and Wages, May 2014(31-9092 Medical Assistants)* <http://www.bls.gov/oes/current/oes319092.htm> (last visited Oct. 27, 2015).

<sup>3</sup> *Id.*

<sup>4</sup> *Id.*

<sup>5</sup> *Id.*

<sup>6</sup> United States Department of Labor, Bureau of Labor Statistics, *Employment Projections (2012-2022)*, <http://data.bls.gov/projections/occupationProj> (last visited Oct. 27, 2015).

<sup>7</sup> Section 458.3485(3), F.S.

<sup>8</sup> American Association of Medical Assistants, *How the CMA (AAMA) stands apart*, <http://www.aama-ntl.org/docs/default-source/employers/cma-stands-apart.pdf?sfvrsn=10>, p. 1, (Updated May 2014) (Last visited Oct. 27, 2015).

<sup>9</sup> *Id.*

<sup>10</sup> A completing student may take the exam no more than 30 days prior to completing their formal education and practicum.

<sup>11</sup> Recent graduates are defined by the AAMA as those students who apply for the exam within 12 months of graduation.

<sup>12</sup> American Association of Medical Assistants, *Exam Eligibility Requirements*, <http://www.aama-ntl.org/cma-aama-exam/application-steps/eligibility> (Last visited Oct. 27, 2015).

The non-refundable fee for the examination is \$125. For non-recent graduates, or re-certificants who are not members of the AAMA, the examination fee is \$250.<sup>13</sup> In 2014, the AAMA reported over 75,000 MAs were credentialed through its organization.<sup>14</sup>

An accredited medical assisting program includes academic and clinical training in areas such as human anatomy, physiology, and pathology; medical terminology, record keeping and accounting; laboratory techniques; pharmacology; first aid; office practices and patient relations; and medical law and ethics.<sup>15</sup> A practicum or an unpaid, supervised on-site work experience in an ambulatory health care setting is also a required component of the certification process.<sup>16</sup>

Certifications are current for 60 months and may be re-certified through either re-examination or by continuing education.<sup>17</sup> Expired certifications greater than 60 months may only be re-certified through examination.<sup>18</sup>

The AMT is accredited by the National Commission for Certifying Agency (NCCA) through April 2018.<sup>19</sup> In its 2012-13 Annual Report, the AMT reported certification of 38,518 members as RMAs.<sup>20</sup>

Certification for the AMT's nine different specialties may be accomplished through passage of the appropriate examinations and compliance with one of the following five pathways:

- Graduation from an accredited medical assisting program with a minimum of 720 clock hours, including 160 hours of clinical externship within the last four years of application for certification;
- Graduation from a formal medical services training program of the U.S. Armed Forces within four years of application for certification or, if greater than four years from application, provide evidence of relevant work experience in three of the last five years prior to application;
- Employment as a medical assistant for a minimum of five out of the last seven years with both clinical and administrative duties, no more than two years as an instructor in a post-secondary medical assistant program, and proof of high school graduation;
- Employment as an instructor in an accredited medical assisting program, completion of a course of instruction in healthcare discipline related to medical assisting that includes both clinical and administrative duties, and if the applicant has less than three years teaching experience, but more than one year, documentation of at least three years of clinical

<sup>13</sup> American Association of Medical Assistants, *Exam Application Steps*, <http://www.aama-ntl.org/cma-aama-exam/application-steps#.VhPzIE3ot9A> (last visited Oct. 27, 2015).

<sup>14</sup> American Association of Medical Assistants, *History - 2014*, <http://www.aama-ntl.org/about/history> (last visited Oct. 27, 2015).

<sup>15</sup> American Association of Medical Assistants, *CAAHEP and ABHEP Accredited Programs*, <http://www.aama-ntl.org/medical-assisting/caahep-abhes-programs#.VhLZRk3ot9A> (last visited Oct. 27, 2015).

<sup>16</sup> *Id.*

<sup>17</sup> American Medical Technologies, *Recertification Policies*, <http://www.aama-ntl.org/continuing-education/recertification-policies#.VhPxpk3ot9A> (Last visited Oct. 27, 2015).

<sup>18</sup> *Id.*

<sup>19</sup> American Medical Technologies, *2012-13 Annual Report*, [http://www.americanmedtech.org/Portals/0/PDF/AMTIE-About%20Us/About%20Us/AMT\\_2013AnnualRpt\\_web.pdf](http://www.americanmedtech.org/Portals/0/PDF/AMTIE-About%20Us/About%20Us/AMT_2013AnnualRpt_web.pdf) p. 6, (Last visited Oct. 27, 2015).

<sup>20</sup> *Id.* at 11.

experience in a healthcare profession in which the scope is equal to the medical assisting scope of practice; or

- Passage of another certification examination that has been approved by the AMT Board of Directors and the applicant has met one of the other eligibility routes.<sup>21</sup>

The application fee, exam cost, and initial annual fee is \$100.<sup>22</sup> RMAs are required to maintain their certifications through an annual fee. The current fee is \$50.<sup>23</sup>

At least two other organizations certify MAs, the National Healthcareer Association (NHA) and the National Center for Competency Testing (NCCT). Under the NHA, individuals who have completed a training program for a Medical Assistant and have graduated high school qualify to take the certification examination for a Clinical Medical Assistant (CCMA).<sup>24</sup> The examination fee is \$149. A certification is valid for two years and must be maintained through continuing education credits of at least 10 credit hours every certification cycle.<sup>25</sup>

The National Center for Competency Testing (NCCT) is also accredited by the NCCA and offers three mechanisms for eligibility for exam eligibility:

- Current or graduated student in a Medical Assistant program from an NCCT authorized school within the past five years;
- Two years of verifiable full-time experience as a Medical Assistant practitioner within the past five years; or
- Completion of Medical Assistant training or its equivalent during U.S. Military service within the past five years.<sup>26</sup>

Examination fees through the NCCT vary based on the route taken by the applicant. For current students, graduates testing within six months of graduation date, and military, the examination cost is \$90. For all other applicants, the examination cost is \$135.<sup>27</sup> Annual recertification is required and includes both a recertification fee and the completion of continuing education courses. Fourteen clock hours are required each year per certification.<sup>28</sup>

### III. Effect of Proposed Changes:

**Section 1** repeals subsection (3) of s. 458.3485, F.S., to remove the voluntary certification provision through the American Association of Medical Assistants (AAMA) or as a Registered

<sup>21</sup> American Medical Technologists, *Medical Assistant*, <http://www.americanmedtech.org/GetCertified/RMAEligibility.aspx> See Route 5: Other Recognized Exam (Last visited Oct. 27, 2015).

<sup>22</sup> American Medical Technologies, *Stay Certified*, <http://www.americanmedtech.org/StayCertified.aspx> (Last visited Oct. 27, 2015).

<sup>23</sup> *Id.*

<sup>24</sup> National Healthcareer Association Candidate Handbook, <http://www.nhanow.com/docs/default-source/pdfs/handbooks/nha-candidate-handbook.pdf?sfvrsn=2>, p. 8, (Last visited Oct. 27, 2015).

<sup>25</sup> *Supra* note 24 at 31.

<sup>26</sup> National Center for Competency Testing, *Medical Assistant (NCMA)*, <https://www.ncctinc.com/Certifications/MA.aspx> (Last visited Oct. 27, 2015).

<sup>27</sup> National Center for Competency Testing, *Examination Fees*, <https://www.ncctinc.com/documents/ExamFees.pdf> (Last visited Oct. 27, 2015).

<sup>28</sup> National Center for Competency Testing, *Guide to the Re-Certification Process*, p. 4, <https://www.ncctinc.com/Documents/Guide%20to%20the%20Recertification%20Process.pdf> (Last visited Oct. 27, 2015).

Medical Assistant by the American Medical Technologists. The statute would be silent as to certification or to the identification of any specific certification organization for medical assistants.

The effective date of the bill is July 1, 2016.

**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:

Under SB 238, removal of a reference to two specific voluntary, certification programs in statute may expand the number of individuals who choose the other certification organizations that were not named in the statute that also certify medical assistants. Even though the certification was voluntary, the removal of the reference may still have an impact on those organizations that were either named or not named in the provision.

C. Government Sector Impact:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill amends section 458.3485 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.

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

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By Senator Grimsley

21-00310-16

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A bill to be entitled

An act relating to medical assistant certification;  
repealing s. 458.3485(3), F.S., relating to  
certification of a medical assistant by the American  
Association of Medical Assistants or as a Registered  
Medical Assistant by the American Medical  
Technologists; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (3) of section 458.3485, Florida  
Statutes, is repealed.

Section 2. This act shall take effect July 1, 2016.



The Florida Senate

## Committee Agenda Request

**To:** Senator Rene Garcia, Chair  
Appropriations Subcommittee on Health and Human Services

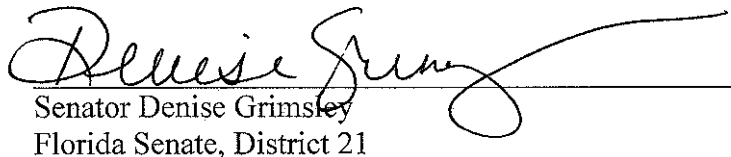
**Subject:** Committee Agenda Request

**Date:** November 2, 2015

---

I respectfully request that **Senate Bill #152**, relating to Ordering of Medication, **Senate Bill #238** relating to Medical Assistant Certification and **Senate Bill #450** relating to Physical Therapy, be placed on the:

- ☐ committee agenda at your earliest possible convenience.
- ☒ next committee agenda.

  
\_\_\_\_\_  
Senator Denise Grimsley  
Florida Senate, District 21

THE FLORIDA SENATE

APPEARANCE RECORD

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

11/18/2015  
Meeting Date

SB450  
Bill Number (if applicable)

Topic Physical Therapy

Amendment Barcode (if applicable)

Name TAD Fisher

Job Title CEO

Address 2104 Delta Way S-7  
Street

Phone 904-219-7226

Tallahassee FL 32303  
City State Zip

Email TFisher@FPIA.org

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Florida Physical Therapy Association

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

**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.)

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

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BILL: SB 450

INTRODUCER: Senator Grimsley

SUBJECT: Physical Therapy

DATE: November 17, 2015

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Stovall	HP	<b>Favorable</b>
2.	Brown	Pigott	AHS	<b>Recommend: Favorable</b>
3.			FP	

## **I. Summary:**

SB 450 authorizes a physical therapist to implement a plan of treatment provided for a patient by a physician licensed in a state other than Florida. The bill increases the time frame for physical therapy treatment of a patient for a condition not previously assessed by a practitioner of record or a physician licensed in another state. The time frame is increased from 21 to 30 days before the physical therapist must obtain a Florida practitioner who will review and sign the treatment plan.

The bill authorizes any person who holds a physical therapy license, and obtains a degree of Doctor of Physical Therapy, to use the letters "D.P.T." and "P.T." However, a physical therapist may not use the title "doctor" without also clearly informing the public of his or her profession as a physical therapist.

The bill revises terms prohibited from use by a person who is not licensed as a physical therapist or a physical therapist assistant and makes it a first degree misdemeanor to falsely represent licensure.

The bill has no fiscal impact on government entities.

The bill is effective upon becoming a law.

## **II. Present Situation:**

### **Physical Therapy Practice in Florida**

The Physical Therapy Practice Act (the Act) is codified in ch. 486, F.S. Physical therapists (PTs) in Florida are regulated by the Board of Physical Therapy Practice (Board) within the

Department of Health (DOH).<sup>1</sup> A licensed PT or a licensed physical therapist assistant (PTA), must practice physical therapy in accordance with the provisions of the Act and Board rules. To be eligible for licensing as a PT in Florida, an applicant must:<sup>2</sup>

- Be at least 18 years of age;
- Be of good moral character;
- Have graduated from an approved school of physical therapy recognized by the Commission on Recognition of Postsecondary Accreditation or the U.S. Department of Education at the time of her or his graduation; and
- Have passed a national examination approved by the Board.

Alternatively, an applicant for a PT license may also:<sup>3</sup>

- Have received a diploma from a program in physical therapy in a foreign country and have educational credentials deemed equivalent to those required for the educational preparation of PTs in the United States; or
- Be entitled to licensure without examination as provided in s. 486.081, F.S.<sup>4</sup>

Under ch. 486, F.S., a “physical therapist assistant” means a person who is licensed to perform patient-related activities, including the use of physical agents, whose license is in good standing, and whose activities are performed under the direction of a PT as set forth in rules adopted pursuant to ch. 486, F.S. Patient-related activities performed by a PTA for a board-certified orthopedic physician or physiatrist licensed pursuant to chs. 458 or 459, F.S., or a chiropractor licensed under ch. 460, F.S., must be under the general supervision of a PT, but do not require on-site supervision by a PT. Patient-related activities performed for all other health care practitioners licensed under chapters 458 and 459, F.S., and those patient-related activities performed for podiatrists licensed under ch. 461, or dentists licensed under ch. 466, F.S., must be performed under the onsite supervision of a PT.<sup>5</sup>

Currently, there are 14,108 PTs and 7,616 PTAs who hold active Florida licenses.<sup>6</sup>

### **Physical Therapy Scope of Practice**

“Practice of physical therapy” is defined in s. 486.021(11), F.S., as the performance of physical therapy assessments and treatment, or prevention of any disability, injury, disease, or other health condition of human beings and rehabilitation as it relates to the use of various modalities

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<sup>1</sup> Section 486.023, F.S.

<sup>2</sup> Section 486.031, F.S.

<sup>3</sup> *Id.*

<sup>4</sup> The Board may issue a license without examination in Florida to any applicant who presents evidence of having passed the American Registry Examination prior to 1971 or an examination in physical therapy before a similar lawfully authorized examining board of another state, the District of Columbia, a territory, or a foreign country, if the standards for licensure in physical therapy are determined by the Board to be as high as those of Florida.

<sup>5</sup> Section 486.021(6), F.S.

<sup>6</sup> Number of active Florida licenses calculated by adding “In State Active” practitioners and “Out of State Active” practitioners. See Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long Range Plan Fiscal Year 2013-2014: Summary of Licensed Practitioners*, available at <http://mqawebteam.com/annualreports/1314/#16> (last visited October 20, 2015).

such as: exercise, massage, ultrasound, ice, heat, water, and equipment. A PT's professional responsibilities include:<sup>7</sup>

- Interpretation of a practitioner's referral;
- Delivery of the initial physical therapy assessment of the patient;
- Identification of and documentation of precautions, special problems, contraindications;
- Development of a treatment plan for a patient including the long and short term goals;
- Implementation of or directing implementation of the treatment plan;
- Delegation of appropriate tasks;
- Direction and supervision of supportive staff in a manner appropriate for the patient's individual needs;
- Reassessment of the patient in reference to goals and, when necessary, modification of the treatment plan; and
- Collaboration with members of the health care team when appropriate.

Section 486.021(11), F.S., limits treatments that PTs may provide or what procedures may be performed for diagnosing a condition. A PT must refer a patient to, or consult with, a practitioner of record if a patient's condition is found to be outside the scope of physical therapy.<sup>8</sup> Under s. 486.021(11), F.S., a "practitioner of record" is a health care practitioner licensed under chs. 458 (Medical Practice), 459 (Osteopathic Medicine), 460 (Chiropractic Medicine), 461 (Podiatric Medicine), or 466 (Dentistry), F.S., and engaged in active practice. A PT may not practice chiropractic medicine, including specific spinal manipulation, and must refer a patient with the need for such to a chiropractor licensed under ch. 460, F.S.<sup>9</sup> Additionally a PT is not authorized to implement a plan for a patient being treated in a hospital or an ambulatory surgical center licensed under ch. 395, F.S.<sup>10</sup>

Section 486.081(1), F.S., authorizes a licensed PT to use the words "physical therapist" or "physiotherapist," or the letters "P.T." in connection with his or her name or place of business to denote his or her licensure. False representation of a PT license, or willful misrepresentation or false representation to obtain a PT license is unlawful.<sup>11</sup>

### **Physical Therapy Treatment Plan and Referral for Treatment**

Florida law provides that a PT may implement a plan of treatment developed by the PT for a patient or provided for a patient by a practitioner of record or by an advanced registered nurse practitioner licensed under s. 464.012, F.S.<sup>12</sup> Currently, a PT may implement a treatment plan for a patient without a written order from a practitioner of record if the recommended treatment plan is performed within a 21-day timeframe. If the treatment plan requires treatment beyond 21 days, the condition must be assessed by a practitioner of record who is required to review and sign the treatment plan.<sup>13</sup>

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<sup>7</sup> Rule 64B17-6.001, F.A.C.

<sup>8</sup> Section 486.021(11)(a), F.S.

<sup>9</sup> Section 486.021(11)(c), F.S.

<sup>10</sup> Section 486.021(11)(d), F.S.

<sup>11</sup> See s. 486.135, F.S.

<sup>12</sup> *Supra* note 8.

<sup>13</sup> *Id.*

### **III. Effect of Proposed Changes:**

This bill amends the definition of the “practice of physical therapy,” set out in s. 486.021 (11), F.S., to increase the time from 21 to 30 days that a physical therapist may treat a patient for a condition not previously assessed by a practitioner of record. If physical therapy treatment of a patient is required beyond 30 days the physical therapist must have a practitioner of record review and sign the treatment plan.

The requirements for a physical therapist to have a practitioner of record review and sign a plan of treatment do not apply when a physician, licensed in another state:

- Has physically examined the patient;
- Has diagnosed the patient as having a condition for which physical therapy is required, and
- The physical therapist has been treating that specific condition.

The bill amends s. 486.081, F.S., authorizes a licensed physical therapist to use the letters “D.P.T.” and “P.T.” in connection with her or his name or place of business when he or she has a doctoral degree in physical therapy. Physical therapists may not use the title “doctor” unless he or she holds a degree of Doctor of Physical Therapy and the public is clearly informed that his or her profession is a physical therapist.

The bill amends s. 486.135, F.S., to revise terms prohibited from use by a person who is not licensed as a PT or a PTA. The bill provides that use of the letters “D.P.T.” in connection with a name or business is unlawful for any person who is not licensed as a PT under ch. 486, F.S., and holds a doctoral degree in PT. The prohibitions on use of the letters “Ph.T.,” “R.P.T.,” and “L.P.T.” by a person to indicate they are a physical therapist and of the use of the letters “L.P.T.A.,” “R.P.T.A.,” or “P.T.T.” by a person to indicate they are a physical therapist assistant, are removed from statute by the bill. The bill also provides for a penalty for false representation of licensures under this section of law. A violation is punishable as a misdemeanor of the first degree.

The bill amends s. 486.151, F.S., to add that the use of the letters “D.P.T.” is unlawful, and a first degree misdemeanor, unless the person holds a valid license under ch. 486, F.S., and has a doctoral degree in physical therapy.

The bill takes effect upon becoming law.

### **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:

Under SB 450, visitors to the state and patients who have an order for physical therapy from a practitioner licensed in another state will be able to receive the ordered physical therapy in this state without incurring additional costs for a medical examination from or assessment by a practitioner of record. Increasing the period of time in which a physical therapist may provide treatment for a patient without a practitioner of record assessing the patient may save patients the cost of examination by a practitioner of record.

C. Government Sector Impact:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 486.021, 486.081, 486.135, and 486.151

**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.



By Senator Grimsley

21-00474-16

2016450\_\_

A bill to be entitled

An act relating to physical therapy; amending s. 486.021, F.S.; revising the definition of the term "practice of physical therapy"; amending s. 486.081, F.S.; providing that a licensed physical therapist who holds a specified doctoral degree may use specified letters in connection with her or his name or place of business; prohibiting a physical therapist with a specified doctoral degree from using the title "doctor" without informing the public of his or her profession as a physical therapist; amending s. 486.135, F.S.; revising the terms and specified letters prohibited from being used by certain unlicensed persons; providing a criminal penalty; amending s. 486.151, F.S.; prohibiting an unlicensed person from using specified letters; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (a) of subsection (11) of section 486.021, Florida Statutes, is amended to read:

486.021 Definitions.—In this chapter, unless the context otherwise requires, the term:

(11) "Practice of physical therapy" means the performance of physical therapy assessments and the treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other condition of health, and rehabilitation as related

Page 1 of 5

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

21-00474-16

2016450\_\_

thereto by the use of the physical, chemical, and other properties of air; electricity; exercise; massage; the performance of acupuncture only upon compliance with the criteria set forth by the Board of Medicine, when no penetration of the skin occurs; the use of radiant energy, including ultraviolet, visible, and infrared rays; ultrasound; water; the use of apparatus and equipment in the application of the foregoing or related thereto; the performance of tests of neuromuscular functions as an aid to the diagnosis or treatment of any human condition; or the performance of electromyography as an aid to the diagnosis of any human condition only upon compliance with the criteria set forth by the Board of Medicine.

(a) A physical therapist may implement a plan of treatment developed by the physical therapist for a patient or provided for a patient by a practitioner of record or by an advanced registered nurse practitioner licensed under s. 464.012. The physical therapist shall refer the patient to or consult with a practitioner of record if the patient's condition is found to be outside the scope of physical therapy. If physical therapy treatment for a patient is required beyond 30 ~~21~~ days for a condition not previously assessed by a practitioner of record, the physical therapist shall have ~~obtain~~ a practitioner of record ~~who will~~ review and sign the plan. The requirement that a physical therapist have a practitioner of record review and sign a plan of treatment does not apply when a patient has been physically examined by a physician licensed in another state, the patient has been diagnosed by the physician as having a condition for which physical therapy is required, and the physical therapist is treating the condition. For purposes of

Page 2 of 5

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

21-00474-16

2016450

this paragraph, a health care practitioner licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466 and engaged in active practice is eligible to serve as a practitioner of record.

Section 2. Subsection (1) of section 486.081, Florida Statutes, is amended to read:

486.081 Physical therapist; issuance of license without examination to person passing examination of another authorized examining board; fee.—

(1) The board may cause a license to be issued through the department without examination to any applicant who presents evidence satisfactory to the board of having passed the American Registry Examination prior to 1971 or an examination in physical therapy before a similar lawfully authorized examining board of another state, the District of Columbia, a territory, or a foreign country, if the standards for licensure in physical therapy in such other state, district, territory, or foreign country are determined by the board to be as high as those of this state, as established by rules adopted pursuant to this chapter. Any person who holds a license pursuant to this section may use the words "physical therapist" or "physiotherapist," or the letters "P.T." in connection with her or his name or place of business to denote her or his licensure hereunder. A person who holds a license pursuant to this section and obtains a doctoral degree in physical therapy may use the letters "D.P.T." and "P.T." A physical therapist who holds a degree of Doctor of Physical Therapy may not use the title "doctor" without also clearly informing the public of his or her profession as a physical therapist.

21-00474-16

2016450

Section 3. Subsection (1) of section 486.135, Florida Statutes, is amended, subsection (2) is renumbered as subsection (3), and a new subsection (2) is added to that section, to read:

486.135 False representation of licensure, or willful misrepresentation or fraudulent representation to obtain license, unlawful.—

(1)(a) It is unlawful for any person who is not licensed under this chapter as a physical therapist, or whose license has been suspended or revoked, to use in connection with her or his name or place of business the words "physical therapist," "physiotherapist," "physical therapy," "physiotherapy," "registered physical therapist," or "licensed physical therapist"; ~~or~~ the letters "P.T." "Ph.T.," "R.P.T.," or "L.P.T."; or any other words, letters, abbreviations, or insignia indicating or implying that she or he is a physical therapist or to represent herself or himself as a physical therapist in any other way, orally, in writing, in print, or by sign, directly or by implication, unless physical therapy services are provided or supplied by a physical therapist licensed in accordance with this chapter.

(b) It is unlawful for a person who is not licensed under this chapter as a physical therapist and who does not hold a doctoral degree in physical therapy to use the letters "D.P.T." in connection with his or her name or place of business.

(c) ~~(b)~~ It is unlawful for any person who is not licensed under this chapter as a physical therapist assistant, or whose license has been suspended or revoked, to use in connection with her or his name the words "physical therapist assistant," "licensed physical therapist assistant," "registered physical

21-00474-16

2016450

therapist assistant," or "physical therapy technician"; or the  
letters "P.T.A.," "~~L.P.T.A.~~," "~~R.P.T.A.~~," or "~~P.T.T.~~," or any  
other words, letters, abbreviations, or insignia indicating or  
implying that she or he is a physical therapist assistant or to  
represent herself or himself as a physical therapist assistant  
in any other way, orally, in writing, in print, or by sign,  
directly or by implication.

(2) An unlawful act under this section is a violation of s.  
486.151.

Section 4. Paragraph (d) of subsection (1) of section  
486.151, Florida Statutes, is amended to read:

486.151 Prohibited acts; penalty.—

(1) It is unlawful for any person to:

(d) Use the name or title "Physical Therapist" or "Physical  
Therapist Assistant" or any other name or title which would lead  
the public to believe that the person using the name or title is  
licensed to practice physical therapy, unless such person holds  
a valid license, or use the letters "D.P.T.," unless such person  
holds a valid license under this chapter and a doctoral degree  
in physical therapy.

Section 5. This act shall take effect upon becoming a law.

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11/18/15

Meeting Date

248

Bill Number (if applicable)

Topic Medical Assistance Funding

Amendment Barcode (if applicable)

Name Dorey Bell

Job Title \_\_\_\_\_

Address 101 N. Monroe St.

Phone 681-4270

Street

Tall.

City

State

Zip

Email \_\_\_\_\_

Speaking: ☒ For ☐ Against ☐ Information

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

Representing Pediatricians

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

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

S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

SB 248  
Bill Number (if applicable)

Meeting Date \_\_\_\_\_

Topic Kidcare

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

Name Karen Woodall

Job Title \_\_\_\_\_

Address 579 E. Call St.  
Tallahassee, FL 32301  
City State Zip

Phone 850-321-9386

Email fcfep@yahoo.com

Speaking: ☒ For ☐ Against ☐ Information

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

Representing Florida Center for Fiscal & Economic Policy

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

# APPEARANCE RECORD

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

Garcia B.11

11/18

Meeting Date

S B 248

Bill Number (if applicable)

Topic

Lowest Children

Amendment Barcode (if applicable)

Name

Phillis Odeon

Job Title

V.P. Gov't Community Relations

Baptist Health

Address

Street

Phone

305-205-2457

City

State

Zip

Email

Speaking:

☐

For

☐

Against

☐

Information

Waive Speaking:

☒

In Support

☐

Against

(The Chair will read this information into the record.)

Representing

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)

11/18/15  
Meeting Date

248  
Bill Number (if applicable)

Topic MEDICAL ASSISTANCE FOR LAWFULLY RESIDING, CHURCH Amendment Barcode (if applicable)

Name JESSICA SCHER

Job Title DIRECTOR, Public Policy

Address 3250 SW 3<sup>rd</sup> Ave  
Street

Phone 305-322-6143

MIAMI FL  
City State Zip

Email scherj@unitedwaymiami.org

Speaking: ☐ For ☐ Against ☐ Information

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

Representing United Way of Miami-Dade

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11/18/15

Meeting Date

SB 248

Bill Number (if applicable)

Topic

Medical Assistance for Lawfully Residing Children

Amendment Barcode (if applicable)

Name

Fely Curve, Ph.D.

Job Title

Partner, Curci Associates LLC

Address

1212 Piedmont Dr.

Phone

(850) 508-2256

Street

Tallahassee

FL

32312

Email

Curve@mindspring.com

City

State

Zip

Speaking:



For



Against



Information

Waive Speaking:



In Support



Against

(The Chair will read this information into the record.)

Representing

FL IMPACT; The Children's Forum; Budd Bell  
Clearinghouse on Human Services

Appearing at request of Chair:



Yes



No

Lobbyist registered with Legislature:



Yes



No

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S-001 (10/14/14)



THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11/18/15

Meeting Date

SB 248

Bill Number (if applicable)

Topic Medical Assistance for Lawfully Residing Children

Amendment Barcode (if applicable)

Name Brittany Birken

Job Title CEO

Address 111 N Gadsden

Phone (850) 212-0408

Street

Tall

City

FL

State

32301

Zip

Email bbirken@floridacsc.org

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Florida Children's Council

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

## APPEARANCE RECORD

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

11/18  
Meeting DateSB 248  
Bill Number (if applicable)

Topic Low-fuel Children + Insurance

Amendment Barcode (if applicable)

Name Phillip Citrus

Job Title ~~Chairman~~ Greater Miami Chamber, Chamber South, Local 6000 Chamber

Address Past Chairman

Phone 305-205-2457

Street

Email

City

State

Zip

Speaking: ☐ For ☐ Against ☐ InformationWaive Speaking: ☒ In Support ☐ Against  
(The Chair will read this information into the record.)

Representing

Appearing at request of Chair: ☐ Yes ☐ NoLobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11/18

Meeting Date

248

Bill Number (if applicable)

Topic

harmfully Residing children

Amendment Barcode (if applicable)

Name

Alisa LaPolta

Job Title

Lobbyist

Address

Street

Phone

443-1319

Email

City

State

Zip

Speaking:

☒ For

☐ Against

☐ Information

Waive Speaking:

☒ In Support

☐ Against

(The Chair will read this information into the record.)

Representing

FL Nurses Assoc.

Appearing at request of Chair:

☐ Yes

☒ No

Lobbyist registered with Legislature:

☒ Yes

☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

11/18/15  
Meeting Date

245  
Bill Number (if applicable)

Topic Medical Assistance

Amendment Barcode (if applicable)

Name Samantha Sexton

Job Title board member

Address 2202 Delta Lane

Phone 321-544-1577

Street

Tallahassee FL 32303

City

State

Zip

Email Ssexton11@gmail.com

Speaking: ☒ For ☐ Against ☐ Information

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

Representing FL Junior League

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/14/14)

**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

18 NOV 15  
Meeting Date

248  
Bill Number (if applicable)

Topic KIDCARE

Amendment Barcode (if applicable)

Name MICHAEL MCQUONE (MCQUE-ONE)

Job Title ASSOCIATE DIRECTOR FOR HEALTH

Address 201 W. PARK AVE  
Street

Phone 850-284-9130

TALLAHASSEE FL 32301  
City State Zip

Email mmequone@flacsb.org

Speaking: ☐ For ☐ Against ☐ Information

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

Representing FLORIDA CONFERENCE OF CATHOLIC BISHOPS

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

11/18/15

Meeting Date

SB 248

Bill Number (if applicable)

Topic Medical Assistance Funding for Lawfully Residing Children

Amendment Barcode (if applicable)

Name Amy Liem

Job Title

Address 2425 Torrey Dr.

Street

Phone 850-385-7900

Tallahassee

FL

32303

City

State

Zip

Email amy@floridalegal.org

Speaking: ☒ For ☐ Against ☐ Information

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

Representing Florida Legal Services

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11-18-15

Meeting Date

248

Bill Number (if applicable)

Topic MEDICAL ELIGIBILITY FOR LAWFULLY RESIDING CHILDREN

Amendment Barcode (if applicable)

Name TED GRANGER

Job Title PRESIDENT

Address 307 E 7<sup>th</sup> AVE

Phone 850-488-8276

TALLAHASSEE, FL 32303  
City State Zip

Email TGRANGER@UNCF.ORG

Speaking: ☒ For ☐ Against ☐ Information

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

Representing UNITED WAY OF FLORIDA

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)



THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11/18/15  
Meeting Date

2478  
Bill Number (if applicable)

Topic KIDCARE

Amendment Barcode (if applicable)

Name DIANA RAGDEK

Job Title DIRECTOR PUBLIC POLICY

Address 3150 SW 3RD AVE  
Street

Phone 305 571 5718

MIAMI FL 33139  
City State Zip

Email diana@the

Speaking: ☒ For ☐ Against ☐ Information

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

Representing THE CHILDRENS TRUST

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)



THE FLORIDA SENATE

APPEARANCE RECORD

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

Meeting Date

Bill Number (if applicable)

Topic

Amendment Barcode (if applicable)

Name

Job Title

Address

Street

City

State

Zip

Phone

Email

Speaking: ☐ For ☐ Against ☐ Information

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

Representing

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11-18-2015

Meeting Date

248

Bill Number (if applicable)

Topic \_\_\_\_\_

Amendment Barcode (if applicable)

Name Brian Pitts

Job Title Trustee

Address 1119 Newton Ave S

Phone 727/897-9291

Street

St Petersburg

City

FL

State

33705

Zip

Email \_\_\_\_\_

Speaking: ☐ For ☐ Against ☒ Information

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

Representing Justice-2-Jesus

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

**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 248

INTRODUCER: Senators Garcia and Gaetz

SUBJECT: Medical Assistance Funding for Lawfully Residing Children

DATE: November 17, 2015      REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Stovall	HP	<b>Favorable</b>
2.	Brown	Pigott	AHS	<b>Recommend: Favorable</b>
3.			AP	

---

**I. Summary:**

SB 248 extends Medicaid and Children's Health Insurance Program (CHIP) eligibility to a "lawfully residing child" who is not a citizen or national of the United States but meets other applicable eligibility qualifications of Medicaid or CHIP. The federal programs permit states the option of covering this population.

The bill defines "lawfully residing child" to conform to the federal program eligibility requirements and deletes references to "qualified alien." The bill specifies that the statutory changes do not extend Kidcare program eligibility or Medicaid eligibility to undocumented immigrants.

The fiscal impact for the 2016-2017 fiscal year for matching funds is estimated to be \$1,721,252 in recurring state general revenue and \$39,854,590 in recurring trust fund dollars.

The effective date of the bill is July 1, 2016.

**II. Present Situation:**

**The Medicaid Program**

The Florida Medicaid program is a partnership between the federal and state governments. Each state operates its own Medicaid program under a state plan that must be approved by the federal Centers for Medicare & Medicaid Services. The state plan outlines Medicaid eligibility standards, policies, and reimbursement methodologies.

Florida Medicaid is administered by the Agency for Health Care Administration (AHCA) and financed with federal and state funds. Over 3.7 million Floridians are currently enrolled in

Medicaid, and the program's estimated expenditures for the 2015-2016 fiscal year are over \$23.4 billion.<sup>1</sup>

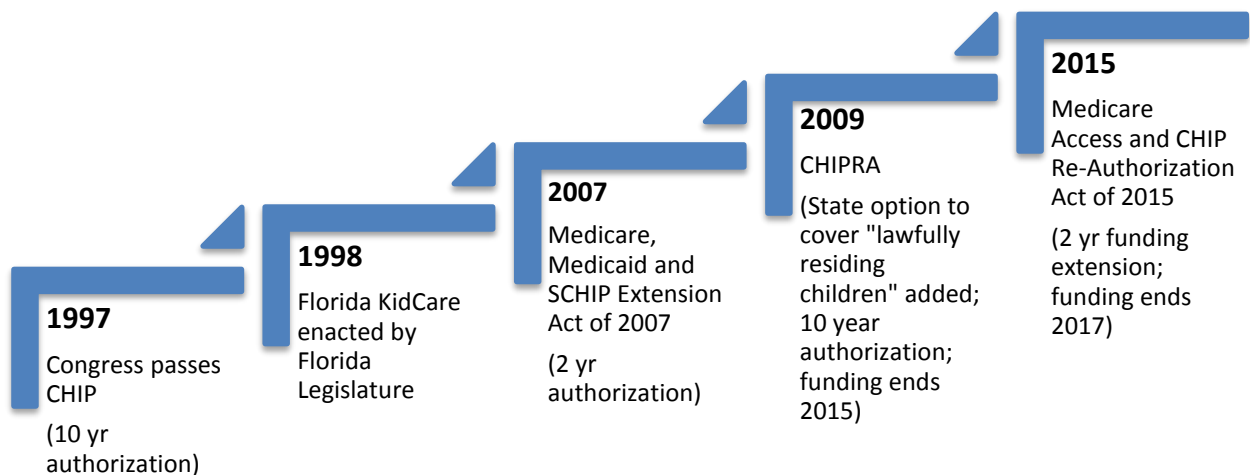
Eligibility for Florida Medicaid is based on a number of factors, including age, household or individual income, and assets. State Medicaid eligibility payment guidelines are provided in statute under s. 409.903, F.S., (Mandatory Payments for Eligible Persons) and s. 409.904, F.S., (Optional Payments for Eligible Persons). Minimum coverage thresholds are established in federal law for certain population groups, such as children.

### Florida Kidcare Program

The Florida Kidcare Program (Kidcare) was created in 1998 by the Florida Legislature in response to the federal enactment of the Children's Health Insurance Program (CHIP) in 1997.<sup>2</sup> Initially authorized for 10 years, the program was re-authorized<sup>3</sup> by Congress through 2019 with federal funding through September 30, 2015.

To address re-authorization again, federal funding for the CHIP was extended in April 2015 for an additional two-year period through September 30, 2017.<sup>4</sup> Figure 1 below illustrates the re-authorization timeline for CHIP since its inception.

*Figure 1-Milestones in the Medicaid and CHIP Program*



The CHIP provides subsidized health insurance to uninsured children who do not qualify for Medicaid but who have family incomes under 200 percent of the federal poverty level (FPL) and meet other eligibility criteria.

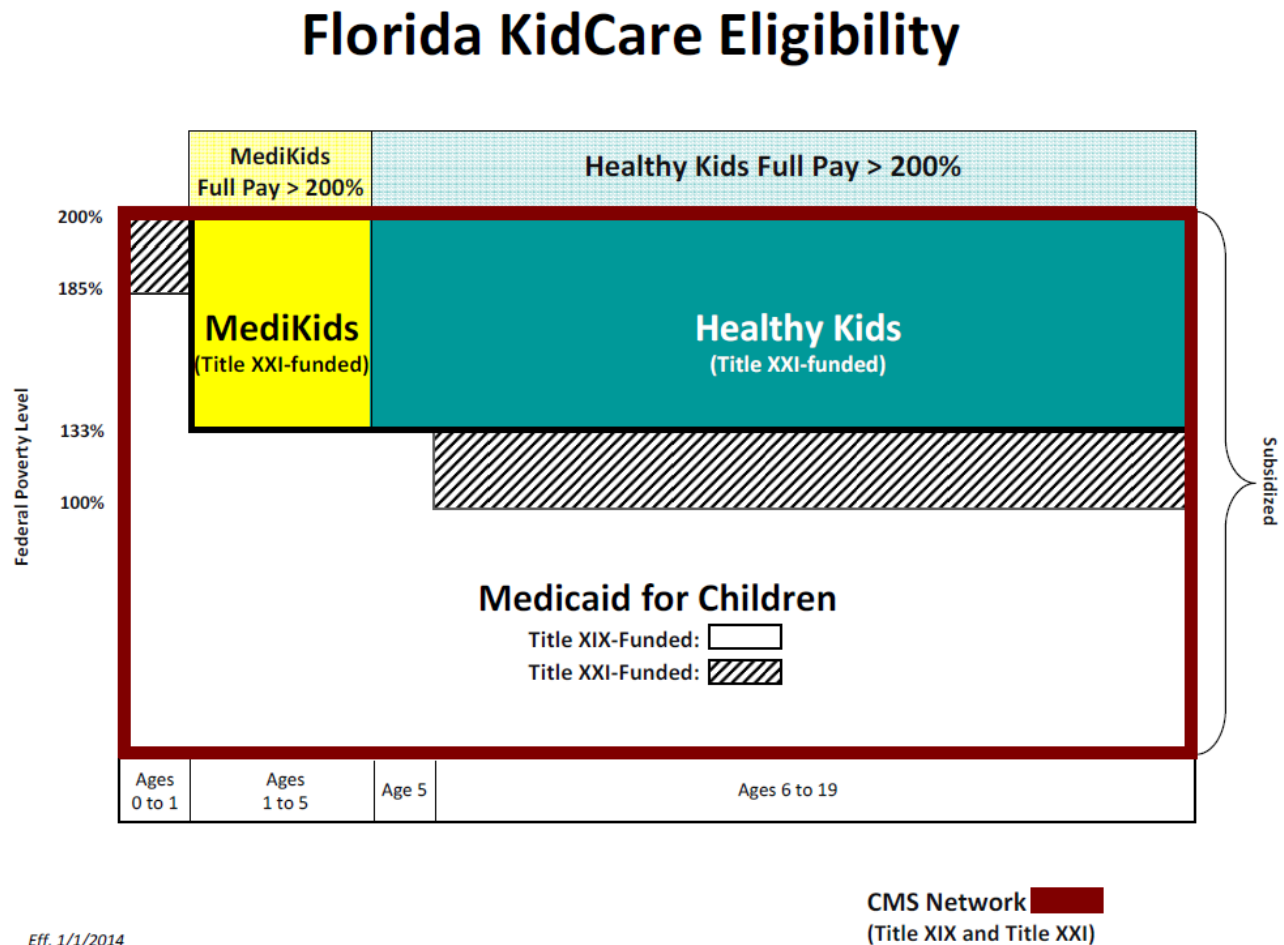
<sup>1</sup> Office of Economic and Demographic Research, *Social Services Estimating Conference of August 4, 2015*, <http://edr.state.fl.us/Content/conferences/medicaid/medltexp.pdf> (last visited Oct. 27, 2015).

<sup>2</sup> Social Security Administration, *Title XXI - State Children's Health Insurance Program*, [http://www.ssa.gov/OP\\_Home/ssact/title21/2100.htm](http://www.ssa.gov/OP_Home/ssact/title21/2100.htm) (last visited Oct. 27, 2015).

<sup>3</sup> Children's Health Insurance Re-Authorization Act of 2009, Pub. Law 2009-3, <http://www.gpo.gov/fdsys/pkg/PLAW-111publ3/pdf/PLAW-111publ3.pdf> (last visited Oct. 27, 2015).

<sup>4</sup> See Pub. L. No. 114-10, s. 301 (2015).

The state statutory authority for Kidcare is found under part II of ch. 409, ss. 409.810 through 409.821, F.S. Kidcare includes four operating components: Medicaid for children, Medikids, the Children's Medical Services Network (CMS Network), and the Florida Healthy Kids Corporation (FHKC). The following chart illustrates the different program components and funding sources:<sup>5</sup>



Coverage for the non-Medicaid components are funded through Title XXI of the federal Social Security Act. Title XIX of the Social Security Act (Medicaid), state funds, and family contributions also provide funding for the different components. Family contributions under the Title XXI component are based on family size, household incomes, and other eligibility factors. Families above the income limits for premium assistance or who are not otherwise eligible for premium assistance are offered the opportunity to participate in Kidcare at a non-subsidized rate (full pay). Currently, the income limit for premium assistance is 200 percent of the FPL.

Several state agencies and the FHKC share responsibilities for Kidcare. The AHCA, the Department of Children and Families (DCF), the Department of Health (DOH), and the FHKC

<sup>5</sup> State of Florida, Florida KidCare Program, State Plan Amendment #25 to Florida's Title XXI Child Health Insurance Plan (July 1, 2014), p. 5. *available at* [https://ahca.myflorida.com/medicaid/Policy\\_and\\_Quality/Policy/program\\_policy/FLKidCare/PDF/KidCare\\_Program\\_Amendment\\_25\\_to\\_Title\\_XXI\\_2014-07-01.pdf](https://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/PDF/KidCare_Program_Amendment_25_to_Title_XXI_2014-07-01.pdf) (last visited Oct. 27, 2015).

have specific duties under Kidcare as detailed in part II of ch. 409, F.S. The DCF determines eligibility for Medicaid. The FHKC receives all Kidcare applications and screens for Medicaid eligibility and determines eligibility for all Title XXI programs, referring applications to the DCF, as appropriate, for a complete Medicaid determination.

To enroll in Kidcare, families may apply online or use a paper application that determines eligibility for multiple programs, including Medicaid and CHIP, for the entire family. Applications are available in English, Spanish, and Creole. Eligibility for premium assistance is determined first through electronic data matches with available databases or, in cases where income cannot be verified electronically, through submission of current pay stubs, tax returns, or W-2 forms.

The 2015-2016 General Appropriations Act appropriated \$405,203,249 for the Title XXI (CHIP) components.<sup>6</sup> As of September 1, 2015, a total of 2,391,259 children were enrolled in Kidcare.<sup>7</sup>

PROGRAM	ENROLLMENT
Medicaid - Title XIX funded	2,054,470
Medicaid - Title XXI funded	119,999
Healthy Kids - Total	176,001
Children's Medical Services Network	11,429
Medikids	29,360
<b>Total Florida Kidcare Enrollment:</b>	<b>2,391,259</b>

Under s. 409.814, F.S., Kidcare's eligibility guidelines are described in conformity with current Title XIX and Title XXI terminology and requirements for each funding component. A child who is an alien, but does not meet the definition of a qualified alien in the United States, is specifically excluded from eligibility from Title XXI premium assistance.

### **Eligibility of Alien Children for Medicaid and the CHIP**

The Immigration and Nationality Act (INA) was created in 1952 to consolidate a variety of statutes governing immigration law. The INA has been amended numerous times since 1952. The INA defines the term "alien" as "any person not a citizen or national of the United States."<sup>8</sup> Nationals of the United States are citizens of the United States, or persons who, though not a citizen of the United States, owe permanent allegiance to the United States.<sup>9</sup>

Generally, under the INA, an alien is not eligible for any state or local public benefit, including health benefits, unless the alien is:<sup>10</sup>

- A qualified alien;<sup>11</sup>

<sup>6</sup> Chapter 2015-232, ss. 167-172, Laws of Florida.

<sup>7</sup> Agency for Health Care Administration, *Florida Kidcare Enrollment Report - September 2015*, (on file with the Senate Committee on Health Policy).

<sup>8</sup> See 8 U.S.C. s. 1101(a)(3).

<sup>9</sup> See 8 U.S.C. s. 1101(a)(21) and (22).

<sup>10</sup> See 8 U.S.C. s. 1621(a).

<sup>11</sup> See 8 U.S.C. s.1641(b) and (c). There are nine classes of qualified aliens.

- A nonimmigrant alien;<sup>12</sup> or
- An alien who is paroled into the United States under the INA.<sup>13</sup>

There are limited exceptions to the ineligibility for public benefits for treatment of emergency medical conditions, emergency disaster relief, immunizations, and services such as soup kitchens, crisis counseling and intervention, and short-term shelter.<sup>14</sup>

The INA gives states the authority to provide that an alien who is not lawfully present in the United States is eligible for any state or local public benefit for which the alien would otherwise not be eligible, but only through the enactment of a state law which affirmatively provides for such eligibility.<sup>15</sup>

The enactment of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (Public Law 104-193), placed limitations on federal funding for health care of immigrant families. The law imposed a 5-year waiting period on certain groups of qualified aliens, including most children and pregnant women who were otherwise eligible for Medicaid.<sup>16</sup> Medicaid coverage for individuals subject to the 5-year waiting period and for those who do not meet the definition of qualified alien was limited to treatment of an emergency medical condition. The 5-year waiting period also applies to children and pregnant women under the CHIP. The PRWORA did not affect eligibility of undocumented aliens, and these individuals remain ineligible for services, except for emergency services under Medicaid.

The Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 (Public Law No. 111-3), permits states to cover certain children and pregnant women who are "lawfully residing in the United States" in both Medicaid and CHIP, notwithstanding certain provisions under PRWORA. States may elect to cover these groups under Medicaid only or under both Medicaid and CHIP. The law does not permit states to cover these new groups in the CHIP without also extending the option to Medicaid children.<sup>17</sup>

Prior to the enactment of the CHIPRA, the term "lawfully residing" had not been used to define eligibility for either Medicaid or CHIP; however, the term has been used by the U.S. Department of Agriculture (USDA) and the Social Security Administration (SSA). The federal Centers for Medicare & Medicaid Services utilized existing regulations from these agencies to define a lawful presence for Medicaid and CHIP through a letter to state health officials dated July 1, 2010.<sup>18</sup> The letter states that children and pregnant women who fall into one of the following categories will be considered "lawfully present." These individuals are eligible for Medicaid and CHIP, if the state elects the option under the CHIPRA and the child or pregnant woman meets the state residency requirements and other Medicaid or CHIP eligibility requirements.

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<sup>12</sup> See 8 U.S.C. s. 1101(a)(15). There are 22 classes of nonimmigrant aliens identified in this section.

<sup>13</sup> See 8 U.S.C. s. 1182(d)(5).

<sup>14</sup> See 8 U.S.C. s. 1621(b).

<sup>15</sup> See 8 U.S.C. s. 1621(d).

<sup>16</sup> Section 403 of Pub. L No. 104-193, H.R. 3734, 104th Congress (Aug. 22, 1996).

<sup>17</sup> See 42 U.S.C. s. 1397gg(e).

<sup>18</sup> Centers for Medicare and Medicaid Services, *Medicaid and CHIP Coverage of "Lawfully Residing" Children and Pregnant Women*, State Health Official Letter, CHIPRA#17 (July 1, 2010), <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SHO10006.pdf> (last visited Oct. 27, 2015).

- A qualified alien as defined in section 431 of the PRWORA;
- An alien in non-immigrant status who has not violated the terms of the status under which he or she was admitted or to which he or she has changed after admission;
- An alien who has been paroled into the United States pursuant to section 212(d)(5) of the INA for less than 1 year, except for an alien paroled for prosecution, for deferred inspection or pending removal proceedings;
- An alien who belongs to one of the following classes:
  - Temporary resident status pursuant to section 210 or 245A of the INA (8 U.S.C. s. 1160 or 1255a, respectively);
  - Temporary Protected Status (TPS) pursuant to section 244 of the INA (8 U.S.C. s. 1254a), and pending applicants for TPS who have been granted employment authorization under 8 C.F.R. s. 274a.12(c)(9), (10), (16), (18), (20), (22), or (24);
  - Family Unity beneficiaries pursuant to section 301 of Public Law 101-649, as amended;
  - Deferred Enforced Departure (DED) pursuant to a decision made by the president of the United States;
  - Deferred action status; or,
  - Visa petition has been approved and has a pending application for adjustment of status;
- A pending applicant for asylum under section 208(a) of the INA (8 U.S.C. s. 1158) or for withholding of removal under section 241(b)(3) of the INA (8 U.S.C. s. 1231) or under the Convention Against Torture, who has been guaranteed employment authorization, and such an applicant under the age of 14 who has had an application pending for at least 180 days;
- An alien who has been granted withholding of removal under the Convention Against Torture;
- A child who has a pending application for Special Immigrant Juvenile status as described in section 101(a)(27)(J) of the INA (8 U.S.C. s. 1101 (a)(27)(J));
- An alien who is lawfully present in the Commonwealth of the Northern Mariana Islands under 48 U.S.C. s. 1806(e); or
- An alien who is lawfully present in American Samoa under the immigration laws of American Samoa.

As of January 2015, 28 states cover lawfully residing children under Medicaid or CHIP without the five-year waiting period.<sup>19</sup>

### III. Effect of Proposed Changes:

**Section 1** amends definitions under s. 409.811, F.S., to permit certain non-citizen children to receive federal financial premium assistance under Medicaid or the Children's Health Insurance Program (CHIP).

The definition of a "lawfully residing child" is added as a child who:

- Is present in the United States as defined under 8 C.F.R. s. 103.12(a);
- Meets Medicaid or CHIP residency requirements, and

<sup>19</sup> Based on results from a national survey by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2015, <http://kff.org/report-section/modern-era-medicare-and-chip-eligibility/> (last visited Oct. 27, 2015).



- May be eligible for federal financial premium assistance under s. 214 of the CHIPRA and related federal regulations.

The definition of a “resident” is amended to substitute a “lawfully residing child” rather than a “qualified alien.”

The definition for a “qualified alien” is deleted from s. 409.811, F.S.

**Section 2** amends s. 409.814, F.S., to replace a reference to “qualified alien” with “lawfully residing child” when referring to children who are not eligible for Title XXI funded premium assistance. The bill also clarifies that Kidcare program eligibility is not being extended to undocumented immigrants.

**Section 3** amends s. 409.904, F.S., relating to optional Medicaid payments, to designate that a child younger than 19 years of age who is a lawfully residing child as defined in s. 409.811, F.S., is eligible for Medicaid under s. 409.903, F.S. The bill also clarifies that Medicaid eligibility is not being extended to undocumented immigrants.

**Section 4** amends s. 624.91, F.S., the Florida Healthy Kids Corporation Act, to conform to changes made under the bill and update references to modified or deleted terms.

**Section 5** provides an effective date of July 1, 2016.

#### **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:**

Expanding eligibility to additional children who may currently be uninsured under SB 248 may have a positive impact on health care providers that currently provide health care services to this population without compensation or at a discount. Accordingly,

uncompensated care costs incurred by health care providers may be reduced if the insured population is increased.

**C. Government Sector Impact:**

The total state funds required for the 2016-2017 fiscal year for recurring and non-recurring state costs is related to enrollment of an estimated 15,097 children in Medicaid and an additional 2,077 children per month in the CHIP for the first 12 months.

Section 214 of the federal CHIPRA legislation allows states to claim the CHIP enhanced federal match rate for both CHIP and Medicaid children during their five-year waiting period. Additionally, family premiums collected from Title XXI enrollees will be used to offset federal and state costs.

During SFY 2016-17, under Title XXI (CHIP), the break-out is:

<b>Enrollment Costs</b>	
Total Additional Cost	\$4,672,735
Less Federal Funds under Title XXI (96.1%)	(\$4,191,532)
Less Grants & Donation Trust Fund (6.39%)	(\$298,811)
State General Revenue Required (3.90%)	\$182,393

During SFY 2016-17, under Title XIX (Medicaid), the break-out is:

<b>Enrollment Costs</b>	
Total Additional Cost	\$36,903,107
Less Federal Funds under Title XXI (95.83%)	(\$35,364,247)
Less Grants & Donation Trust Fund	(\$0)
State General Revenue Required (9.81%)	\$1,538,860

A total of \$1,721,252 recurring general revenue will be required to implement the bill.

***Department of Children and Families***

In addition to the enrollment costs above, the DCF estimates the bill will generate administrative costs for workload increases related to additional enrollment and non-recurring costs for programming changes to the eligibility system. These costs are indeterminate and will be absorbed within existing resources.<sup>20</sup>

***Florida Healthy Kids Corporation***

The Florida Healthy Kids Corporation reports no additional impact.<sup>21</sup>

<sup>20</sup> Department of Children and Families, *Senate Bill 294 Analysis* (Jan. 21, 2015) (on file with the Senate Committee on Health Policy).

<sup>21</sup> Email from Fred Knapp (10/27/2015) (on file with the Senate Committee on Health Policy).

***Children's Medical Services Network***

Enrollment in the Children's Medical Services Network component is incorporated in the Title XXI and Title XIX projections. The Department of Health reports no fiscal impact.<sup>22</sup>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

Amendments to the federally-required state plans for both Medicaid and CHIP will need to be submitted by the Agency for Health Care Administration for federal approval to implement the eligibility changes.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 409.811, 409.814, 409.904, and 624.91.

**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.

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

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<sup>22</sup> Department of Health, *Senate Bill 248 Analysis* (Oct. 16, 2015) (on file with the Senate Committee on Health Policy).

By Senator Garcia

38-00325-16

2016248\_\_

A bill to be entitled

An act relating to medical assistance funding for lawfully residing children; amending s. 409.811, F.S.; defining the term "lawfully residing child"; deleting the definition of the term "qualified alien"; conforming provisions to changes made by the act; amending s. 409.814, F.S.; revising eligibility for the Florida Kidcare program to conform to changes made by the act; clarifying that undocumented immigrants are excluded from eligibility; amending s. 409.904, F.S.; providing eligibility for optional payments for medical assistance and related services for certain lawfully residing children; clarifying that undocumented immigrants are excluded from eligibility for optional Medicaid payments or related services; amending s. 624.91, F.S.; conforming provisions to changes made by the act; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Present subsections (17) through (22) of section 409.811, Florida Statutes, are redesignated as subsections (18) through (23), respectively, a new subsection (17) is added to that section, and present subsections (23) and (24) of that section are amended, to read:

409.811 Definitions relating to Florida Kidcare Act.—As used in ss. 409.810-409.821, the term:

(17) "Lawfully residing child" means a child who is lawfully present in the United States, meets Medicaid or the

Page 1 of 3

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

38-00325-16

2016248\_\_

Children's Health Insurance Program (CHIP) residency requirements, and may be eligible for medical assistance with federal financial participation as provided under s. 214 of the Children's Health Insurance Program Reauthorization Act of 2009, Pub. L. No. 111-3, and related federal regulations.

~~(23) "Qualified alien" means an alien as defined in s. 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended, Pub. L. No. 104-193.~~

(24) "Resident" means a United States citizen, or lawfully residing child ~~qualified alien~~, who is domiciled in this state.

Section 2. Paragraph (c) of subsection (4) of section 409.814, Florida Statutes, is amended to read:

409.814 Eligibility.—A child who has not reached 19 years of age whose family income is equal to or below 200 percent of the federal poverty level is eligible for the Florida Kidcare program as provided in this section. If an enrolled individual is determined to be ineligible for coverage, he or she must be immediately disenrolled from the respective Florida Kidcare program component.

(4) The following children are not eligible to receive Title XXI-funded premium assistance for health benefits coverage under the Florida Kidcare program, except under Medicaid if the child would have been eligible for Medicaid under s. 409.903 or s. 409.904 as of June 1, 1997:

(c) A child who is an alien, but who does not meet the definition of a lawfully residing child ~~qualified alien, in the United States. This paragraph does not extend eligibility for the Florida Kidcare program to an undocumented immigrant.~~

Section 3. Present subsections (8) and (9) of section

Page 2 of 3

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38-00325-16

2016248

409.904, Florida Statutes, are redesignated as subsections (9) and (10), respectively, and a new subsection (8) is added to that section, to read:

409.904 Optional payments for eligible persons.—The agency may make payments for medical assistance and related services on behalf of the following persons who are determined to be eligible subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216.

(8) A child who has not attained the age of 19 who, notwithstanding s. 414.095(3), would be eligible for Medicaid under s. 409.903, except that the child is a lawfully residing child as defined in s. 409.811. This subsection does not extend eligibility for optional Medicaid payments or related services to an undocumented immigrant.

Section 4. Paragraph (b) of subsection (3) of section 624.91, Florida Statutes, is amended to read:

624.91 The Florida Healthy Kids Corporation Act.—

(3) ELIGIBILITY FOR STATE-FUNDED ASSISTANCE.—Only the following individuals are eligible for state-funded assistance in paying Florida Healthy Kids premiums:

(b) Notwithstanding s. 409.814, a legal alien ~~aliens~~ who is ~~are~~ enrolled in the Florida Healthy Kids program as of January 31, 2004, who does ~~do~~ not qualify for Title XXI federal funds because he or she is ~~they are~~ not a lawfully residing child ~~qualified aliens~~ as defined in s. 409.811.

Section 5. This act shall take effect July 1, 2016.



# **APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES**

**FISCAL YEAR 2016 – 2017  
BASE BUDGET REVIEW**

**Senator Garcia, Chair**

**Senator Smith, Vice Chair**

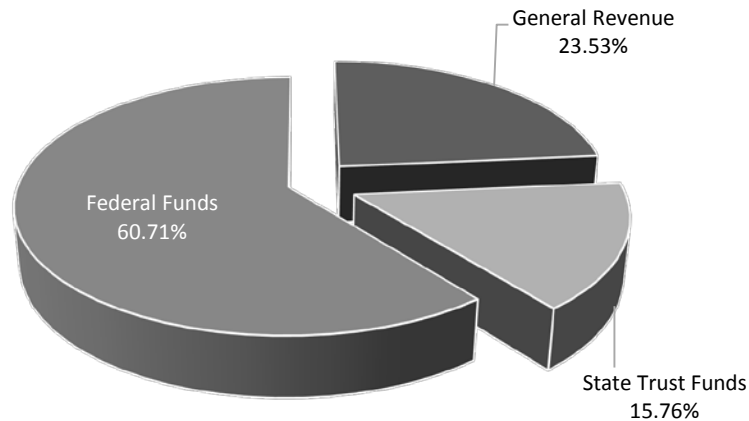
**Agency for Health Care Administration**  
**Fiscal Year 2016-17 Base Budget Review - Agency Summary**

The mission of the Agency for Health Care Administration is to provide better health care for all Floridians. The agency is responsible for the administration of the Florida Medicaid program, licensure and regulation of Florida's health facilities and for providing information to Floridians about the quality of care they

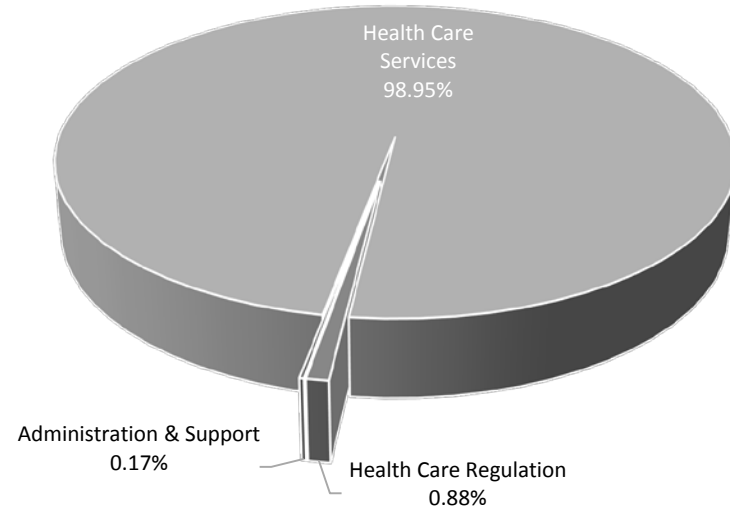
	<b>FTE</b>	<b>Recurring</b>	<b>Nonrecurring</b>	<b>Total</b>
<b>Fiscal Year 2015-16 Appropriations:</b>	<b>1,563.00</b>	<b>24,961,099,686</b>	<b>550,929,902</b>	<b>25,512,029,588</b>

<b><u>Agency Funding Overview</u></b>		<b><u>Base Budget FY 2016-17*</u></b>				
<b><u>#</u></b>	<b><u>Program</u></b>	<b><u>FTE</u></b>	<b><u>GR</u></b>	<b><u>State Trust Funds</u></b>	<b><u>Federal Funds</u></b>	<b><u>Total</u></b>
1	Administration & Support	255.00	3,581,540	21,546,364	17,091,903	42,219,807
2	Health Care Services	660.00	5,869,375,647	3,878,724,206	14,950,423,383	24,698,523,236
3	Health Care Regulation	648.00	237,432	34,510,124	185,609,087	220,356,643
<b>4</b>	<b>Total</b>	<b>1,563.00</b>	<b>5,873,194,619</b>	<b>3,934,780,694</b>	<b>15,153,124,373</b>	<b>24,961,099,686</b>

Base By Fund Type



Base By Program



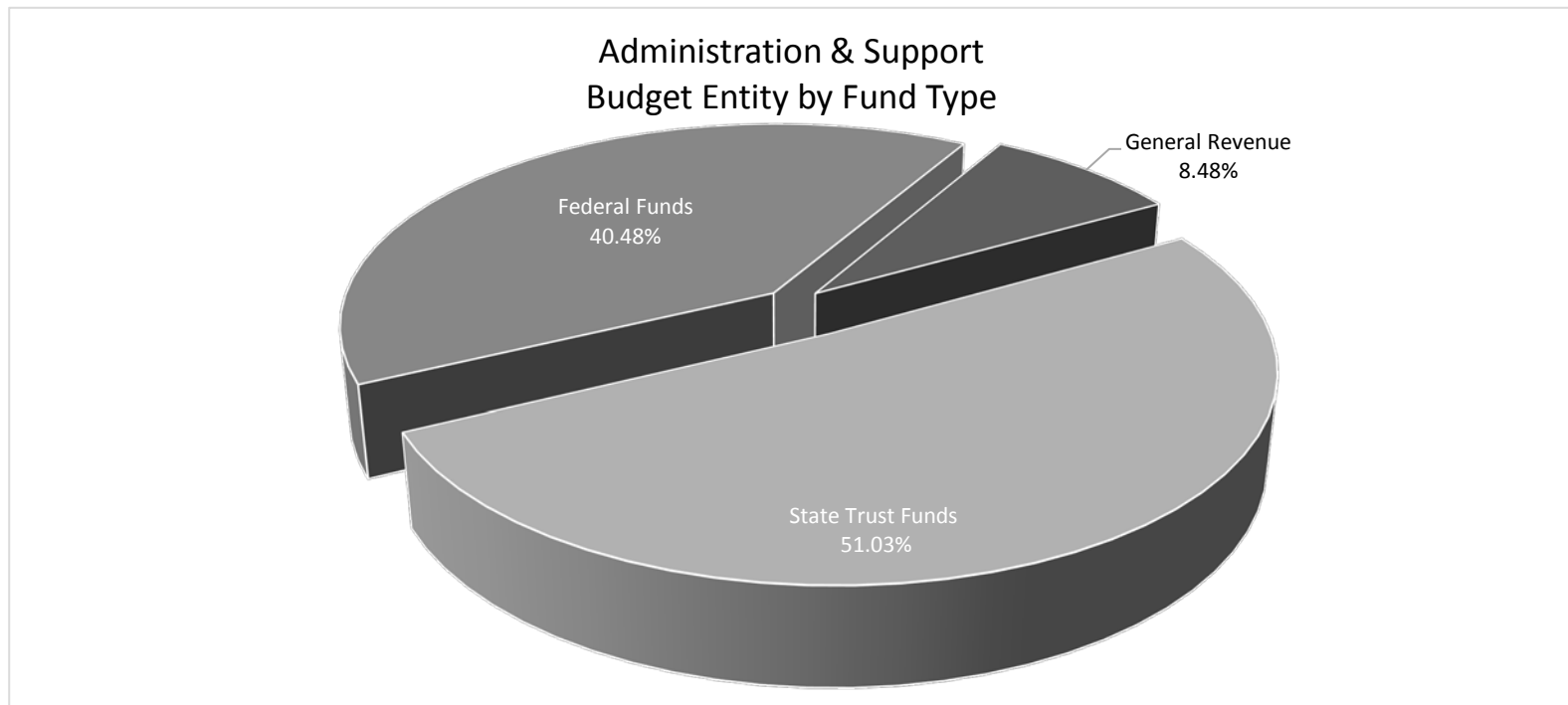
\* Base budget differs from the FY 2015-16 appropriation as the base budget does not include any nonrecurring funds but does include annualizations and other

**Agency for Health Care Administration**  
**Administration and Support**  
**FY 2016-17 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.

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<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	255.00	3,581,540	21,546,364	17,091,903	42,219,807
2	<b>Program Total</b>	<b>255.00</b>	<b>3,581,540</b>	<b>21,546,364</b>	<b>17,091,903</b>	<b>42,219,807</b>





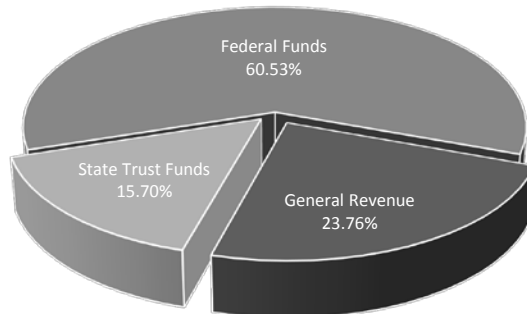
**Agency for Health Care Administration**  
**Health Care Services**  
**FY 2016-17 Base Budget Summary**

**Program Description**

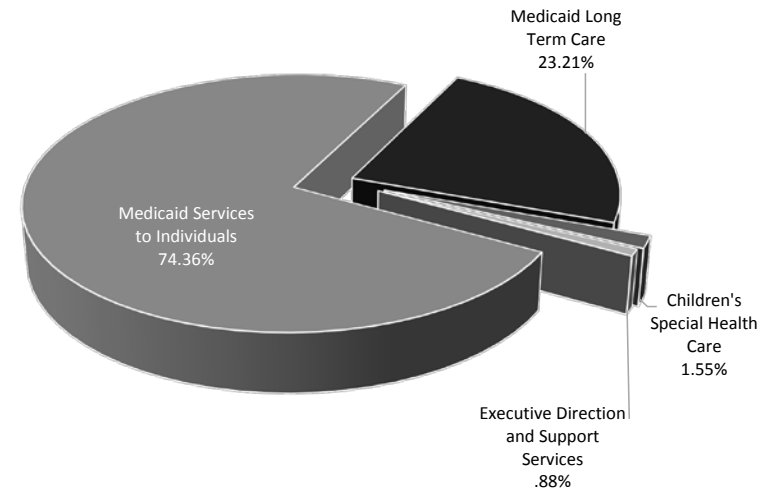
Provides management of the state's Medicaid and child health insurance programs including the purchasing and oversight of health care services for eligible beneficiaries.

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<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	-	17,847,705	14,085,282	349,908,393	381,841,380
2	Medicaid Executive Direction and Support Services	660.00	40,465,664	37,515,082	139,757,165	217,737,911
3	Medicaid Services to Individuals	-	4,746,921,046	2,639,879,661	10,978,687,401	18,365,488,108
4	Medicaid Long Term Care	-	1,064,141,232	1,187,244,181	3,482,070,424	5,733,455,837
5	<b>Program Total</b>	<b>660.00</b>	<b>5,869,375,647</b>	<b>3,878,724,206</b>	<b>14,950,423,383</b>	<b>24,698,523,236</b>

Health Care Services  
By Fund Type



Health Care Services  
By Budget Entity



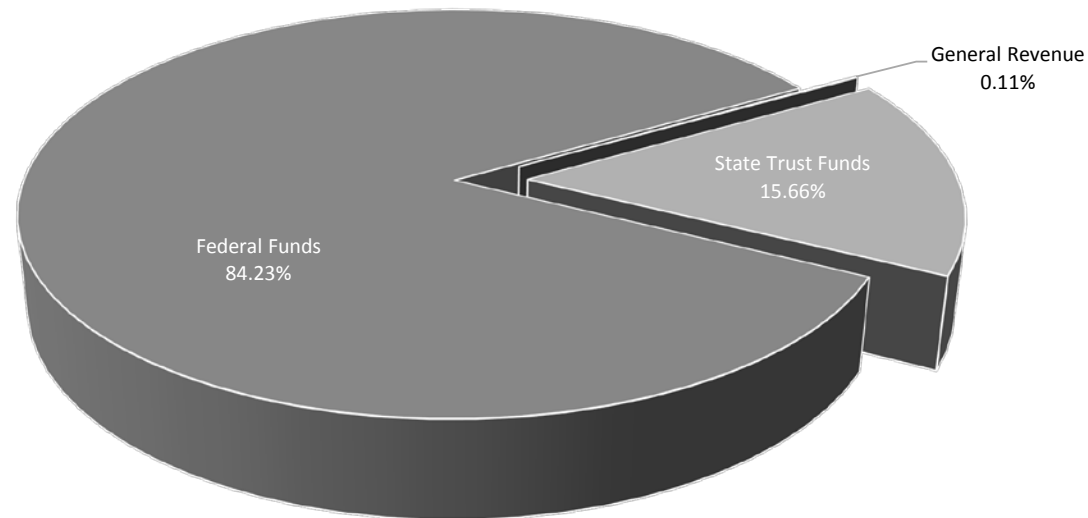
**Agency for Health Care Administration**  
**Health Care Regulation**  
**FY 2016-17 Base Budget Summary**

**Program Description**

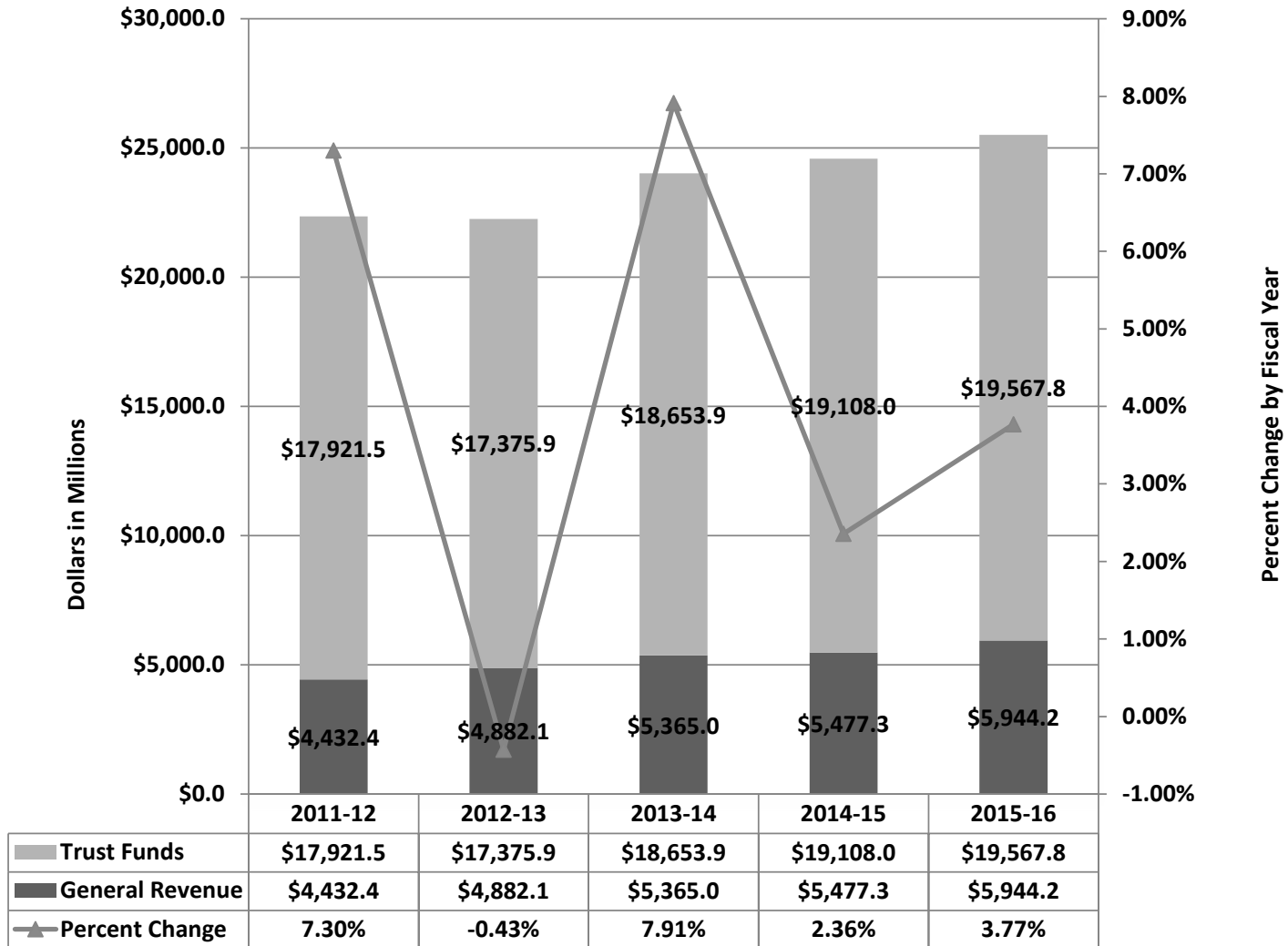
Provides health facility licensure and survey, as well as practitioner compliance enforcement services in the establishment, construction, maintenance, and operation of health care facilities and service providers by providing for licensure and monitoring of the same through the development and enforcement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

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<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	648.00	237,432	34,510,124	185,609,087	220,356,643
2	<b>Program Total</b>	<b>648.00</b>	<b>237,432</b>	<b>34,510,124</b>	<b>185,609,087</b>	<b>220,356,643</b>

Health Care Regulation  
Budget Entity By Fund Type



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



**Agency for Health Care Administration**  
**Programs & Services Descriptions**

<p><b>A Program: Administration and Support</b></p> <p><b>1 Budget Entity/Service: Executive Leadership/Support Services</b></p> <p>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.</p>
<p><b>B Program: Health Care Services</b></p> <p><b>1 Budget Entity/Service: Children's Special Health Care</b></p> <p>The Florida KidCare Program is the Title XXI Florida State Children's Health Insurance Program. The KidCare Program is composed of four entities which partner to ensure affordable services that are accessible to eligible children: Medicaid for Children, Florida Healthy Kids, MediKids and Children's Medical Services Network (CMS). Children must have income below 200 percent of the federal poverty level to participate in the Title XXI program and be uninsured at application. The agency contracts 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 CMS; enroll children in Title XXI programs; collect premiums; and administer the Healthy Kids program including selecting networks for care. The Corporation also establishes rates: does program outreach; collects required local contributions; purchases insurance coverage for school aged children and their siblings; purchases choice counseling and health care coverage for children enrolled in the MediKids program through Medicaid Managed Care, as well as special needs children enrolled under Title XXI CMS.</p> <p><b>2 Budget Entity/Service: Executive Direction/Support Services</b></p> <p>Management of the state's Medicaid and child health insurance programs. Specific activities include helping to reduce the rate and number of uninsured Floridians; improving the quality of care provided to beneficiaries; eliminating waste, fraud and abuse; increasing the efficiency of administration; incorporating best practices in the delivery of financed services; purchasing care and ensuring that care purchased is appropriate and medically necessary; improving access and availability of health care services for Florida's special needs populations; and anticipating future needs and trends so that the program remains responsive and efficient.</p> <p><b>3 Budget Entity/Service: Medicaid Services to Individuals</b></p> <p>Offers a comprehensive network of health providers to administer services that are universally accessible and of sufficient quality and scope to meet the medical needs of eligible beneficiaries statewide. Contracts with private health plans to provide affordable prepaid, comprehensive medical services to Medicaid beneficiaries. The service also ensures that Medicaid beneficiaries have access to quality managed care organizations that participate in Medicaid; setting standards and contracting with managed care organizations; annually setting rates to ensure compliance with standards and promoting efficiency; promoting quality improvement by health plans; resolving beneficiary complaints; ensuring that medically necessary services not included in the managed care organizations' capitation rate are paid by Medicaid, as well as payment of the capitation rates for those enrolled in Medicaid managed care organizations.</p> <p><b>4 Budget Entity/Service: Medicaid Long Term Care</b></p> <p>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.</p>
<p><b>C Program: Health Care Regulation</b></p> <p><b>1 Budget Entity/Service: Health Care Regulation</b></p> <p>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.</p>

**Agency for Health Care Administration  
FY 2016-17 Base-Budget Review Details**

	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
	<b>Administration &amp; Support</b>	<b>255.00</b>	<b>3,581,540</b>	<b>38,638,267</b>	<b>42,219,807</b>	
<b>1</b>	<b>Budget Entity: Administration &amp; Support</b>					
<b>2</b>	<u>Brief Description of Entity:</u> 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>3</b>	Salaries & Benefits	255.00	2,863,922	14,113,530	16,977,452	Costs associated with salaries and benefits for 255 full time equivalents (FTE) positions.
<b>4</b>	Other Personal Services		81,049	748,659	829,708	Costs associated with services rendered by a person who is not filling an established full-time position.
<b>5</b>	Expenses		150,680	2,605,436	2,756,116	Costs associated with usual, ordinary, and incidental operating expenditures.
<b>6</b>	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.
<b>7</b>	Contracted Services		230,010	18,406,964	18,636,974	Costs associated with services rendered through contractual arrangements.
<b>8</b>	Risk Management Insurance		34,202	256,118	290,320	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.
<b>9</b>	Lease Or Lease-Purchase Equipment		18,346	194,832	213,178	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
<b>10</b>	Transfers to DMS for HR services		22,408	70,708	93,116	Provides funding for the People First Human Resources contract administered by the Department of Management Services.
<b>11</b>	State Data Center - AST		-	1,727,319	1,727,319	This funding supports the department's technology data applications and storage provided by the state's shared resource centers.
<b>12</b>	<b>Total - Administration &amp; Support</b>	<b>255.00</b>	<b>3,581,540</b>	<b>38,638,267</b>	<b>42,219,807</b>	
<b>13</b>	<b>PROGRAM TOTAL</b>	<b>255.00</b>	<b>3,581,540</b>	<b>38,638,267</b>	<b>42,219,807</b>	
	<b>Health Care Services</b>	<b>660.00</b>	<b>5,869,375,647</b>	<b>18,829,147,589</b>	<b>24,698,523,236</b>	
<b>14</b>	<b>Budget Entity: Children's Special Health Care</b>					
<b>15</b>	<u>Brief Description of Entity:</u> 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.					

**Agency for Health Care Administration  
FY 2016-17 Base-Budget Review Details**

	Program		FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
16		G/A-Florida Healthy Kids Corporation		9,510,720	190,505,690	200,016,410	Purchase health benefits for children ages 5-18 who qualify for the Florida Healthy Kids program. Florida Healthy Kids offers health insurance for children ages 5 through 18. Healthy Kids is designed to provide quality, affordable health insurance for families not eligible for Medicaid. Healthy Kids coverage includes doctor visits, immunizations, dental care, emergency care, hospital stays and much more.
17		Contracted Services		164,821	3,997,246	4,162,067	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.
18		G/A - Contract Services - Florida Healthy Kids Administration		682,693	14,111,785	14,794,478	Administrative activities associated with the Florida Healthy Kids Corporation to fund third party administrator activities, claims payments and staff of the corporation.
19		G/A - FL Healthy Kids Dental		1,214,522	24,411,250	25,625,772	Purchase dental benefits for children ages 5-18 who qualify for the Florida Healthy Kids component.
20		MediKids		1,809,543	48,083,577	49,893,120	Purchase health benefits for children ages 1-4 who qualify for the MediKids component. The Agency for Health Care Administration (AHCA) manages the program. The MediKids program is similar to Medicaid. Children enrolled in the MediKids program receive medical services and benefits from Medicaid providers through Medicaid's Managed Medical Assistance (MMA) program.
21		Children's Medical Services Network		4,465,406	82,884,127	87,349,533	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.
22	Total - Children's Special Health Care			17,847,705	363,993,675	381,841,380	
23	Budget Entity: Executive Direction and Support Services						
24		Brief Description of Entity: Management of the state's Medicaid and child health insurance programs. Specific activities include helping to reduce the rate and number of uninsured Floridians; improving the quality of care provided to beneficiaries; eliminating waste, fraud and abuse; increasing the efficiency of administration; incorporating best practices in the delivery of financed services; purchasing care and ensuring that care purchased is appropriate and medically necessary; improving access and availability of health care services for Florida's special needs populations; and anticipating future needs and trends so that the program remains responsive and efficient.					
25		Salaries & Benefits	660.00	2,579,709	38,410,959	40,990,668	Costs associated with salaries and benefits for 660.0 full time equivalents (FTE) positions.
26		Other Personal Services		914,855	6,861,687	7,776,542	Costs associated with services rendered by a person who is not filling an established full-time position.
27		Expenses		899,820	6,688,977	7,588,797	Costs associated with usual, ordinary, and incidental operating expenditures.

**Agency for Health Care Administration  
FY 2016-17 Base-Budget Review Details**

	Program		FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
28		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.
29		Lump Sum - Enrollment Broker Services		0	15,481,710	15,481,710	Costs associated with enrollment broker call center and support staffing for the implementation of Statewide Medicaid Managed Care.
30		Pharmaceutical Expense Assistance		50,000		50,000	Provides pharmaceutical expense assistance in accordance with section 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.
31		Transfer to Division of Administrative Hearings		107,629	107,629	215,258	Payment to the Division of Administrative Hearings (DOAH) to resolve conflicts between private citizens and organizations and agencies of the state.
32		Contracted Nursing Home Audit Program		827,653	1,129,095	1,956,748	Independent financial audits of nursing home and Intermediate Care Facility Services for the Developmentally Disabled (ICF/DD) 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.
33		Contracted Services		15,986,747	47,251,530	63,238,277	Costs associated with services rendered through contractual arrangements. Types of services include consulting services, expert witness fees, research fees, training, advertising, finger printing and background checks, data processing and copier maintenance.
34		G/A - Contracted Services		0	6,000,000	6,000,000	Costs associated with the Florida Medical Schools Quality Network. In accordance with section 409.975 (2), F.S., AHCA is required to contract with a single organization representing medical schools and graduate medical education programs in the state for the purpose of establishing an active and ongoing program to improve clinical outcomes in all managed care plans. Contracted activities are intended to support greater clinical integration for Medicaid enrollees through interdependent and cooperative efforts of all providers participating in managed care plans.
35		Medicaid Fiscal Contract		17,521,518	49,831,028	67,352,546	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.

**Agency for Health Care Administration  
FY 2016-17 Base-Budget Review Details**

	Program		FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
36		Medicaid Peer Review		1,093,903	4,403,348	5,497,251	Funding for 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		325,867	541,561	867,428	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	179,063	205,228	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		86,407	164,394	250,801	Funding for the People First Human Resources contract administered by the Department of Management Services.
40	<b>Total - Executive Direction &amp; Support Services</b>		<b>660.00</b>	<b>40,465,664</b>	<b>177,272,247</b>	<b>217,737,911</b>	
41	<b>Budget Entity: Medicaid Services to Individuals</b>						
42		<u>Brief Description of Entity:</u> 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 managed care organizations (MCO) to participate in Medicaid, set standards, and contract with MCOs 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. *Although Medicaid Services are classified as optional or mandatory, all medically necessary services are mandatory for children and pregnant women.					
43		Adult Dental, Visual & Hearing		2,737,723	4,973,624	7,711,347	Reimbursement for dental, vision and hearing services to adult Medicaid recipients. Optional Services.
44		Case Management		2,839,066	4,355,308	7,194,374	Reimbursement for case management services to Medicaid clients of Children's Medical Services (CMS). 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. Mandatory service for children if medically necessary. Optional service for adults.
45		Community Mental Health Services		29,433,868	46,150,772	75,584,640	Reimbursement for applied behavioral analysis treatment, planning, review, mental and medical evaluation, health services counseling, therapy and treatment, and day treatment for children with some form of autism. Services must be medically necessary and recommended by a licensed practitioner. Mandatory if medically necessary for children. Medicaid Fee For Service (FFS).



**Agency for Health Care Administration  
FY 2016-17 Base-Budget Review Details**

	Program		FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
46		Community Mental Health Services MMA		29,494,568	51,703,130	81,197,698	Reimbursement for treatment planning and review, mental and medical evaluation, health services counseling, therapy and treatment, and day treatment. Services must be medically necessary and recommended by a licensed practitioner. Optional Service for Adults, mandatory if medically necessary for children. Medicaid FFS.
47		Developmental Evaluation & Intervention/Part C		-	12,092,150	12,092,150	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.
48		Child Health Screening Services		10,253,864	15,944,762	26,198,626	Reimbursement for Child Health Check-ups which includes dental, vision and hearing services. 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.
49		G/A-Rural Hospital Financial Assistance		1,220,185	9,085,229	10,305,414	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, and 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.
50		Family Planning		536,941	4,861,355	5,398,296	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.
51		G/A-Shands Teaching Hospital		8,673,569	-	8,673,569	State funding provided to Shands Teaching Hospital via a legislative appropriation as a supplemental payment. Funding is used in the current year as Medicaid match and to continue the original purpose of providing health care services to indigent patients through Shands.
52		Healthy Start Services		16,259,122	24,913,635	41,172,757	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. Optional Service.
53		Home Health Services		10,186,728	15,739,973	25,926,701	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.

**Agency for Health Care Administration  
FY 2016-17 Base-Budget Review Details**

	Program		FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
54		Hospice Services		1,944,926	27,014,068	28,958,994	Reimbursement for palliative health care and supportive services for terminally ill patients and their families. Optional Service.
55		Graduate Medical Education		31,584,356	148,415,644	180,000,000	Reimbursement for graduate medical education as provided within the Statewide Medicaid Residency Program. Hospitals participating in the program receive an annual allocation determined by calculation of the hospital's percentage of total residents statewide and the hospital's percentage of total Medicaid inpatient reimbursement. New funding is provided for the GME Start-up Bonus Program created in Ch. 2015-225, Laws of Florida.
56		Hospital Inpatient Services		187,959,736	652,606,281	840,566,017	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	227,970,825	228,720,825	Federally regulated program allowing Medicaid payments to certain hospitals based upon criteria and formula in section 409.911, F.S. 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		450,000	599,550,000	600,000,000	The Low Income Pool (LIP) Program is a program established to ensure governmental support for the provision of health care services to Medicaid, underinsured and uninsured populations. The program consists of a \$363 million federal capped annual allotment. In addition this program is supported by \$237 million in intergovernmental transfers from local governments. 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 to hospitals. Optional Program.
59		Medicaid Crossover Services		5,003,798	7,667,252	12,671,050	Reimbursement for shared Medicare costs in the Medicaid program. Covered services include: Adult Vision/Hearing Services, Home Health Services, Nurse Practitioner Services, Lab & X-Ray Services and Patient Transportation Services.
60		Hospital Insurance Benefit		26,359,375	40,390,119	66,749,494	Reimbursement of inpatient hospital deductible for Medicare Part A beneficiaries who have limited income and resources and need help paying for their Medicare premiums and out-of-pocket medical expenses. In addition, Medicaid provides reimbursement for copayments, coinsurance and deductibles for Medicare Part B Supplemental Medical Insurance, and Part C Advantage Plans. Mandatory Service
61		Hospital Outpatient Services		77,349,939	294,334,732	371,684,671	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		Other Lab & X-ray Services		14,727,124	23,537,592	38,264,716	Reimbursement to independent laboratories and for x-ray services rendered by licensed Medicaid providers. Mandatory Service.

**Agency for Health Care Administration  
FY 2016-17 Base-Budget Review Details**

	Program		FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
63		Other Fee For Service		1,371,217	2,213,674	3,584,891	Reimbursement to surgical centers providing scheduled, elective, medically necessary surgical care to patients who do not require hospitalization; freestanding dialysis center services that administers routine laboratory tests, dialysis-related supplies, and ancillary and parenteral items; and birthing centers that provide pregnancy prevention, prenatal/postpartum pregnancy programs, etc. Optional Service.
64		Patient Transportation		7,933,866	27,509,457	35,443,323	Reimbursement for non-emergency medical and emergency transportation services. Non-emergency medical transportation services are provided through contracts through certain MCOs, and PSNs. Mandatory Service.
65		Personal Care Services		22,751,323	34,900,075	57,651,398	Personal care services provide medically-necessary assistance with activities of daily living (ADL) and age appropriate instrumental activities of daily living (IADL) that enable the recipient to accomplish tasks that they would normally be able to do for themselves if they did not have a medical conditional or disability. Services include but are not limited to assistance with eating, bathing, dressing, personal hygiene, meal preparation, grocery shopping and money management. Mandatory services provided to children.
66		Physician Services/HCP Services		42,571,485	240,147,721	282,719,206	Reimbursement for services rendered by a licensed physician, psychiatrist, advanced registered nurse practitioner, physician assistant, ambulatory surgical center, rural health clinic, federally qualified health center, birthing center, and county health department clinic (CHD) for general health care services relating to preventative maintenance, clinical manifestations associated with chronic disease, along with providing anticipatory guidance at all ages. Mandatory Service.
67		Therapy Services		7,185,966	11,051,377	18,237,343	Reimbursement for therapy services related to physical, speech-language, occupational, and respiratory therapies. Therapy services are limited to Medicaid beneficiaries under age 21.
68		Prepaid Health Plans		2,818,623,532	9,258,766,280	12,077,389,812	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.
69		Prescribed Medicine/ Drugs		48,467,917	407,222,841	455,690,758	Reimbursement for services provided by licensed Medicaid-participating pharmacies. Medicaid reimburses for legend drugs and for specific non-legend drugs. Legend drugs are drugs that require a prescription or that have the following statement on the label, "Caution: Federal law prohibits dispensing without a prescription." Optional Service. Mandatory for children.
70		Medicare Part D Payment		475,248,123	0	475,248,123	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 (Medicare Prescription Drug Plan). Mandatory Service

**Agency for Health Care Administration  
FY 2016-17 Base-Budget Review Details**

	Program		FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
71		Private Duty Nursing Services		30,576,396	47,021,156	77,597,552	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
72		Statewide Inpatient Psychiatric Services		2,295,013	3,516,618	5,811,631	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 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.
73		Supplemental Medical Insurance		543,923,994	833,457,344	1,377,381,338	Payment of Medicare Part A and B monthly premiums for Medicaid/Medicare Dually eligible beneficiaries. The Medicare program provides hospital insurance (Medicare Part A) and supplementary outpatient medical insurance (Medicare Part B), either through a fee-for-service or capitated arrangement. Mandatory Service .
74		Clinic Services		60,262,772	95,775,238	156,038,010	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.
75		Medicaid School Refinance		0	97,569,420	97,569,420	Federal share of funds to school districts for Medicaid physical and behavioral services. Optional Service.
76		Qualified Expenditure Prepaid Health Plans		227,944,554	348,109,410	576,053,964	Holds five percent of the Prepaid Health Plans and Long-Term Care funding requiring Legislative Budget Commission (LBC) approval for release.
77	Total - Medicaid Services to Individuals		-	4,746,921,046	13,618,567,062	18,365,488,108	
78	Budget Entity: Medicaid Long Term Care						
79	<u>Brief Description of Entity:</u> 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.						
80		Assistive Care Services		5,261,840	8,174,064	13,435,904	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.

**Agency for Health Care Administration  
FY 2016-17 Base-Budget Review Details**

	Program		FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
81		Home & Community Based Services		3,609,441	1,016,614,302	1,020,223,743	Provides payment for a wide range of home and community-based services provided to individuals who would otherwise require institutional care. Includes the following waivers: Adult Cystic Fibrosis, Developmental Disabilities, Long-term Care, AIDS, Traumatic Brain and Spinal Cord Injury, Model Waiver and Familial Dysautonomia. Waiver services include: Adult Day Training, Chore, Community Support Coordination, Individual and Family Counseling, Dental, Home-Delivered Meals, Homemaker, Massage Therapy, Nutritional Supplements, Personal Care, Personal Emergency Response, Physical Therapy, Prescribed Drugs, Respiratory Therapy, Respite Care, Skilled Nursing, Specialized Medical Equipment and Supplies. Optional Service.
82		ICF/MR - Sunland Center		0	78,920,361	78,920,361	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.
83		ICF/DD Community		80,853,217	162,248,598	243,101,815	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.
84		Nursing Home Care		41,856,672	254,599,534	296,456,206	Reimbursement on per day basis for Skilled, Intermediate and General Care. Skilled Care: Mandatory Service Intermediate Care: Optional Service General Care: Optional Service
85		Prepaid Health Plans/Long-Term Care		853,981,785	2,906,296,993	3,760,278,778	Funding for the Statewide Long-Term Managed Care Waiver program. Provides both nursing facility and home and community based services. Waiver services consists of the following: Adult companion care, Adult Day Health care, Assisted living, Assistive care services, Attendant care, Behavioral management, Care coordination/Case management, Caregiver training, Home accessibility adaptation, Home-delivered meals, Homemaker, Hospice, Intermittent and skilled nursing, Medical equipment and supplies, Medication administration, Medication management, Nursing facility, Nutritional assessment/risk reduction, Personal care, Personal emergency response system, Respite care, occupational, physical, respiratory and speech therapies, and Non-emergency transportation.

**Agency for Health Care Administration  
FY 2016-17 Base-Budget Review Details**

	Program		FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
86		State Mental Health Hospital Program		0	7,231,393	7,231,393	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.
87		Mental Health Hospital Disproportionate Share		0	72,256,892	72,256,892	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.
88		TB Hospital Disproportionate Share		0	2,444,587	2,444,587	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.
89		Program of All Inclusive Care for the Elderly (PACE)		0	40,525,725	40,525,725	This category provides the double budget for a program in Department of Elder Affairs that provides a comprehensive array of home and community based services in lieu of institutional nursing home care. Individuals who choose to enroll in Program of All Inclusive Care for the Elderly (PACE) have both their medical and long-term care needs managed through a single provider. In addition to services covered under Medicaid, the PACE program includes all services covered by Medicare. PACE providers receive both Medicare and Medicaid capitated payments and are responsible for providing the full continuum of medical and long-term care services. PACE also has a unique service delivery system with many services being delivered through adult day care centers and case management provided by multi-disciplinary teams.
90		Qualified Expenditure Prepaid Health Plans - LTC		78,578,277	120,002,156	198,580,433	Holds five percent of the Prepaid Health Plans and Long-Term Care funding requiring LBC approval for release.
91	<b>Total - Medicaid Long Term Care</b>		-	<b>1,064,141,232</b>	<b>4,669,314,605</b>	<b>5,733,455,837</b>	
92	<b>PROGRAM TOTAL</b>		<b>660.00</b>	<b>5,869,375,647</b>	<b>18,829,147,589</b>	<b>24,698,523,236</b>	
93	<b>Health Care Regulation</b>		<b>648.00</b>	<b>237,432</b>	<b>220,119,211</b>	<b>220,356,643</b>	
94	<b>Budget Entity: Health Care Regulation</b>						
95		<u>Brief Description of Entity:</u> 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.					
96		Salaries & Benefits	648.00	114,992	39,169,171	39,284,163	Costs associated with salaries and benefits for 648.0 full time equivalents (FTE) positions.
97		Other Personal Services		0	657,144	657,144	Costs associated with services rendered by a person who is not filling an established full-time position.

**Agency for Health Care Administration  
FY 2016-17 Base-Budget Review Details**

	Program		FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
98		Expenses		22,440	7,962,784	7,985,224	Costs associated with usual, ordinary, and incidental operating expenditures.
99		Operating Capital Outlay		0	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.
100		Lump Sum - Background Screening			238,563	238,563	Funding to maintain the Background Screening Clearinghouse and to enable additional departments to utilize the system pursuant to section 435.12, Florida Statutes.
101		Transfer To Division of Administrative Hearings		0	689,186	689,186	Payment to the Division of Administrative Hearings (DOAH) to resolve conflicts between private citizens and organizations and agencies of the state.
102		Contracted Services		100,000	3,343,948	3,443,948	Costs associated with services rendered through contractual arrangements. Types of services include professional fees, court reporting, legal attorney fees, investigative fees, security services, banking services mail and delivery, shredding, data processing and copier maintenance.
103		Emergency Alternative Placement		0	806,629	806,629	Payments for emergency placement of nursing home residents when necessary.
104		Risk Management Insurance		0	768,383	768,383	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
105		Lease Or Lease-Purchase Equipment		0	140,269	140,269	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
106		Transfers to DMS for HR services		0	212,303	212,303	People First Human Resources contract administered by the Department of Management Services.
107		State Operations - ARRA 2009		0	652,990	652,990	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. The Florida Health Information Exchange (Florida HIE) enables the secure exchange of health information between health care providers. The goal is to facilitate authorized access to clinical data to provide safe, efficient, effective, and patient-centered medical care.
108		G/A - Contracted Services - ARRA 2009		0	165,390,787	165,390,787	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. The Florida Health Information Exchange (Florida HIE) enables the secure exchange of health information between health care providers. The goal is to facilitate authorized access to clinical data to provide safe, efficient and effective patient-centered medical care.
109	<b>Total - Health Care Regulation</b>		<b>648.00</b>	<b>237,432</b>	<b>220,119,211</b>	<b>220,356,643</b>	
110	<b>PROGRAM TOTAL</b>		<b>648.00</b>	<b>237,432</b>	<b>220,119,211</b>	<b>220,356,643</b>	
111	<b>DEPARTMENT TOTAL</b>		<b>1,563.00</b>	<b>5,873,194,619</b>	<b>19,087,905,067</b>	<b>24,961,099,686</b>	

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

#	Trust Fund	Controlling Statutory Authority	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2016-17 Base Budget
1	Administrative Trust Fund	ss. 20.425 (1) and 215.32, F.S.	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.	\$ 38,638,267
2	Grants & Donation Trust Fund	ss. 20.425(2), 215.32, 400.179, and 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.	\$ 2,271,064,020
3	Health Care Trust Fund	ss. 20.425 (3), 210.011, 210.276, 400.063, and 408.16, 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.	\$ 1,022,819,211
4	Medical Care Trust Fund	s. 20.425 (4), 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.	\$ 14,805,154,898
5	Public Medical Assistance Trust Fund	ss. 20.425(5), 210.20, 394.4786, 395.701, and 409.918, F.S.	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.	\$ 592,494,556
6	Quality of Long Term Care Trust Fund	ss. 20.425 (6), and 400.0239, F.S.	To support activities and programs directly related to the improvement of the care of nursing homes and assisted living facility residents.	Funds are primarily derived from fines and forfeitures.	Funds activities and programs directly related to the improvement of the care of residents residing in nursing homes and assisted living facilities.	\$ 1,000,000
7	Refugee Assistance Trust Fund	s. 20.425 (7), 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.	\$ 43,826,113
8	Tobacco Settlement Trust Fund	s. 20.425 (8), 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.	\$ 312,908,002

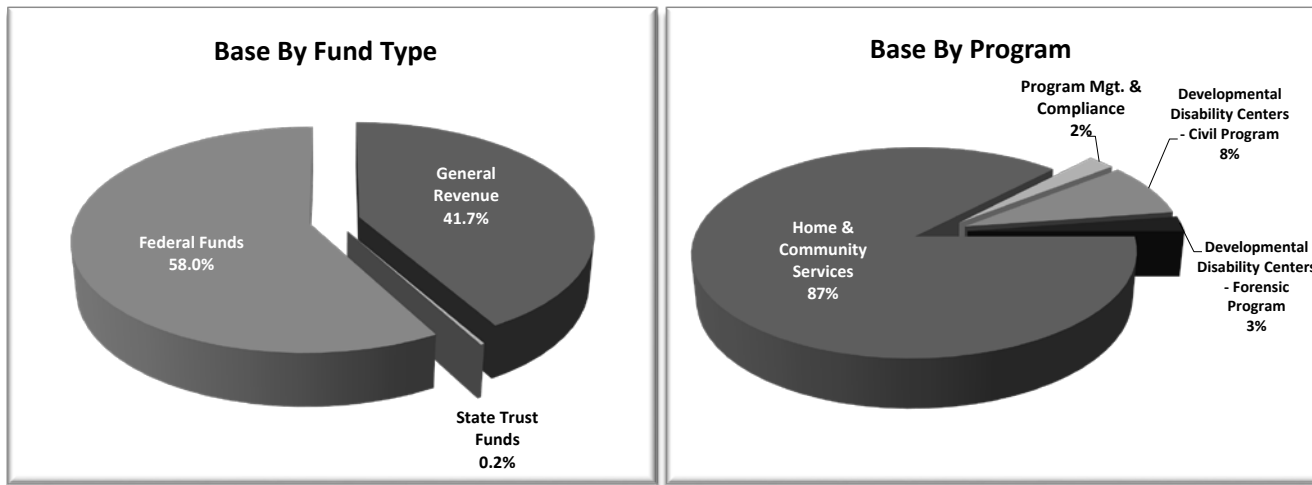


**Agency for Persons with Disabilities**  
**Fiscal Year 2016-17 Base Budget Review - Agency Summary**

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

	<b>FTE</b>	<b>Recurring</b>	<b>Nonrecurring</b>	<b>Total</b>
<b>Fiscal Year 2015-16 Appropriations:</b>	2,865.50	1,199,457,057	9,445,002	1,208,902,059

<u>Agency Funding Overview</u>		<u>Base Budget FY 2016-17</u>				
#	Program	FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Home & Community Services	395.00	419,775,625	-	624,495,476	1,044,271,101
2	Program Management & Compliance	165.00	14,743,932	83,684	12,446,811	27,274,427
3	Developmental Disability Centers - Civil Program	1,797.00	37,961,959	2,826,916	58,857,963	99,646,838
4	Developmental Disability Centers - Forensic Program	508.50	28,264,691	-	-	28,264,691
4	<b>Total</b>	<b>2,865.50</b>	<b>500,746,207</b>	<b>2,910,600</b>	<b>695,800,250</b>	<b>1,199,457,057</b>



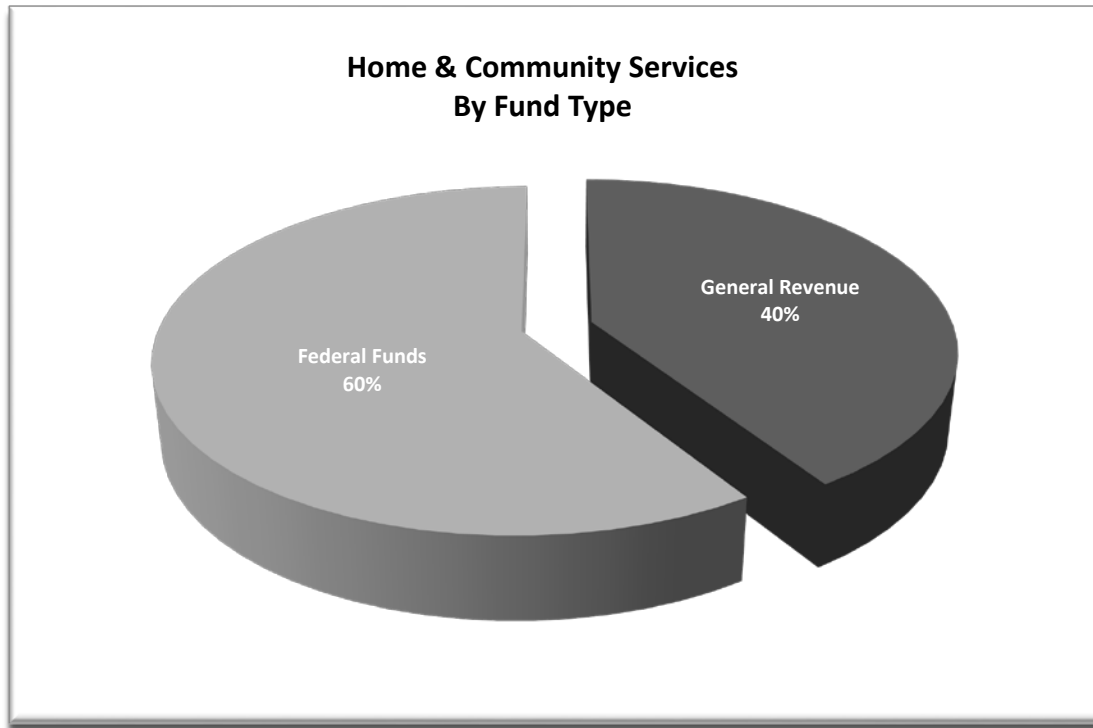
\* Base budget differs from the FY 2015-16 appropriation as the base budget does not include any nonrecurring funds, but does include annualizations and other adjustments.

**Agency for Persons with Disabilities**  
**Home and Community Services**  
**FY 2016-17 Base Budget Summary**

**Program Description**

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

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<b>Home &amp; Community Services</b>	<b>FTE</b>	<b>General Revenue</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1	Long-Term Care	395.00	419,775,625	-	624,495,476	1,044,271,101
2	<b>Program Total</b>	<b>395.00</b>	<b>419,775,625</b>	<b>-</b>	<b>624,495,476</b>	<b>1,044,271,101</b>



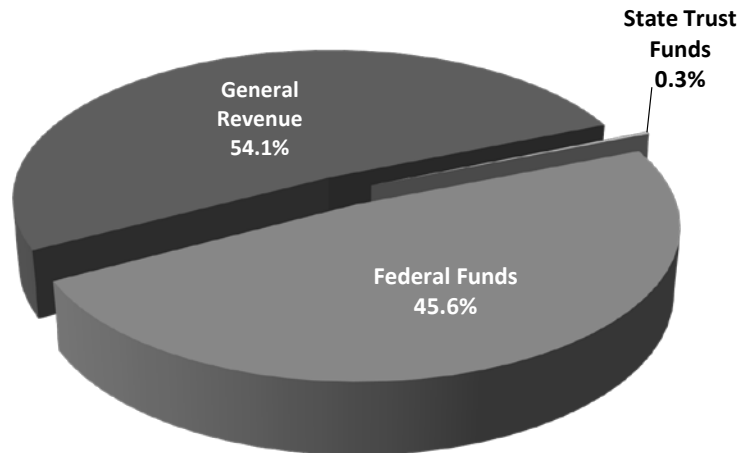
**Agency for Persons with Disabilities**  
**Program Management & Compliance**  
**FY 2016-17 Base Budget Summary**

**Program Description**

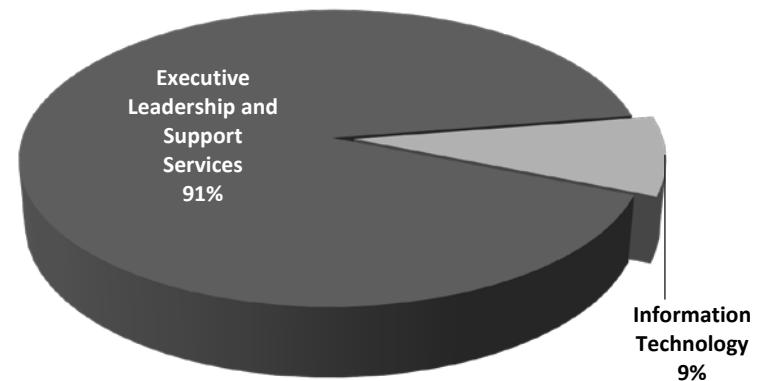
The functions performed within this program provide overall direction, administrative, and operational support to the entire agency.

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<b>Program Management &amp; Compliance</b>	<b>FTE</b>	<b>General Revenue</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1	Executive Leadership and Support Services	141.00	13,281,176	-	11,526,546	24,807,722
2	Information Technology	24.00	1,462,756	83,684	920,265	2,466,705
3	<b>Program Total</b>	<b>165.00</b>	<b>14,743,932</b>	<b>83,684</b>	<b>12,446,811</b>	<b>27,274,427.0</b>

**Program Management & Compliance  
By Fund Type**



**Program Management & Compliance  
By Program Component**



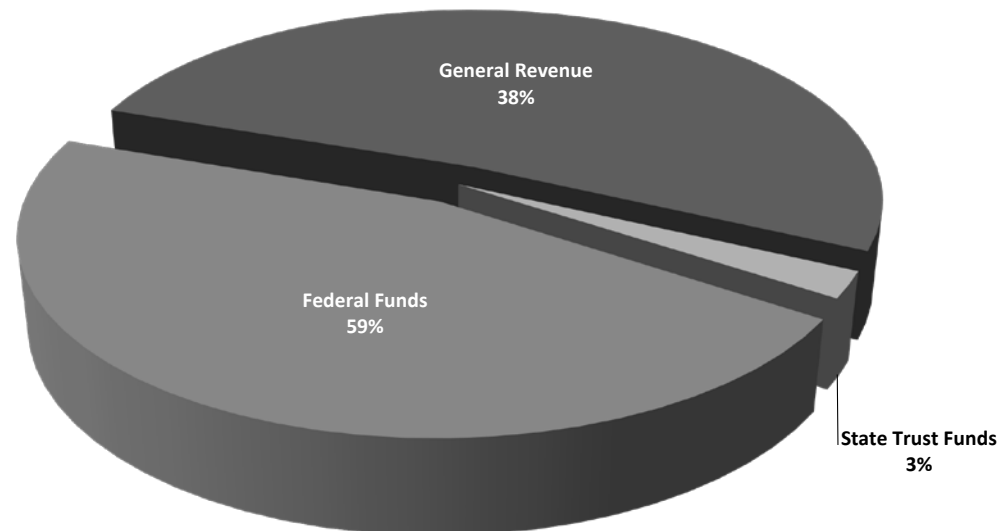
**Agency for Persons with Disabilities**  
**Developmental Disability Centers - Civil Program**  
**FY 2016-17 Base Budget Summary**

**Program Description**

The agency has two regional facilities located in Marianna (Sunland) and Gainesville (Tacachale). These facilities are licensed according to state law and certified in accordance with federal regulations as providers of Medicaid services.

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<b>Developmental Disability Centers - Civil Program</b>	<b>FTE</b>	<b>General Revenue</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1	Civil Program	1,797.00	37,961,959	2,826,916	58,857,963	99,646,838
2	<b>Program Total</b>	<b>1,797.00</b>	<b>37,961,959</b>	<b>2,826,916</b>	<b>58,857,963</b>	<b>99,646,838</b>

**Developmental Disability Centers - Civil By Fund Type**



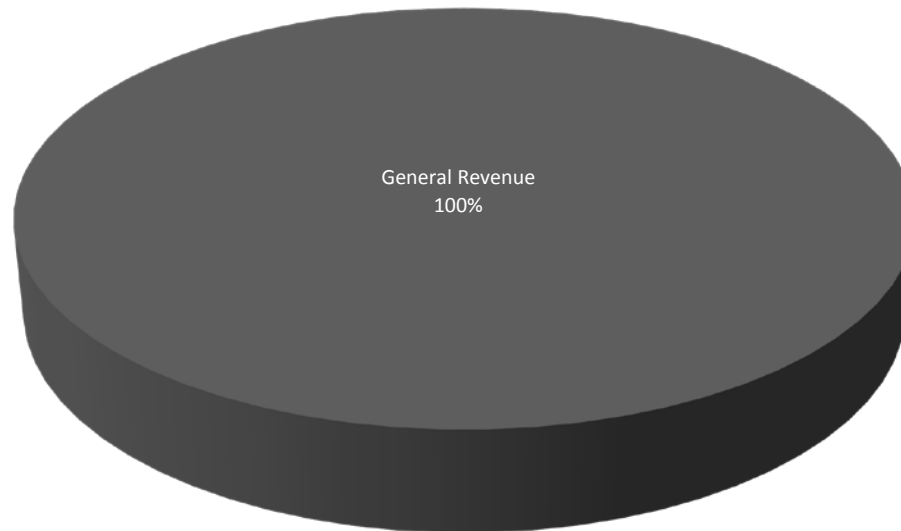
**Agency for Persons with Disabilities**  
**Developmental Disability Centers - Forensic Program**  
**FY 2016-17 Base Budget Summary**

**Program Description**

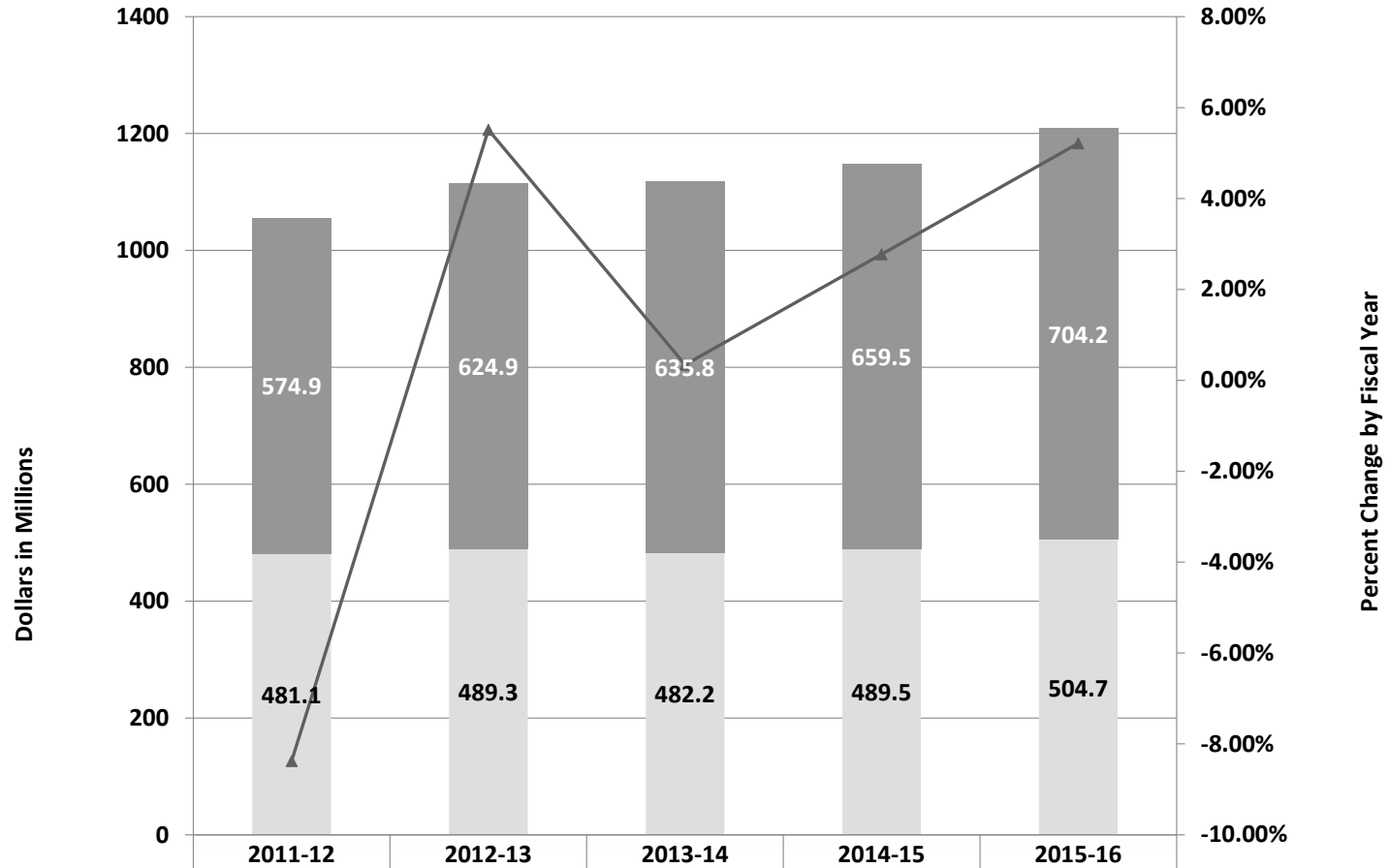
The agency serves individuals accused of crimes who are found to be incompetent to proceed to trial through the Developmental Disabilities Defendant Program (at the Chattahoochee-Florida State Hospital facility).

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<b>Developmental Disability Centers - Forensic Program</b>	<b>FTE</b>	<b>General Revenue</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1	Forensic Program	508.50	28,264,691	0	0	28,264,691
2	<b>Program Total</b>	<b>508.50</b>	<b>28,264,691</b>	<b>0</b>	<b>0</b>	<b>28,264,691</b>

**Developmental Disability Center - Forensic By Fund Type**



## Agency for Persons With Disabilities 5-Year Funding History (in millions)



Trust Fund	574.9	624.9	635.8	659.5	704.2
General Revenue	481.1	489.3	482.2	489.5	504.7
Percent Change from Prior Year	-8.37%	5.51%	0.34%	2.77%	5.21%

## **Agency for Persons with Disabilities Program & Services Descriptions**

### **Program : Services to Persons with Disabilities**

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

#### **1 Budget Entity/Service: Home and Community Services**

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

#### **2 Budget Entity/Service: Program Management and Compliance**

The functions performed in this service involve staff that provide overall direction, administrative and operational support to the entire agency.

#### **3 Budget Entity/Service: Developmental Disability Centers - Civil Program**

The agency has two regional facilities located in Marianna (Sunland) and Gainesville (Tacachale). These facilities are licensed according to state law and certified in accordance with federal regulations as providers of Medicaid services.

#### **4 Budget Entity/Service: Developmental Disability Centers - Forensic Program**

The agency serves individuals accused of crimes who are found to be incompetent to proceed to trial through the Developmental Disabilities Defendant Program (at the Chattahoochee-Florida State Hospital facility).

**Agency for Persons with Disabilities**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

Program	FTE	General Revenue Fund	Trust Funds	Total - All Funds	Explanation
<b>Services to Persons with Disabilities</b>					
<b>Budget Entity: Home &amp; Community Services</b>					
<u>Brief Description of Entity:</u> This service provides for people with developmental disabilities based on their individual support plans. These services may include residential services (e.g., group homes and supported living), day activities, supported employment, personal care, health services, therapies, respite care, therapeutic equipment, transportation, behavior management, and other services to address needs of the individual.					
1 Salaries and Benefits	395.00	12,093,702	9,339,963	21,433,665	Costs associated with salaries and benefits for 395.0 full-time equivalent (FTE) positions.
2 Other Personal Services		1,876,556	2,187,399	4,063,955	Costs associated with services rendered by a person who is not filling an established full-time position.
3 Expenses		1,417,652	1,529,499	2,947,151	Costs associated with usual, ordinary, and incidental operating expenditures.
4 Operating Capital Outlay		9,060	26,334	35,394	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
5 Grants and Aid - Individual & Family Supports		2,580,000	10,106,771	12,686,771	Support to families and individuals such as supported living coaching and stipends, day and therapy training, supported employment, residential and nonresidential habilitation, transportation, respite care, medical and dental services, behavior management, parent education, evaluations, diagnostic testing, adaptive equipment, environmental modifications to residences, and temporary employment services. Only temporary or one-time services are provided to new clients since ongoing services should be provided through the Home and Community-Based Services Waiver.
6 Room & Board Payments		2,839,201	-	2,839,201	Basic group/foster home payments for long-term residential care.
7 Contracted Services		156,387	93,794	250,181	Costs associated with services rendered through contractual arrangements, such as mailing/delivery services and equipment rental.
8 Grants and Aid - Contracted Services		4,692,000	-	4,692,000	Contracted supports and services to individuals with developmental disabilities including autism, intellectual disabilities, Prader-Willi syndrome, Down syndrome, spina bifida, and cerebral palsy, as defined in chapter 393, Florida Statutes. This category may also fund community-based service providers.
9 Home & Community Based Services Waiver		393,639,949	601,153,957	994,793,906	This category provides Medicaid eligible persons with community supports and services through the iBudget system, a service delivery mechanism that creates an individual budgetary plan based upon variables specific to the client's needs. Services may include transportation, adult day training, respite, behavioral therapy, speech therapy, occupational therapy, support coordination, supported employment, residential habilitation, etc. Nursing and dental services are provided to Waiver clients age 21 and older. Those under 21 are covered through the Medicaid State Plan.
10 Risk Management Insurance		384,498	-	384,498	This category provides funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights insurance.
11 Transfer to DMS for Human Resources Services Purchased Statewide Contract		86,620	57,759	144,379	Provides funding for People First human resources contract administered by the Department of Management Services.
<b>TOTAL - Home &amp; Community Services</b>	<b>395.00</b>	<b>419,775,625</b>	<b>624,495,476</b>	<b>1,044,271,101</b>	
<b>Budget Entity: Program Management &amp; Compliance</b>					
<u>Brief Description of Entity:</u> The functions performed in this service involve staff that provide overall direction and administrative support to the area offices pertaining to developmental services and Medicaid waiver programs, as well as statewide coordination and technical assistance relating to clinical services for behavioral analysts and medical case managers.					
12 Salaries and Benefits	165.00	8,130,326	5,665,411	13,795,737	Costs associated with salaries and benefits for 165.00 full-time equivalents (FTE) positions.
13 Other Personal Services		294,527	220,554	515,081	Costs associated with services rendered by a person who is not filling an established full-time position.



**Agency for Persons with Disabilities**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

Program	FTE	General Revenue Fund	Trust Funds	Total - All Funds	Explanation
<b>Services to Persons with Disabilities</b>					
14 Expenses		806,266	1,430,670	2,236,936	Costs associated with usual, ordinary, and incidental operating expenditures.
15 Operating Capital Outlay		23,974	3,800	27,774	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
16 Transfer to Division of Administrative Hearings		145,587	4,040	149,627	Payment to the Division of Administrative Hearings (DOAH) to resolve conflicts between private citizens, organizations, and agencies of the state.
17 Contracted Services		394,688	102,563	497,251	Costs associated with services rendered through contractual arrangements, such as postage, mailing/delivery services, translation services at court hearings, legal and official advertisements, and information technology.
18 Grants and Aid -Contracted Services		1,988,073	684,492	2,672,565	Funds from this category are used to contract for direct services such as speech, occupational and physical therapy, guardianship, psychological services, behavioral evaluations and diagnostic tests, contracted staff training and related travel. General administrative costs are not allowable from this category.
19 Grants and Aid -Contracted Professional Services		3,874	-	3,874	Funds from this category are used to contract for professional services such as speech, occupational and physical therapy. Other services may include: legal services, advocacy support, guardianship, dental care, nursing/medical care, psychological services, behavioral evaluations and diagnostic tests, contracted staff training and related travel.
20 Risk Management Insurance		182,334	-	182,334	This category provides funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights insurance.
21 Home & Community Services Administration		2,670,194	4,101,882	6,772,076	Funding in this category is provided for Home and Community Services administration costs that are associated with services to individuals with developmental disabilities. Services must be directly related to the Developmental Services Program. General administrative costs are not allowable from this category. Examples of services include Consumer Directed Care Plus temporary staff and related expenses, IT contracted staff working on the iBudget system, and district temporary staff managing services for Waiver clients and related expenses.
22 Transfer to DMS for Human Resources Services Statewide Contract		34,378	36,304	70,682	Provides funding for the People First human resources contract administered by the Department of Management Services.
23 Data Processing Services - State Data Center		69,711	280,779	350,490	Captures costs associated with electronic data processing services provided by the Agency for State Technology, which includes systems design, software development, or time-sharing by other governmental units or budget entities.
<b>TOTAL - Program Mgt &amp; Compliance</b>	<b>165.00</b>	<b>14,743,932</b>	<b>12,530,495</b>	<b>27,274,427</b>	
<b>Budget Entity: Developmental Disability Centers - Civil Program</b>					
<u>Brief Description of Entity:</u> Public institutions provide care for individuals at the following locations: Marianna (Sunland) and Gainesville (Tacachale). These facilities are licensed according to state law and certified in accordance with federal regulations as a provider of Medicaid services.					
24 Salaries and Benefits	1,797.00	29,664,116	49,042,399	78,706,515	Costs associated with salaries and benefits for 1,797.00 full-time equivalents (FTE) positions.
25 Other Personal Services		609,649	1,039,556	1,649,205	Costs associated with services rendered by a person who is not filling an established full-time position.
26 Expenses		2,002,916	3,569,448	5,572,364	Costs associated with usual, ordinary, and incidental operating expenditures.
27 Operating Capital Outlay		64,965	99,211	164,176	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.

**Agency for Persons with Disabilities**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

Program	FTE	General Revenue Fund	Trust Funds	Total - All Funds	Explanation
<b>Services to Persons with Disabilities</b>					
28 Food Products		788,707	1,298,912	2,087,619	Food consumed and purchased in state-run facilities that provide housing to individuals. This category is also used to acquire contracted food service in the agency's institutional facilities.
29 Contracted Services		553,118	950,730	1,503,848	Costs associated with services rendered through contractual arrangements. The services include housekeeping, janitorial services, small maintenance and repairs, and some medical services.
30 Grants and Aid -Contracted Professional Services		1,604,279	3,129,964	4,734,243	Includes contracts for professional services such as speech, occupational and physical therapy. Other services may include: legal services, advocacy support, guardianship, dental care, nursing/medical care, psychological services, behavioral evaluations and diagnostic tests, contracted staff training and related travel.
31 Prescribed Medicine/Drugs		338,721	-	338,721	Funds are provided for adults with disabilities and mentally ill persons who are a danger to self or others and in need of various medications. Services include prescriptions, medications and any related lab tests.
32 Risk Management Insurance		2,049,843	2,126,371	4,176,214	This category provides funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights insurance.
34 Transfer to DMS for Human Resources Services Statewide Contract		285,645	428,288	713,933	Provides funding for the People First human resources contract administered by the Department of Management Services.
<b>TOTAL - Developmental Disability Centers - Civil Program</b>	<b>1,797.00</b>	<b>37,961,959</b>	<b>61,684,879</b>	<b>99,646,838</b>	
<b>Budget Entity: Developmental Disability Centers - Forensic Program</b>					
<u>Brief Description of Entity:</u> Public institutions provide care for individuals at the Developmental Disabilities Defendant Program (at the Chattahoochee-Florida State Hospital facility).					
35 Salaries and Benefits	508.50	23,273,579	-	23,273,579	Costs associated with salaries and benefits for 508.50 full-time equivalents (FTE) positions.
36 Other Personal Services		279,845	-	279,845	Costs associated with services rendered by a person who is not filling an established full-time position.
37 Expenses		1,249,744	-	1,249,744	Costs associated with usual, ordinary, and incidental operating expenditures.
38 Operating Capital Outlay		96,844	-	96,844	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
39 Food Products		556,200	-	556,200	Food consumed and purchased in state-run facilities that provide housing to individuals. This category is also used to acquire contracted food service in the agency's institutional facilities.
40 Contracted Services		571,137	-	571,137	Costs associated with services rendered through contractual arrangements. The services include janitorial services and some medical services.
41 Grants and Aid -Contracted Professional Services		350,122	-	350,122	Includes contracts for professional services such as speech, occupational and physical therapy. Other services may include: legal services, advocacy support, guardianship, dental care, nursing/medical care, psychological services, behavioral evaluations and diagnostic tests, contracted staff training and related travel.
42 Prescribed Medicine/Drugs		807,202	-	807,202	Funds are provided for adults with forensic issues that have disabilities or are mentally ill and who are a danger to self or others and in need of various medications. Services include prescriptions, medications and any related lab tests.
43 Risk Management Insurance		917,931	-	917,931	This category provides funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights insurance.
44 Salary Incentive Payments		18,751	-	18,751	Salary incentive payments for continuing education are awarded to security officers who work at Developmental Disabilities Defendant Program, up to a maximum of \$120 per month.

**Agency for Persons with Disabilities**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

Program		FTE	General Revenue Fund	Trust Funds	Total - All Funds	Explanation
<b>Services to Persons with Disabilities</b>						
<b>45</b>	Transfer to DMS for Human Resources Services Statewide Contract		143,336	-	143,336	Provides funding for the People First human resources contract administered by the Department of Management Services.
	<b>TOTAL - Developmental Disability Centers - Forensic Program</b>	<b>508.50</b>	<b>28,264,691</b>	<b>-</b>	<b>28,264,691</b>	
	<b>TOTAL DEPARTMENT</b>	<b>2,865.50</b>	<b>500,746,207</b>	<b>698,710,850</b>	<b>1,199,457,057</b>	

**AGENCY FOR PERSONS WITH DISABILITIES**  
Trust Funds

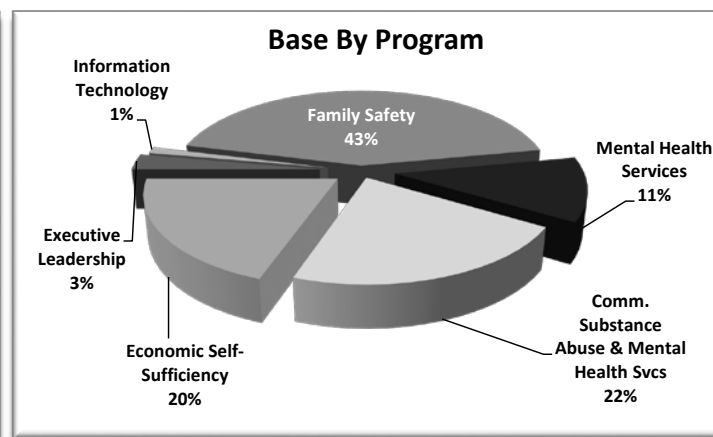
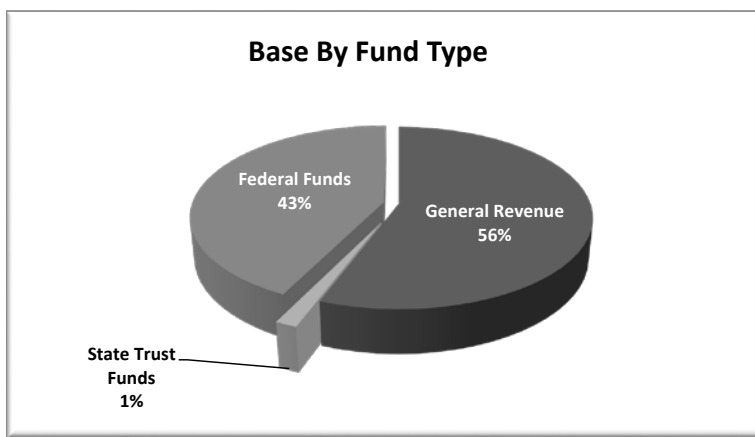
#	Trust Fund	Statutory Authority	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2016-17 Base Budget
1	Operations & Maintenance Trust Fund	ss. 20.1971, 215.32, and 393.15, F.S.	Provides health care and support services to agency clients	Client fees, Medicaid Administration, Medicaid fees for client care and other third party collections	The primary activity supported by these funds is the Medicaid Wavier which provides Home and Community-Based Services to persons with disabilities.	\$ 686,523,283
2	Social Services Block Grant Trust Fund	s. 20.1971, F.S.	Provides health care and support services to agency clients	Federal block grant funds transferred for the Department of Children & Family Services	Provides funding to clients for temporary or one-time services such as therapy, supported employment, transportation, respite care, medical and dental services and temporary employment.	\$ 12,187,567

**Department of Children and Families**  
**Fiscal Year 2016-17 Base Budget Review - Agency Summary**

The mission of the Department of Children and Families is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. Client services are provided through one of the following program areas: Family Safety and Preservation Services, Mental Health Services, Community Substance Abuse and Mental Health, or Economic Self-Sufficiency Services. People with one or more of the following characteristics are served by the department: children in families known to be at risk of abuse or neglect or who have been abused or neglected by their families; child victims of abuse or neglect; children with or at risk of substance abuse problems; children with mental health problems; children incompetent to proceed to the delinquency system; adults with substance abuse problems; adults with mental illness; adults with disabilities and frail elderly at-risk of or victims of abuse, neglect, or exploitation; adults with disabilities who need assistance to remain in the community; adults and their families who need assistance to become economically self-sufficient; victims of domestic violence; and people who are homeless. The Department has established four core competencies that are included in the Long-Range Program Plan; (1) systems integration, (2) vendor relationship management, (3) data analytics, and (4) world class workforce.

	FTE	Recurring	Nonrecurring	Total
Fiscal Year 2015-16 Appropriations:	11,830.50	2,936,051,588	73,286,412	3,009,338,000

Agency Funding Overview		Base Budget FY 2016-17*				
#	Program	FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Executive Direction and Support Services	627.00	50,195,232	4,781,924	26,074,545	81,051,701
2	Information Technology	241.00	15,844,722	139,249	16,948,086	32,932,057
3	Family Safety and Preservation	3,528.00	594,300,337	20,969,889	651,585,422	1,266,855,648
4	Mental Health Services	2,992.50	257,714,636	7,555,931	70,968,688	336,239,255
5	Economic Self-Sufficiency	4,354.00	271,278,129	9,673,829	296,146,191	577,098,149
6	Community Substance Abuse and Mental Health Services	88.00	447,341,358	2,485,496	192,713,780	642,540,634
7	<b>Total</b>	<b>11,830.50</b>	<b>1,636,674,414</b>	<b>45,606,318</b>	<b>1,254,436,712</b>	<b>2,936,717,444</b>



\* Base budget differs from the FY 2015-16 appropriation as the base budget does not include any nonrecurring funds, but does include annualizations and other adjustments.

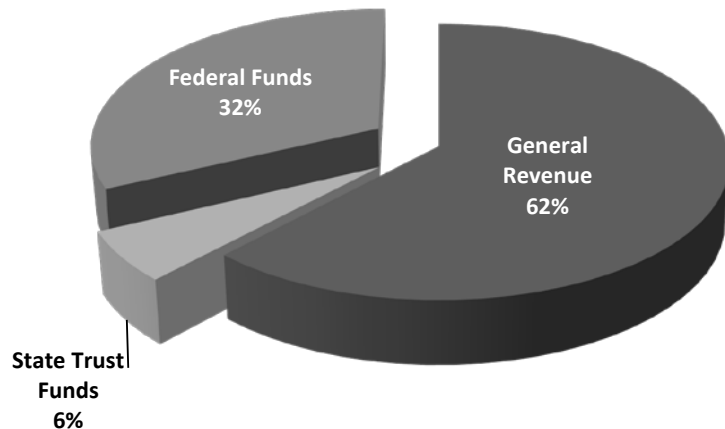
## Executive Leadership & Support Services FY 2016-17 Base Budget Summary

### Program Description

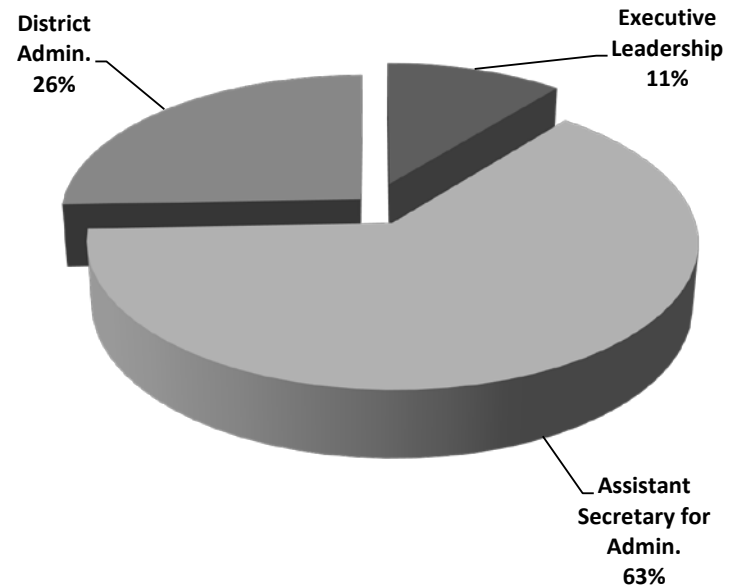
Executive Leadership & Support provides direction and leadership for department employees through the offices of the Secretary, Communications, Legislative Affairs, General Counsel, and the Inspector General. Executive Leadership & Support provides administrative guidance and support to region, facilities, and central office staff in the areas of fiscal, budget, contract management, human resources, data processing services and general services, and ensures statewide compliance and adherence to state and federal regulations.

<u>Program Funding Overview</u>		<u>Base Budget FY 2016-17</u>				
		FTE	General	State Trust	Federal Funds	Total
1	Executive Leadership	100.00	6,863,776	5,386	1,972,455	8,841,617
2	Assistant Secretary for Administration	306.00	31,255,918	4,291,719	15,919,303	51,466,940
3	District Administration	221.00	12,075,538	484,819	8,182,787	20,743,144
4	<b>Program Total</b>	<b>627.00</b>	<b>50,195,232</b>	<b>4,781,924</b>	<b>26,074,545</b>	<b>81,051,701</b>

**Executive Leadership  
By Fund Type**



**Executive Leadership  
By Program Component**



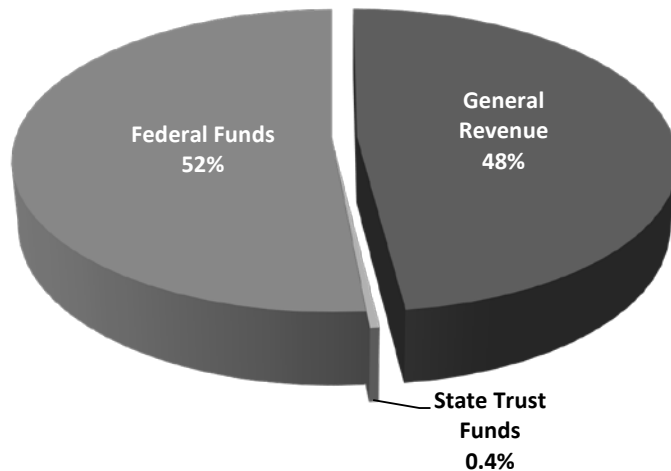
## Information Technology FY 2016-17 Base Budget Summary

### Program Description

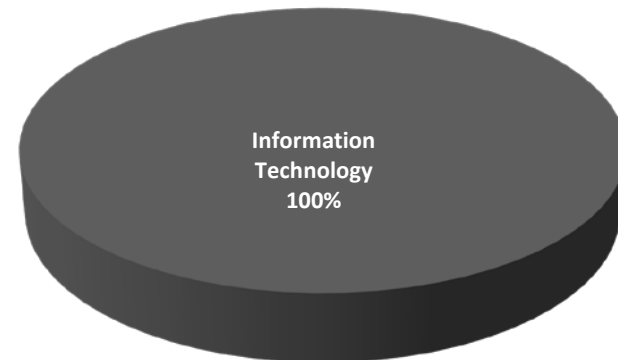
The Office of Information Technology Services (OITS) provides technology services to internal and external customers by developing and maintaining operational and programmatic applications including applications such as the Florida On-Line Recipient Integrated Data Access (FLORIDA) System, State Automated Child Welfare Information System (Florida Safe Families Network), and the Enterprise Client Index. OITS provides a variety of additional technology services including web services, help desk, desktop, file server, electronic and messaging, network administration, as well as supporting the department's technology operations.

<u>Program Funding Overview</u>		<u>Base Budget FY 2016-17</u>				
		FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Information Technology	241.00	15,844,722	139,249	16,948,086	32,932,057
2	Program Total	241.00	15,844,722	139,249	16,948,086	32,932,057

**Information Technology  
By Fund Type**



**Information Technology  
By Program Component**



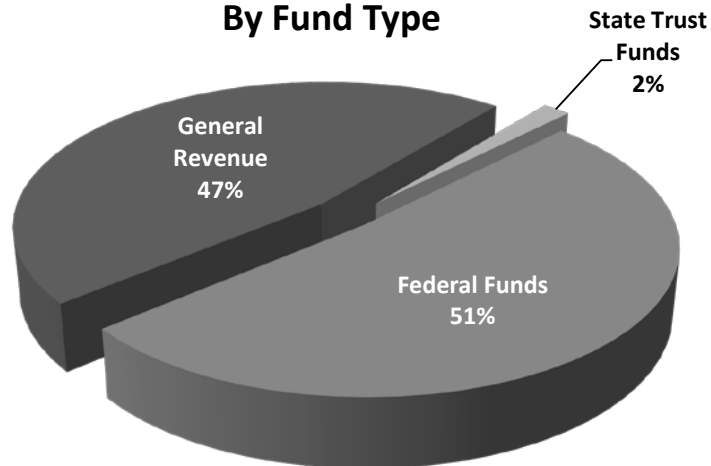
## Family Safety Program FY 2016-17 Base Budget Summary

### Program Description

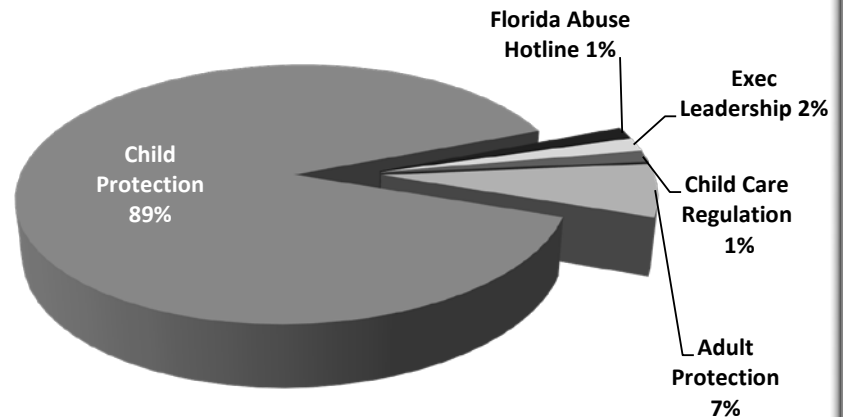
Working with local communities, Family Safety services are provided to children and their families if the children are alleged or known to be at risk of abuse or neglect or are unsafe due to abuse and/or neglect by their caregivers; to individuals under the age of 18 reported as victims of human trafficking; to victims of domestic violence; to frail elderly or disabled adults who are alleged to be abused, neglected or exploited or at risk of becoming abused, neglected, or exploited and need protective services. Child Care Regulation services are provided for children and families to protect the health and welfare of children through a regulatory framework that promotes the quality and stability of the child care industry through the regulation of licensed child care facilities and inspections of family day care homes.

<u>Program Funding Overview</u>		<u>Base Budget FY 2016-17</u>				
		FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Child Care Regulation	123.50	3,362,264	530,696	13,365,576	17,258,536
2	Adult Protection	604.00	39,760,423	7,724,270	35,869,492	83,354,185
3	Child Protection	2,359.50	535,914,329	12,478,065	578,000,932	1,126,393,326
4	Florida Abuse Hotline	281.00	6,156,022	0	11,934,555	18,090,577
5	Executive Leadership & Support Services	160.00	9,107,299	236,858	12,414,867	21,759,024
6	<b>Program Total</b>	<b>3,528.00</b>	<b>594,300,337</b>	<b>20,969,889</b>	<b>651,585,422</b>	<b>1,266,855,648</b>

**Family Safety  
By Fund Type**



**Family Safety  
By Program Component**





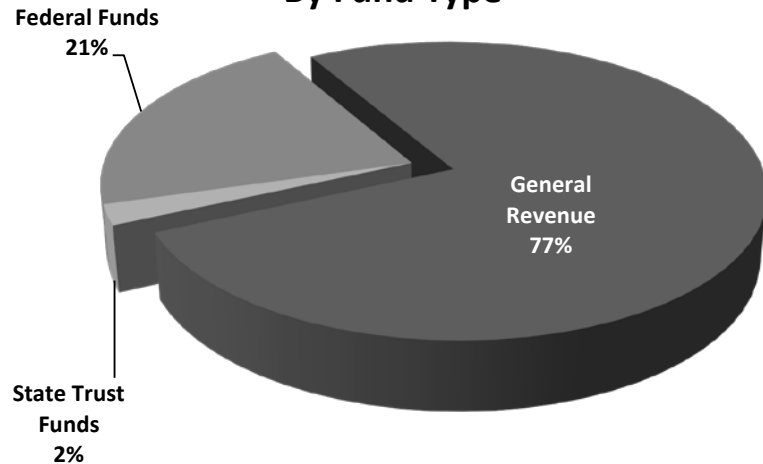
## Mental Health Program FY 2016-17 Base Budget Summary

### Program Description

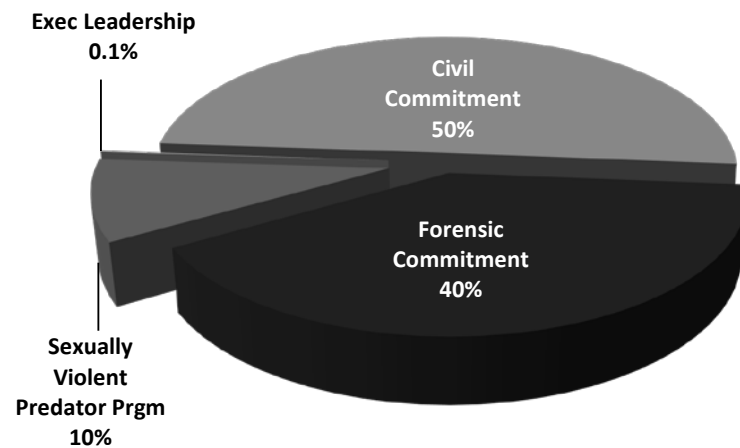
Mental Health Services for adults and children includes both acute and long-term mental health services, as well as oversight of state mental health treatment facilities and the Sexually Violent Predator Program. There are seven mental health treatment facilities – three operated by the state of Florida and four outsourced using contracts managed from the central office and local circuit staff. Three of the facilities provide services for civil commitments, three provide services for forensic commitments and one provides services for both civil and forensic commitments. Forensic commitments are determined by the courts in cases when an individual has been adjudicated incompetent to proceed or not guilty by reason of insanity.

<u>Program Funding Overview</u>		<u>Base Budget FY 2016-17</u>				
		FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Sexually Violent Predator Program	13.00	31,518,966	-	-	31,518,966
2	Executive Leadership & Support Services	5.00	389,945			389,945
3	Civil Commitment Program	1,785.50	90,696,903	6,945,374	70,968,688	168,610,965
4	Forensic Commitment Program	1,189.00	135,108,822	610,557	-	135,719,379
5	<b>Program Total</b>	<b>2,992.50</b>	<b>257,714,636</b>	<b>7,555,931</b>	<b>70,968,688</b>	<b>336,239,255</b>

**Mental Health  
By Fund Type**



**Mental Health  
By Program Component**



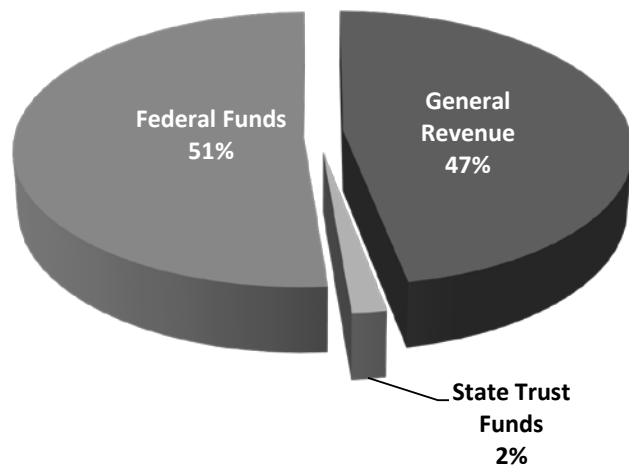
## Economic Self-Sufficiency Program FY 2016-17 Base Budget Summary

### Program Description

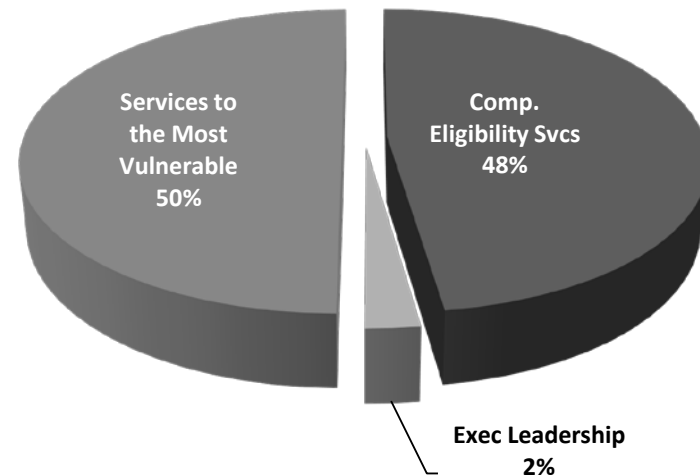
Working with local communities, the Economic Self-Sufficiency (ESS) Program ensures services are provided to promote strong and economically self-sufficient families. ESS determines eligibility for the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), Cash Assistance, and Medicaid. The Office on Homelessness provides needed assistance to local agencies and individuals to assist persons who have become homeless, or are at risk of becoming homeless to restore them to suitable living conditions and self-sufficiency. The Office of Refugee Services provides cash and medical assistance, employment, and social services to eligible refugees. The Office of Public Benefits Integrity safeguards the integrity of public assistance benefits through anti-fraud initiatives and overpayment recoveries.

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
		<b>FTE</b>	<b>General Revenue</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1	Comprehensive Eligibility Services	4,157.00	116,334,352	5,873,462	153,290,912	275,498,726
2	Executive Leadership & Support Services	153.00	6,635,026	367	6,842,898	13,478,291
3	Services to the Most Vulnerable	44.00	148,308,751	3,800,000	136,012,381	288,121,132
4	<b>Program Total</b>	<b>4,354.00</b>	<b>271,278,129</b>	<b>9,673,829</b>	<b>296,146,191</b>	<b>577,098,149</b>

**Economic Self-Sufficiency  
By Fund Type**



**Economic Self-Sufficiency  
By Program Component**



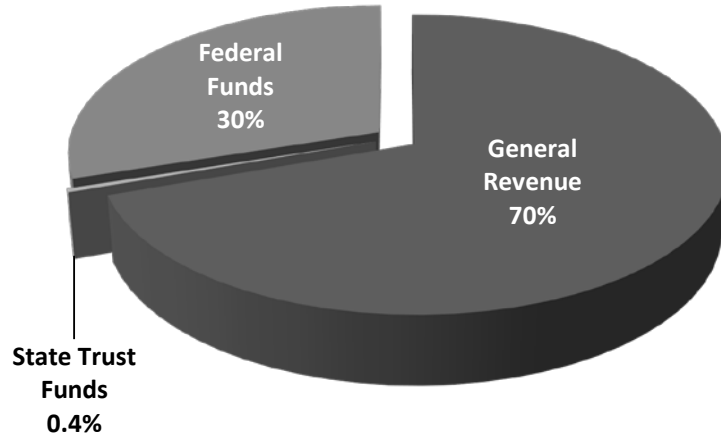
## Community Substance Abuse and Mental Health Services FY 2016-17 Base Budget Summary

### Program Description

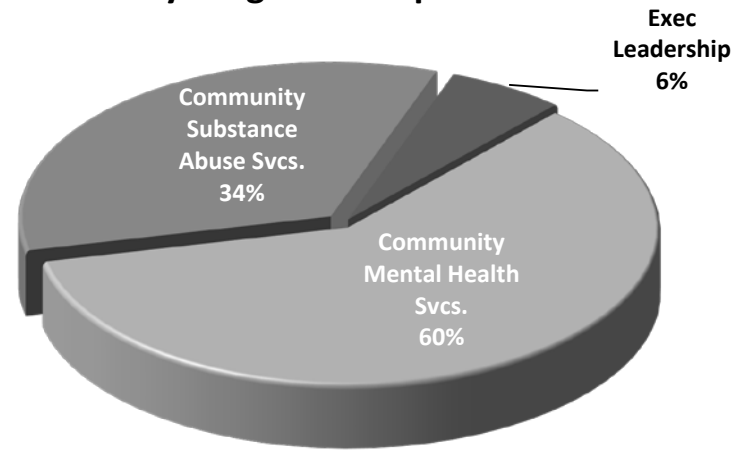
The Community Mental Health and Substance Abuse Services Program is responsible for the oversight and program management of community mental health and substance abuse services, and provides direction for a continuum of community-based prevention. This includes policy and standard of care development, licensure of substance abuse services, designation of receiving facilities, contract development and management, grant administration, data management, training and technical assistance, strategic planning, and developing budgeting issues relative to behavioral health programs. Mental health and substance abuse services provided include, but are not limited to, prevention, assessment, intervention, outpatient, home and community-based supports, recovery supports, case management, intensive community treatment teams, residential, crisis stabilization, detoxification, and aftercare services.

<u>Program Funding Overview</u>		<u>Base Budget FY 2016-17</u>				
		FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Executive Leadership & Support Services	88.00	27,718,955	42,038	11,798,771	39,559,764
2	Community Mental Health Services	-	317,622,249	450,002	65,974,682	384,046,933
3	Community Substance Abuse Services	-	102,000,154	1,993,456	114,940,327	218,933,937
4	<b>Program Total</b>	<b>88.00</b>	<b>447,341,358</b>	<b>2,485,496</b>	<b>192,713,780</b>	<b>642,540,634</b>

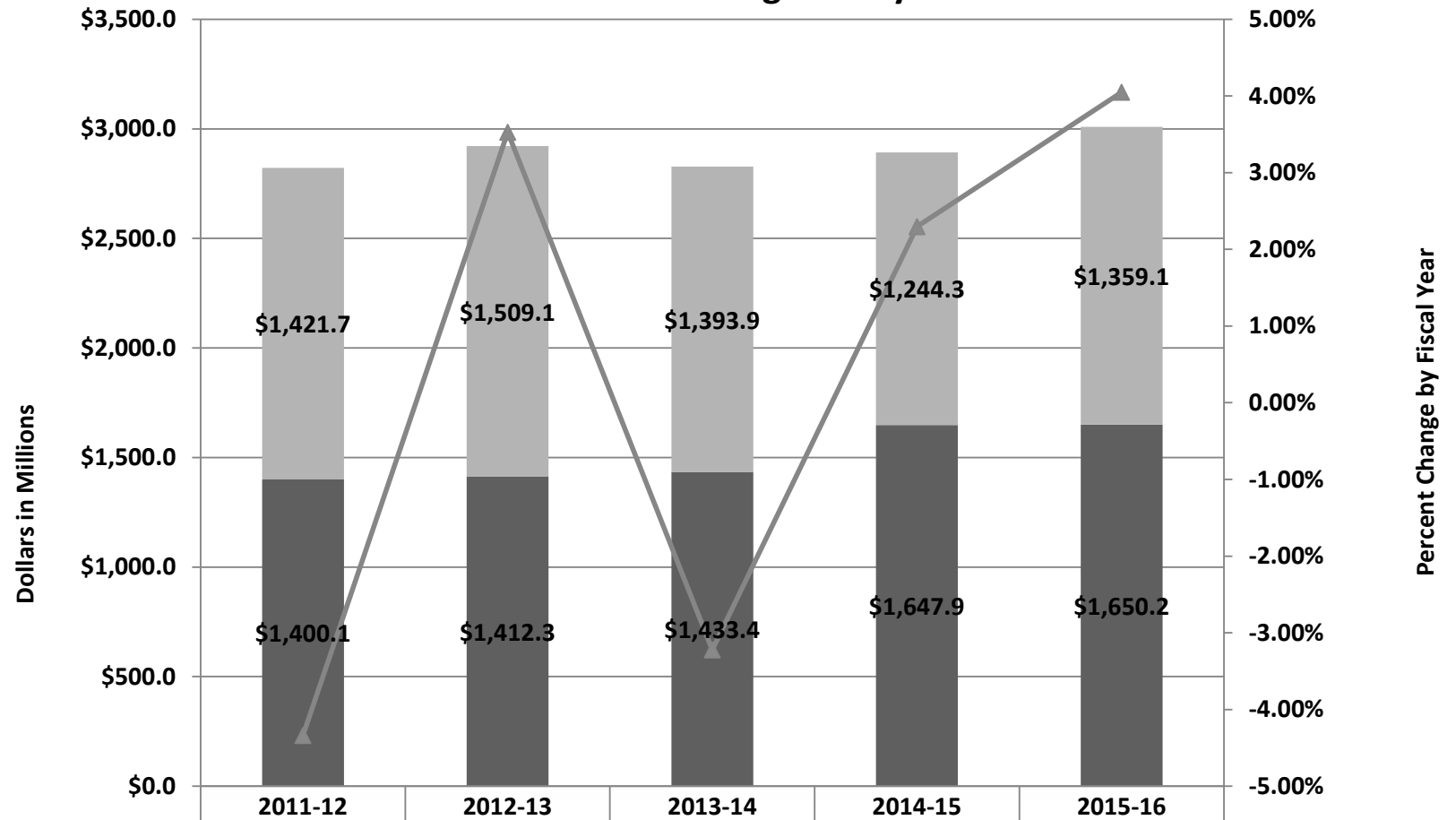
**Community Substance Abuse and  
Mental Health Services  
By Fund Type**



**Community Substance Abuse and  
Mental Health Services  
By Program Component**



## Department of Children and Families 5-Year Funding History



Trust Fund	2011-12	2012-13	2013-14	2014-15	2015-16
	\$1,421.7	\$1,509.1	\$1,393.9	\$1,244.3	\$1,359.1
General Revenue	2011-12	2012-13	2013-14	2014-15	2015-16
	\$1,400.1	\$1,412.3	\$1,433.4	\$1,647.9	\$1,650.2
Percent Change from Prior Year	-4.34%	3.53%	-3.22%	2.30%	4.05%

## Department of Children and Families Programs & Services Descriptions

### **A Program: Executive Leadership & Support**

This program provides departmental policy leadership, planning guidance, performance assessment, evaluation, quality assurance/ quality improvement oversight, service delivery oversight, and other supports to promote effective management practice and quality service delivery.

Executive Leadership encompasses the offices of the Secretary, Communications, Legislative Affairs, General Counsel, and the Inspector General which provide direction and leadership for department functions and staff.

The Assistant Secretary for Administration provides administrative guidance and support to support circuit, region facilities, and headquarters staff in the areas of fiscal, budget, contract management, and general services, and ensures statewide compliance and adherence to state and federal regulations. The demand for this type of service is directly related to the size and complexity of the department's programs.

The Assistant Secretary for Operations provides operational guidance and support at the region and circuit level by implementing administrative, management and operational policies, generating quality assurance/quality improvement reports, and providing the communication linkages to local staff and the community.

### **B Program: Support Services**

The service provides administrative guidance and support to region and central office staff in the area of information technology support and data processing services.

#### **1 Budget Entity/Service: Information Technology**

The Office of Information Technology Services (OITS) provides technology services to internal and external customers by developing and maintaining operational and programmatic applications including applications such as the Florida On-Line Recipient Integrated Data Access (FLORIDA) System, State Automated Child Welfare Information System (Florida Safe Families Network), Enterprise Client Index. OITS provides a variety of additional technology services including web services, help desk, desktop, file server, electronic and messaging, network administration, as well as supporting the department's technology operations.

### **C Program: Family Safety**

Working with local communities, services are provided to children and their families if the children are alleged or known to be at risk of abuse or neglect or are unsafe due to abuse and/or neglect by their caregivers; to individuals under the age of 18 reported as victims of human trafficking; to victims of domestic violence; to frail elderly or disabled adults who are alleged to be abused, neglected, or exploited or at risk of becoming abused, neglected, or exploited and need protective services. Child Care Regulation services are provided for children and families to protect the health and welfare of children through a regulatory framework that promotes the quality and stability of the child care industry through the regulation of licensed child care facilities and inspections of family day care homes.

#### **1 Budget Entity/Service: Family Safety & Preservation**

Child Care Regulation and Information includes the licensure and registration of licensed child care facilities and homes, and training for child care provider staff mandated by law. Minimum standards are established to protect the health, safety, and well-being of the children of the state and to promote their intellectual and emotional development while in care. The Child Care Information System captures demographic data on all licensed and registered homes and facilities in the state, provides public information to assist parents in making informed choices about quality child care and tracks statutorily required training for child care provider staff statewide. The website is used to meet the requirement of the federal 2014 Child Care Development Fund reauthorization that states must make available by electronic means specific results of monitoring and inspection reports, as well as the number of deaths, serious injuries, and instances of substantiated child abuse that occur in child care settings.

## Department of Children and Families Programs & Services Descriptions

Adult Protection—Upon receipt of a report of abuse, neglect, or exploitation of a vulnerable adult, an on-site investigation is initiated to determine if there is an indication of abuse, neglect, or exploitation. The investigation seeks to determine the individual(s) apparently responsible for the abuse, neglect, or exploitation and attend to the long-term risks to the vulnerable adult and determine the protective, treatment, and ameliorative services necessary to safeguard and ensure the vulnerable adult's well-being. The protective investigations also include the immediate provision, or arrangement for the provision of, protective services for vulnerable adults that consent to the services, or court ordered services for those lacking the ability to consent to services. In addition, the Domestic Violence Office provides guidance and contract management services for the provision of statewide services to victims of domestic violence and for services to prevent domestic violence.

Child Protection and Permanency includes investigation of reports of child abuse, neglect, and human trafficking of children, assessment of child safety and risk, prevention services, safety management services, family support services to safe but at risk children, in-home protective services and out-of-home placement services to unsafe child victims of abuse/neglect, treatment services to children and caregivers, well-being services to children, children's legal services, adoption placements and services, and post adoption services and supports. Services may be provided directly by the department or by contract or grant through other entities such as community based care lead agencies, sheriffs' offices, the Attorney General, or state attorney offices.

The Florida Abuse Hotline receives reports of alleged abuse, neglect and abandonment of children by a caregiver, alleged abuse, neglect and exploitation of vulnerable adults, and alleged human trafficking of children for investigation; assesses the information and determines if the report meets the criteria for investigation; completes background searches and assigns to local areas for investigation.

Executive Leadership & Support Services include direction and support from regional, circuit, and headquarters staff for state and contracted direct services staff by developing rules and procedures, establishing performance standards and objectives, developing allocation methodologies, and providing direction on programmatic funding topics, conducting research and data analysis, procuring and managing contracts, and providing technical assistance and monitoring to ensure programs are implemented according to state and federal laws, rules, procedures, and best practices.

### **D Program: Mental Health**

Chapters 394 and 916, F.S., provide direction for the delivery of mental health services for adults and children. These services include both acute and long-term mental health services, as well as oversight of state mental health treatment facilities and the Sexually Violent Predator Program. There are seven mental health treatment facilities—three operated by the state of Florida and four outsourced using contracts managed from the central office and local circuit staff. Three of the facilities serve individuals committed pursuant to the civil statute, chapter 394, F.S., three serve individuals committed pursuant to the forensic statute, chapter 916, F.S. as either incompetent to proceed or not guilty by reason of insanity, and one serves both civil and forensic individuals. All of the facilities serve people with severe and persistent mental illness who need more intensive services than can be provided in the community. These facilities work in partnership with local communities to provide mental health services and supports for adults with severe and persistent mental illness within a highly structured, in-patient residential setting.

#### **1 Budget Entity/Service: Mental Health Services**

The Sexually Violent Predator Program administers the post-incarceration civil commitment of sexually violent predators. The program provides for the review, screening, and evaluation of referrals, recommends commitment or release, and provides secure confinement, care and treatment for persons detained/committed under the Jimmy Ryce Act.

Executive Leadership & Support Services by staff in headquarters and regions are responsible for developing and managing service provision, contracts, licensure and budgetary issues relative to all state mental health programs.

## Department of Children and Families Programs & Services Descriptions

Adult Mental Health Treatment Facilities treat persons committed based upon criteria in chapter 394 or 916, F.S., that have been determined to present substantial risk in the community due to dangerousness to self or others and are provided inpatient services at state treatment facilities. Many have persistent mental illnesses which have typically not responded successfully to community-based treatment. Services include psychiatric assessment and treatment with psychotropic medication, health care services, individual and group therapy, individualized service planning, competency training and assessment, vocational and educational services, addiction services, rehabilitation therapy and enrichment activities.

### **E Program: Economic Self-Sufficiency**

Working with local communities, this program provides services to promote strong and economically self sufficient families. Provides food, cash and Medicaid assistance to those who qualify. Provides needed assistance to local agencies and individuals to assist persons who have become homeless or are at risk of becoming homeless. Provides federally funded benefits to newly arrived eligible refugees. Provides program integrity and anti-fraud initiatives to safeguard assistance efforts.

#### **1 Budget Entity/Service: Economic Self Sufficiency Services**

Services to the Most Vulnerable includes Optional State Supplementation as a general revenue public assistance program that provides payments to supplement the income of indigent elderly and disabled individuals who can no longer live by themselves and who live in non-institutional settings such as assisted living facilities, adult family care homes or mental health residential treatment facilities. The Homelessness Program provides needed assistance to local agencies and individuals to serve both those homeless and those at risk of homelessness to restore them to suitable living conditions and self-sufficiency. The department provides cash and medical assistance, employment and social services to eligible refugee clients. The department provides for the effective resettlement of refugees by assisting them to achieve economic self-sufficiency as quickly as possible.

### **F Program: Community Services**

Chapters 394 and 397, F.S., govern the provision of substance abuse and mental health services, and provides direction for a continuum of community-based prevention, intervention, case management, treatment services, and detoxification. The program office is also responsible for oversight of the licensure and regulation process of the community-based provider system. Staff at the local level are responsible for licensing public and private substance abuse service providers and designating public and private receiving facilities.

#### **1 Budget Entity/Service: Community Mental Health and Substance Abuse Services**

Executive Leadership & Support Services staff in headquarters and regions responsible for the oversight and program management of community mental health and substance abuse services, and provides direction for a continuum of community-based prevention. This includes policy and standard of care development, licensure of substance abuse services, designation of receiving facilities, contract development and management, grant administration, data management, training and technical assistance, strategic planning, and developing budgeting issues relative to behavioral health programs. Contract funds at headquarters are used for statewide research, evaluations, and training initiatives.

Community Substance Abuse Services employs an array of assessment, detoxification, prevention, treatment, recovery support, and aftercare services provided to children and adults who are either at-risk of developing substance abuse problems or have been identified as having substance abuse problems.

Community Mental Health Services are provided to adults with serious mental illnesses, mental health problems, or forensic involvement, and children 0 - 17 years of age who have an emotional disturbance, or are experiencing an acute mental or emotional crisis. The services that are provided include but are not limited to assessments, crisis stabilization, residential services, case management, outpatient services, home and community supports, services for infants, family therapy and support, respite, and intensive community treatment teams.

**Department of Children and Families**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
<b>1</b>	<b>EXECUTIVE LEADERSHIP</b>	<b>627.00</b>	<b>50,195,232</b>	<b>30,856,469</b>	<b>81,051,701</b>	
<b>2</b>	<u>Brief Description of Entity:</u> This program provides direction and leadership for department employees through the offices of Communications, Legislative Affairs, General Counsel, and the Inspector General. The Assistant Secretary for Administration provides support for program operations and encompasses functions related to administrative guidance and oversight; supports regions, facilities, and headquarters staff in the areas of fiscal, budget, contract management, monitoring, and administration, and fiscal assets; and ensures statewide compliance and adherence to state and federal regulations. The demand for this type of service is directly related to the size and complexity of the department's programs. District Administration provides administrative support for region and circuit operations and provides executive leadership at the region and circuit level by implementing administrative, management and operational policies, generating information systems reports, and providing the communication linkages to local staff and the community.					
<b>3</b>	Salaries & Benefits	627.00	29,666,411	16,174,334	45,840,745	Costs associated with salaries and benefits for 627.00 full-time equivalent (FTE) positions.
<b>4</b>	Other Personal Services		321,585	95,157	416,742	Services rendered by a person who is not filling an established position.
<b>5</b>	Expenses		4,189,140	1,141,408	5,330,548	Usual, ordinary, and incidental operating expenditures.
<b>6</b>	Operating Capital Outlay		27,616	106,950	134,566	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
<b>7</b>	Acquisition/Motor Vehicles		-	20,000	20,000	Funds for the acquisition of motor vehicles.
<b>8</b>	Transfer to Division of Administrative Hearings		396,780	-	396,780	Payment to the Division of Administrative Hearings (DOAH) to resolve conflicts between private citizens and organizations and agencies of the state.
<b>9</b>	Contracted Services		912,215	733,497	1,645,712	Costs associated with services rendered through contractual arrangements such as mail/delivery services, legal and official advertisements, office custodial services, and information technology.
<b>10</b>	Risk Management Insurance		815,062	103,432	918,494	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.
<b>11</b>	State Institutional Claims		40,498	-	40,498	Institutional claims are submitted to DCF from the Department of Legal Affairs for the reimbursement of medical expenses or damaged property caused by foster children or institutionalized individuals.
<b>12</b>	Tenant Broker Commissions		-	132,912	132,912	Tenant Brokers provide assistance to agencies in developing more efficient space standards, identifying space consolidation opportunities and improving the state's lease negotiations process. Section 255.25(3)(h)5, F.S, provides that tenant brokers may not receive compensation directly from a lessor; rather, it is remitted to the user agency then appropriated through this category.



**Department of Children and Families**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
13	Deferred-Payment Commodity Contracts		6,520	2,272	8,792	Any of the various supplies, materials, goods, merchandise, food, equipment, information technology, and other personal property contracts that require deferred payments and the payment of interest.
14	Lease or Lease-Purchase of Equipment		157,174	59,164	216,338	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
15	Transfer to DMS - Human Resources Services Purchased Per Statewide Contract		3,373,309	564,566	3,937,875	Provides funding for the People First Human Resources contract administered by the Department of Management Services.
16	Data Processing Services - Agency for State Technology		10,288,922	10,409,541	20,698,463	This funding supports the department's technology data applications and storage provided by the state's shared resource centers.
17	Northwood Shared Resource Center (NSRC) - Depreciation		-	363,236	363,236	This funding is used to refresh computer servers.
18	Relief/Garcia-Bengochea		-	950,000	950,000	The appropriation in this category was established in Senate Bill 58 (Ch. 2009-244, L.O.F.) to pay the Garcia-Bengochea legal claim. The law requires the agency to make a claims payment of \$950,000 from the Federal Grants Trust Fund each year for FY 2009-10 through FY 2018-19.
19	Relief/Marissa Amora			-	-	The appropriation in this category was established in Ch. 2008-258, L.O.F., an act that established a legal claim for Marissa Amora. For each fiscal year from FY 2008-09 through FY 2017-18, the Department is required to request a specific appropriation for \$1,700,000 of nonrecurring funds for the relief of Marissa Amora in its annual Legislative Budget Request.
20	<b>TOTAL: Executive Leadership</b>	<b>627.00</b>	<b>50,195,232</b>	<b>30,856,469</b>	<b>81,051,701</b>	
21	<b>SUPPORT SERVICES</b>	<b>241.00</b>	<b>15,844,722</b>	<b>17,087,335</b>	<b>32,932,057</b>	
22	<b>Budget Entity: Information Technology</b>					
23	<b>Brief Description of Entity:</b> The Office of Information Technology Services (OITS) provides technology services to internal and external customers by developing and maintaining operational and programmatic applications including applications such as the Florida On-Line Recipient Integrated Data Access (FLORIDA) System, State Automated Child Welfare Information System (Florida Safe Families Network), Enterprise Client Index (ECI). OITS provides a variety of additional technology services including web services, help desk, desktop, file server, electronic messaging, network administration, as well as supporting the department's technology operations.					
24	Salaries and Benefits	241.00	6,162,113	11,445,665	17,607,778	Costs associated with salaries and benefits for 241.00 full-time equivalent (FTE) positions.
25	Other Personal Services		126,105	337,228	463,333	Services rendered by a person who is not filling an established position.
26	Expenses		2,788,587	1,804,260	4,592,847	Usual, ordinary, and incidental operating expenditures.

**Department of Children and Families**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
27	Operating Capital Outlay		40,599	8,299	48,898	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
28	Computer Related Expenses		6,658,499	3,491,430	10,149,929	Provides funding for purchases related to mainframe, mid-range and network support, which includes hardware, software, hardware and software maintenance, data processing supplies, data grade communication, contractual staff support, and travel and training to support changing technology.
29	Risk Management Insurance		49,028	453	49,481	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.
30	Lease or Lease-Purchase of Equipment		19,791		19,791	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
31	<b>TOTAL: Information Technology</b>	<b>241.00</b>	<b>15,844,722</b>	<b>17,087,335</b>	<b>32,932,057</b>	
32	<b>FAMILY SAFETY</b>	<b>3,528.00</b>	<b>594,300,337</b>	<b>672,555,311</b>	<b>1,266,855,648</b>	
33	<b>Budget Entity: Family Safety and Preservation</b>					
34	Brief Description of Entity: Working with local communities, Family Safety services are provided to children and their families if the children are alleged or known to be at risk of abuse or neglect or are unsafe due to abuse and/or neglect by their caregivers; to individuals under the age of 18 reported as victims of human trafficking; to victims of domestic violence; to frail elderly or disabled adults who are alleged to be abused, neglected or exploited or at risk of becoming abused, neglected, or exploited and need protective services. Child Care Regulation services are provided for children and families to protect the health and welfare of children through a regulatory framework that promotes the quality and stability of the child care industry through the regulation of licensed child care facilities and inspections of family day care homes.					
35	Salaries and Benefits	3,528.00	83,277,498	127,394,705	210,672,203	Costs associated with salaries and benefits for 3,528.00 full-time equivalent (FTE) positions.
36	Other Personal Services		3,145,561	6,640,568	9,786,129	Services rendered by a person who is not filling an established position.
37	Expenses		14,376,020	21,689,471	36,065,491	Usual, ordinary, and incidental operating expenditures.
38	Operating Capital Outlay		54,475	62,202	116,677	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.

**Department of Children and Families**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
39	Home Care/Disabled Adults		1,987,544	-	1,987,544	The Home Care for Disabled Adults program provides case management services and a small monthly subsidy to families or caregivers providing in-home care to disabled individuals ages 18 to 59 residing in the family home who would otherwise be placed in a nursing home or institution. The monthly subsidy is \$120 to help defray the cost of housing, food, clothing, incidentals, and medical supports and services not covered by Medicare, Medicaid, or private insurance. One-time reimbursements may also be provided for wheelchair ramps, mobility aids, medical transportation, etc. The program serves 1,100 individuals and has a waiting list of 1,000.
40	G/A-Community Care/Disabled Adults		2,041,955	-	2,041,955	The Community Care for Disabled Adults (CCDA) program assists individuals ages 18 to 59 with a permanent physical or mental disability to live at home with the help of in-home services. Services may include adult day care, transportation, homemaker services, home nursing, and medical services, equipment or supplies. The program serves 260 individuals and has a waiting list of 3,400. Costs per client can vary based on the services provided.
41	Contracted Services		3,689,026	4,333,243	8,022,269	Usual, ordinary, and incidental operating contracted expenditures such as court reporting, translation services, expert witness fees, legal fees, official advertisements, mail/delivery services, temporary staffing, information technology, and contractual purchases of specific, program-related services from specific providers identified in proviso such as consulting services to develop the Child Welfare and Permanency Analytic Modeling and Operational Integration Plan.
42	G/A-Grants to Sheriffs for Protective Investigations		36,830,066	18,982,340	55,812,406	This category provides grants to the sheriffs of Hillsborough, Manatee, Pasco, Pinellas, Broward, and Seminole Counties for the performance of child protective investigations as mandated in section 39.3065, F.S.

**Department of Children and Families**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
43	G/A-Domestic Violence Program		11,964,596	28,088,139	40,052,735	The Domestic Violence Program certifies and funds Florida's domestic violence centers, which provide emergency shelter, hotline services, counseling, child assessments, case management, information and referral, community education and professional training. In addition, the program manages other state and federal funds for the development and implementation of policy, training, and technical assistance for the public purpose of preventing and responding to domestic violence.
44	G/A-Child Abuse Prevention & Intervention		18,618,126	7,777,637	26,395,763	The activities include prevention/intervention services for the general population and high-risk families through voluntary, community-based services and the Healthy Families program provided through a contract with the Ounce of Prevention.
45	G/A-Child Protection		11,825,539	26,346,204	38,171,743	Funds are to be used to ensure the protection of children in child care through a comprehensive licensing and training program, as well as the provision of information to parents regarding available early education resources in the community, Child Welfare Legal Services, Independent Living policy coordinator, One Church One Child and adoption services contracts. Includes \$800,000 of recurring funding for a pilot program created in Ch. 2014-166, LOF (HB 977) for motor vehicle insurance and driver's education classes for young adults in foster care.
46	Risk Management Insurance		3,557,083		3,557,083	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.
47	Temporary Emergency Shelter Services		435,843	-	435,843	The Temporary Emergency Shelter category is designed to care for aged and/or disabled adults and victims of abuse, neglect or exploitation when it can be documented through the adult protective services investigation process that the victim will suffer, or be in danger of suffering, from abuse, neglect or exploitation unless emergency services are provided. These funds may be used for any emergency services need of a victim as identified by a protective investigator.

**Department of Children and Families**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
48	G/A-Residential Group Care		1,641,215	1,045,794	2,687,009	This category covers the costs for children in non-psychiatric residential group care. Payments are made to providers for the children's food, shelter, medical services not covered by Medicaid, clothing, allowances, and respite while the children are in out of home placements. Non-psychiatric residential group care is a component of the out of home care placements. These placements are intended to provide for the needs of children who cannot function in a regular foster home setting.
49	Special Needs Adoption Incentive		1,000,000	-	1,000,000	Provides funding for state employee adoption incentive benefits pursuant to section 409.1664, F.S.
50	Deferred Payment Commodity Contracts		4,920	7,824	12,744	Any of the various supplies, materials, goods, merchandise, food, equipment, information technology, and other personal property contracts that require deferred payments and the payment of interest.
51	Lease or Lease Purchase of Equipment		345,275	568,801	914,076	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
52	Transfer to DMS - Human Resources Services Purchased per Statewide Contract		43,729	95,448	139,177	Provides funding for the People First Human Resources contract administered by the Department of Management Services.
53	G/A - Community Based Care		399,461,866	429,522,935	828,984,801	Funding for providers of Child Welfare Services for foster care, adoption, and related services including independent living services delivered by the community based care providers (section 409.1671, F.S.). Also includes funding for maintenance adoption subsidy payments, adoption incentive funding for the CBCs, and enhanced services for human trafficking victims.
54	<b>TOTAL: Family Safety &amp; Preservation</b>	<b>3,528.00</b>	<b>594,300,337</b>	<b>672,555,311</b>	<b>1,266,855,648</b>	

**Department of Children and Families**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
55	MENTAL HEALTH	2,992.50	257,714,636	78,524,619	336,239,255	
56	Budget Entity: Mental Health Services					
57	<u>Brief Description of Entity:</u> The Sexually Violent Predator Program administers the post-incarceration civil commitment of sexually violent predators. The program provides for the review, screening, and evaluation of referrals, recommends commitment or release, and provides secure confinement, care and treatment for persons detained/committed under the Jimmy Ryce Act. Program Management and Compliance staff in headquarters and regions are responsible for developing and managing service provision, contracts, licensure and budgetary issues relative to all state mental health programs. There are seven mental health treatment facilities – three operated by the state of Florida and four outsourced using contracts managed from the central office and local circuit staff. Three of the facilities serve individuals committed pursuant to the civil statute, Chapter 394, F.S., three serve individuals committed pursuant to the forensic statute, Chapter 916, F.S. as either incompetent to proceed or not guilty by reason of insanity, and one serves both civil and forensic individuals. All of the facilities work in partnership with local communities to serve people with severe and persistent mental illness who need more intensive services within a highly structured, in-patient setting.					
58	Salaries and Benefits	2,992.50	89,753,795	59,852,228	149,606,023	Costs associated with salaries and benefits for 2,992.50 full-time equivalent (FTE) positions.
59	Other Personal Services		965,805	-	965,805	Services rendered by a person who is not filling an established position.
60	Expenses		11,801,909	1,063,315	12,865,224	Usual, ordinary, and incidental operating expenditures.
61	Operating Capital Outlay		387,630	377,471	765,101	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
62	Food Products		3,386,854	-	3,386,854	Food consumed and purchased in state-run facilities that provide housing to individuals; also used to acquire contracted food service in the agency's institutional facilities.
63	Contracted Services		5,013,799	-	5,013,799	Provides funds for usual and ordinary contracted expenditures such as mail/delivery services, office services, information technology, and contractual purchases of specific, program-related behavioral treatment services not provided through the Managing Entities.
64	G/A-Contracted Services		29,946,562	-	29,946,562	Funds are used to provide secure confinement, care, and mental health treatment services for individuals committed or detained by the courts to the Florida Civil Commitment Center pursuant to the Involuntary Civil Commitment of Sexually Violent Predators Act (Ch. 394, F.S.). Funds in this category are also used for facility lease payments and to contract with Correct Care for the daily operation of this 720-bed facility in Arcadia.
65	G/A-Contracted Professional Services		99,166,280	13,467,628	112,633,908	
66	Prescribed Medicine/Drugs		8,633,889	2,777,953	11,411,842	Funds are used to purchase behavioral-type medications for persons in state mental health facilities.

**Department of Children and Families**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
67	Risk Management Insurance		7,477,579	963,605	8,441,184	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.
68	Salary Incentive Payments		90,969	-	90,969	Funds are used for specialized training and perquisites for security staff. This training is geared to provide certification programs for institution security officers. Criminal Justice incentive pay is for security staff represented by the Florida Police Benevolent Association.
69	Deferred Payment Commodity Contracts		716,733	-	716,733	Any of the various supplies, materials, goods, merchandise, food, equipment, information technology, and other personal property contracts that require deferred payments and the payment of interest.
70	Lease or Lease-Purchase of Equipment		348,888	22,419	371,307	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
71	Transfer to DMS - Human Resources Services Purchased per Statewide Contract		23,944	-	23,944	Provides funding for the People First Human Resources contract administered by the Department of Management Services.
72	<b>TOTAL: Mental Health Services</b>	<b>2,992.50</b>	<b>257,714,636</b>	<b>78,524,619</b>	<b>336,239,255</b>	
73	<b>ECONOMIC SELF-SUFFICIENCY</b>	<b>4,354.00</b>	<b>271,278,129</b>	<b>305,820,020</b>	<b>577,098,149</b>	
74	<b>Budget Entity: Economic Self Sufficiency Services</b>					
75	<b>Brief Description of Entity:</b> Comprehensive Eligibility Services provides eligibility determination for public assistance, including cash, food assistance, and Medicaid. The Office of Public Benefits Integrity maintains a front-end fraud prevention program to detect and prevent waste, fraud, and abuse in public assistance benefits, as well as a benefit recovery claims establishment and recoupment program. Services to the Most Vulnerable include Optional State Supplementation, a general revenue public assistance program which provides payments to supplement the income of indigent elderly and disabled individuals who can no longer live by themselves and who live in non-institutional settings, such as assisted living facilities, adult family care homes or mental health residential treatment facilities. The Homelessness Program provides needed assistance to local agencies and individuals to serve both those homeless and those at risk of homelessness to restore them to suitable living conditions and self-sufficiency. The department provides cash and medical assistance, employment and social services to eligible refugee clients. The department also provides for the effective resettlement of refugees by assisting them to achieve economic self-sufficiency as quickly as possible.					
76	Salaries and Benefits	4,354.00	92,268,345	110,891,789	203,160,134	Costs associated with salaries and benefits for 4,354.00 full-time equivalent (FTE) positions.
77	Other Personal Services		1,441,392	2,746,211	4,187,603	Services rendered by a person who is not filling an established position.
78	Expenses		11,639,692	17,911,393	29,551,085	Usual, ordinary, and incidental operating expenditures.
79	Operating Capital Outlay		2,998	26,068	29,066	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.

**Department of Children and Families**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
80	G/A-Challenge Grants		-	3,800,000	3,800,000	Section 420.622(4), F.S., specifies that Challenge Grants are awarded to lead agencies designated by the State Office of Homelessness which serve as homeless assistance continuums of care. A lead agency may be a local homeless coalition, local government, other public agency or private, nonprofit organization. Challenge grants may not exceed \$500,000 per lead agency.
81	G/A-Federal Emergency Shelter Program		-	6,203,876	6,203,876	This category provides funds to client providers associated with the Homeless Grant-In-Aid Program, Emergency Financial Assistance for Housing (EFAHP) and Federal Emergency Shelter Grant Program. Allowable expenditures under this category include emergency shelter services and activities, homeless prevention services, and short-term assistance for individuals including meals, rent subsidies, employment services, and child care while seeking employment.
82	G/A-Homeless Housing Assistance		2,000,000		2,000,000	Funds are provided for distribution to the state's local homeless coalitions which consist of 28 state-designated local government or private, nonprofit lead agencies responsible for the continuum of care for the homeless in each region of the state. The funds are provided to assist the coalitions with their operating and staff costs. These local homeless coalitions are tasked with leading their community's efforts to serve the homeless population and continue to support local efforts to end homelessness.
83	Contracted Services		15,613,436	20,306,801	35,920,237	Usual, ordinary, and incidental operating contractual expenditures, including the Electronic Benefit Transfer Account Management and the Florida Department of Law Enforcement (FDLE) Public Assistance Fraud contracts.
84	G/A-Contracted Services		576,801	11,875,489	12,452,290	Contracts associated with Automated Community Connection to Economic Self Sufficiency (ACCESS) Florida projects of statewide significance, the Supplemental Nutrition Assistance Program (SNAP) Education Program, and Homeless Coalitions. Services include information technology temporary staffing assistance.



**Department of Children and Families**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
85	G/A-Local Services Program		-	64,742,633	64,742,633	This 100 percent federally-funded program enables the department to contract with private providers, volunteer organizations, and local government agencies to provide services to recently-arrived refugees such as assistance with employment, learning English, acquiring job skills, obtaining child care assistance, and assistance with legal immigration issues.
86	Public Assistance Fraud Contract		-	4,095,626	4,095,626	This category provides for a contract with the FDLE, Division of Public Assistance Fraud. This contract funds investigative services to locate fraudulent public assistance clients for possible litigation.
87	Risk Management Insurance		1,432,669	1,277,030	2,709,699	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.
88	Services to Repatriated Americans		-	40,380	40,380	This category is 100 percent federally-funded and provides temporary assistance for medical needs, relocation, food and shelter of United States citizens or their dependents who have returned from a foreign country because of illness, war, threat of war or similar crisis and who are destitute. Allowable expenditures include medical services, travel and general expenses.
89	Deferred Payment Commodity Contracts		5,935	8,867	14,802	Any of the various supplies, materials, goods, merchandise, food, equipment, information technology, and other personal property contracts that require deferred payments and the payment of interest.
90	Lease or Lease-Purchase of Equipment		424,578	650,341	1,074,919	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
91	Transfer to DMS - Human Resources Services Purchased per Statewide Contract		750	55,998	56,748	Provides funding for the People First Human Resources contract administered by the Department of Management Services.
92	Cash Assistance		129,597,694	31,551,665	161,149,359	This category provides temporary cash assistance to needy families with children that meet technical, income, and asset requirements. The program helps families become self-supporting while allowing children to remain in their homes.
93	Nonrelative Caregiver Program		4,800,000		4,800,000	Funding for compensation to qualified non-relatives who provide homes for dependent children in accordance with Ch. 2014-161, LOF.

**Department of Children and Families**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
94	Optional State Supplementation Program		7,148,920	-	7,148,920	The Optional State Supplementation (OSS) Program is a state funded, cash assistance program for indigent aged, blind, or disabled adults ages 18 to 64 to supplement the cost of a community-based group home living arrangement (Assisted Living Facility, a Mental Health Residential Treatment Facility, or an Adult Family Care Home) as an alternative to an institutional setting. The OSS Room & Board rate maximum is \$745 per month. These funds are paid directly to the individual to subsidize the cost of his room and board (subsidy may be reduced if individual's income is greater). The individual may keep \$54 per month for personal needs, but must pay the remaining OSS funds plus his own income to cover his room and board costs.
95	Personal Care Allowance		4,324,919	28,017	4,352,936	Funding to enable Medicaid-eligible individuals who reside in nursing homes, institutional care facilities, or mental hospitals to retain a monthly allowance of \$105 for their personal care needs such as clothing, a hair cut, or other personal expenses.
96	Financial Assistance Payments - Refugee/Entrant Assistance		-	29,607,836	29,607,836	This category is 100 percent federally funded to provide for direct assistance and social services for legal refugees, asylees, and international victims of human trafficking. The program provided an average of 14,359 refugees per month with cash assistance payments in FY 2014-15. The average monthly cash assistance payment is \$155 per refugee. Payments are provided for the first 8 months from the refugee's date of arrival.
97	<b>TOTAL: Economic Self Sufficiency Services</b>	<b>4,354.00</b>	<b>271,278,129</b>	<b>305,820,020</b>	<b>577,098,149</b>	
98	<b>COMMUNITY SERVICES</b>	<b>88.00</b>	<b>447,341,358</b>	<b>195,199,276</b>	<b>642,540,634</b>	
99	<b>Budget Entity: Community Substance Abuse and Mental Health Services</b>					
100	Brief Description of Entity: The Community Mental Health and Substance Abuse Services Program is responsible for the oversight and program management of community mental health and substance abuse services, and provides direction for a continuum of community-based prevention. Mental health and substance abuse services provided include, but are not limited to, prevention, assessment, intervention, outpatient, home and community-based supports, recovery supports, case management, intensive community treatment teams, residential, crisis stabilization, detoxification, and aftercare services. The department contracts for behavioral health services through regional systems of care called Managing Entities, which allows the department's funding to be tailored to the specific behavioral health needs in the various regions of the state.					
101	Salaries and Benefits	88.00	3,441,427	3,127,124	6,568,551	Costs associated with salaries and benefits for 88.00 full-time equivalent (FTE) positions.
102	Other Personal Services		535,096	1,640,575	2,175,671	Services rendered by a person who is not filling an established position.

**Department of Children and Families**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
103	Expenses		1,049,228	1,044,995	2,094,223	Usual, ordinary, and incidental operating expenditures.
104	G/A-Local Matching Grant		3,000,000	-	3,000,000	Provides funding for the Public Safety, Mental Health, and Substance Abuse Local Matching Grant Program. These matching grants enable communities to develop and/or expand treatment alternatives to stop individuals with mental illnesses from cycling through the criminal justice system.
105	Children's Action Teams		13,500,000	-	13,500,000	Provides funding for 18 Community Action Teams (CATs) located in communities throughout the state to provide comprehensive, team-based treatment and services for children (ages 11 to 21) with serious mental health or co-occurring substance abuse diagnosis and display behavioral factors such as repeated failures of less intensive levels of care, several psychiatric hospitalizations, run-ins with law enforcement, or poor academic performance. A CAT team may include one or two clinicians, psychiatrist, licensed or registered nurse, case manager, therapeutic mentor, and team leader. Each CAT team serves a minimum of 60 children, providing psychiatric care, individual and family therapy, case management, crisis intervention, parenting skills development, therapeutic mentoring, and consultation with school personnel and primary care providers.

**Department of Children and Families**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
106	G/A-Community Mental Health Services		199,591,684	62,880,561	262,472,245	Adults with psychiatric disabilities and persons with forensic issues receive services to help them remain in the community in the least restrictive setting possible. Children with serious emotional disturbances, emotionally disturbed children and children at risk of serious emotional disturbance. Authorized services include assessment, case management, crisis stabilization, crisis support, day/night, drop-in/self-help centers, in-home and on-site services, intensive case management, medical services, outpatient, outreach, residential levels 1 through 4, respite services, sheltered employment, supported employment and supported housing. Additional expenditures arising from the <i>Johnson v. Butterworth</i> lawsuit are allowed, which can only be incurred by the SunCoast and Central Florida regions and Headquarters for the cost of court appointed monitors and their counsel and court-related fees. Provides funding for 31 Florida Assertive Community Treatment (FACT) teams, which are self-contained clinical teams that assume responsibility for providing treatment and services to individuals with serious psychiatric disabilities.
107	G/A-Baker Act Services		72,738,856	-	72,738,856	Adults and children with a psychiatric disability who are a danger to self or others receive acute care services in lieu of incarceration and hospitalization. Services include crisis support, crisis stabilization and inpatient services, as well as the cost of educational and training events and materials necessary for proper implementation of the Baker Act (Part I, Ch. 394, F.S.). Pursuant to section 394.4655, F.S., the court may develop and order an individual with severe and persistent mental illness, acute crisis episodes, or forensic involvement to follow an individually-designed outpatient treatment plan for up to 6 months. Outpatient services avert more restrictive levels of care or long-term inpatient care or incarceration.

**Department of Children and Families**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
108	G/A-Community Substance Abuse Services		99,238,212	116,605,786	215,843,998	This category provides funds for alcohol and drug prevention, intervention and treatment services to adults and children who are involved with, or are at risk of becoming involved with, alcohol or other drugs. Services are generally delivered through community-based substance abuse service providers. Provides funding for Family Intensive Treatment (FIT) teams, which provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse.
109	G/A-Central Receiving Facilities		10,000,000	-	10,000,000	Provides funding for a statewide grant program for centralized receiving facilities designed to provide a single point of entry for multiple behavioral health providers, to conduct assessments, provide case management and related services, including jail diversion programs for individuals with mental health or substance abuse disorders.
110	Contracted Services		4,846,877	2,377,752	7,224,629	Usual, ordinary, and incidental contract costs, including research and consulting fees, information technology, and may include the contractual purchase of specific, program-related substance abuse services not provided through the Managing Entities.
111	G/A-Contracted Services		1,381,378	6,057,243	7,438,621	This category is used for program evaluation, analysis support and guidance of substance abuse services provided to children, adolescents and adults through contracts with community-based substance abuse service providers.

**Department of Children and Families**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
112	G/A-Purchase of Therapeutic Services for Children		8,911,958	-	8,911,958	These services are provided to Medicaid eligible children under age 21 with serious emotional disturbances who are victims of abuse or neglect, and determined by the Department of Children and Families, Office of Child Welfare/Community Based Care or their contracted community based care provider to require out-of-home care. Services are also available to children who have committed acts of juvenile delinquency and are suffering from serious emotional disturbance when they have been adjudicated delinquent and committed to the Department of Juvenile Justice for care in a court-ordered, low-risk residential community commitment setting. Residential treatment services may include Specialized Therapeutic Foster Care (level I and II). Crisis services and comprehensive assessment may also be provided with these funds.
113	G/A-Indigent Psychiatric Medicine Program		6,780,276	-	6,780,276	Funds are used for psychiatric drugs for indigent adults with psychiatric disabilities that are under the care of community-based providers. Expenditures primarily include the purchases of psychiatric and other behavioral drugs in large quantities from pharmaceutical companies by the South Florida State Hospital and the subsequent distribution to community-based service providers for the treatment of eligible clients.
114	G/A-Purchased Residential Treatment Services for Emotionally Disturbed Children/Youth		2,201,779	-	2,201,779	This category provides funding for services rendered to children with mental health needs who are victims of abuse and are in the physical care or custody of the state or at high risk of out-of-home placement. The priority for the use of these funds is to provide wraparound services and supports that are part of the child's mental health treatment plan that are not otherwise available to these children. These funds may also be used to serve the treatment needs of immediate family and household members provided that the services are not available through other sources, and are determined necessary to prevent the out-of-home placement of the child. These funds may be used in non-traditional ways to meet client treatment needs such as outings, clothing, educational materials, etc., when specified in treatment plans.

**Department of Children and Families**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
115	Risk Management Insurance		132,230	130	132,360	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.
116	Deferred Payment Commodity Contracts		-	1,129	1,129	Any of the various supplies, materials, goods, merchandise, food, equipment, information technology, and other personal property contracts that require deferred payments and the payment of interest.
117	Lease or Lease-Purchase of Equipment		36,481	29,753	66,234	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
118	Contracted Services - Substance Abuse and Mental Health Administration		19,951,914	1,432,773	21,384,687	Provides funding for the administration costs of the seven regional managing entities that deliver behavioral health care through local network providers.
119	Transfer to DMS - Human Resources Services Purchased per Statewide Contract		3,962	1,455	5,417	Provides funding for the People First Human Resources contract administered by the Department of Management Services.
120	<b>TOTAL: Community Services</b>	<b>88.00</b>	<b>447,341,358</b>	<b>195,199,276</b>	<b>642,540,634</b>	
121	<b>DEPARTMENT TOTAL</b>	<b>11,830.50</b>	<b>1,636,674,414</b>	<b>1,300,043,030</b>	<b>2,936,717,444</b>	

**Department of Children and Families  
Trust Funds**

#	Trust Fund	Controlling Statutory Authority	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2016-17 Base Budget
1	Administrative Trust Fund	ss. 17.61(3)(d)3, 20.195(1), and 215.32(2)(b)2.c., F.S.	Administrative activities of the department.	Federal grant funds from indirect recoveries.	Executive direction and support services.	\$ 24,230,958
2	Alcohol, Drug Abuse & Mental Health Trust Fund	ss. 20.195(2), F.S.	Providing mental health or substance abuse treatment and support services.	Federal block grants for mental health and substance abuse services.	Mental health & substance abuse services to adults, adolescents and children.	\$ 140,551,974
3	Child Welfare Training Trust Fund	ss. 20.195(3) and 402.40(4)(a), F.S.	Providing a comprehensive system of child welfare training.	Distributions from dissolution of marriages and certification of birth fees and non-criminal traffic infractions fines.	Child welfare training for family safety, sheriffs and community based care provider staff.	\$ 2,829,095
4	Domestic Violence Trust Fund	ss. 20.195(4), and 741.01(2), F.S.	Supporting domestic violence centers.	Distributions from marriage license and dissolution of marriage fees, and monetary assessment or fines on domestic violence injunctions.	Domestic violence centers that provide temporary emergency shelter, information and referral, counseling, and educational services.	\$ 7,742,551
5	Federal Grants Trust Fund	ss. 20.195(5) and 215.32(2)(b)2.d., F.S.	Supporting allowable grant activities funded by restricted program revenues from federal sources.	Various federal grants, including Foster Care, Adoption Assistance, Refugee Assistance, Medicaid, Food Stamps, and Emergency Shelter.	Refugee assistance, child welfare, adult protection, public assistance, mental health & substance abuse services.	\$ 781,952,633
6	Grants & Donations Trust Fund	ss. 20.195(6) and 215.32(2)(b)2.d., F.S.	Supporting allowable local, county or state grant or donor agreement activities funded by restricted contractual revenue from private and public non-federal sources.	Various non-federal grants and donations.	Child welfare services and fixed positions for the administration of substance abuse, mental health, and public assistance programs.	\$ 8,544,896
7	Operations & Maintenance Trust Fund	ss. 20.195(7) and 215.32(2)(b)2.b., F.S.	Providing a depository for client services funded by third-party payers.	Distributions from liquor license fees, day care license fees, client fees, and third party collections.	Child welfare, mental health & substance abuse services.	\$ 20,560,469
8	Social Services Block Grant Trust Fund	ss. 20.195(8) and 215.32, F.S.	Providing health care and support services to department clients.	Federal block grant; transfers from the Temporary Assistance for Needy Families Block Grant.	Child welfare and administrative support for such services.	\$ 84,735,150
9	Welfare Transition Trust Fund	ss. 20.195(10) and 20.506, F.S.	Providing services to individuals eligible for Temporary Assistance for Needy Families (TANF) pursuant to Part A of Title IV of the Social Security Act.	Federal block grant.	Child welfare, community mental health, substance abuse, and public assistance services.	\$ 228,895,304



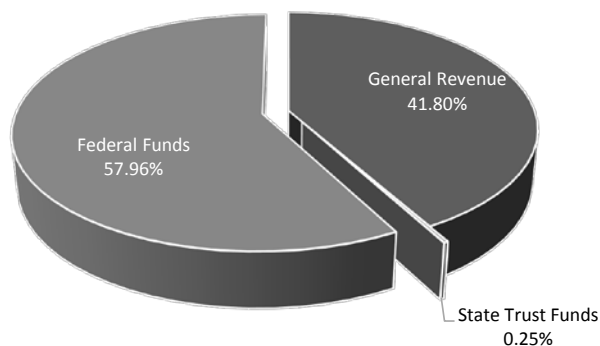
**Department of Elder Affairs**  
**Fiscal Year 2016-17 Base Budget Review - Agency Summary**

The Department of Elder Affairs' (DOEA) mission is to foster an environment that promotes well-being for Florida's elders and enables them to remain in their homes and communities. The Department is responsible for community based programs and services for older Floridians to enhance their quality of life and prevent unnecessary institutionalization. In addition, the department is responsible for developing policy recommendations for long term care, as well as initiatives which include volunteerism and information retrieval and distribution to the elderly. In pursuit of this mission, the Department has established six goals for the next five years. These goals are identified in the Department's Long-Range Program Plan. The goals are to: (1) Enable older people, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health, and long-term and end-of-life care; (2) Provide home and community-based services and access to medical care to enable individuals to maintain a high quality of life for as long as possible, including supports for family caregivers; (3) Empower older people and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status (4) Prevent the abuse, neglect, and exploitation of elders and ensure that their legal rights are protected; (5) Maintain effective and responsive management; and (6) Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population.

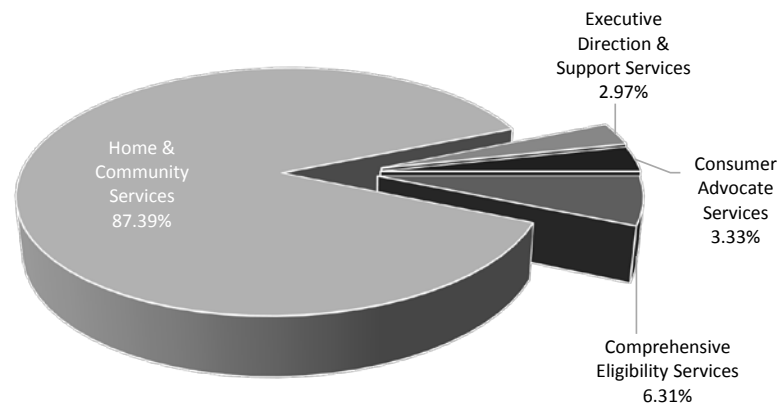
	FTE	Recurring	Nonrecurring	Total
Fiscal Year 2015-16 Appropriations:	433.50	290,406,751	5,400,000	295,806,751

Agency Funding Overview		Base Budget FY 2016-17*				
#	Program/Service	FTE	GR	State Trust Funds	Federal Funds	Total
1	Comprehensive Eligibility Services	272.50	4,493,309	0	13,839,265	18,332,574
2	Home & Community Services	64.50	108,128,159	152,784	145,492,136	253,773,079
3	Executive Direction & Support Services	64.50	2,279,317	0	6,339,460	8,618,777
4	Consumer Advocate Services	32.00	6,477,107	567,614	2,637,600	9,682,321
5	<b>Total</b>	<b>433.50</b>	<b>121,377,892</b>	<b>720,398</b>	<b>168,308,461</b>	<b>290,406,751</b>

Base By Fund Type



Base By Program



\* Base budget differs from the FY 2015-16 appropriation as the base budget does not include any nonrecurring funds but does include annualizations and other adjustments.

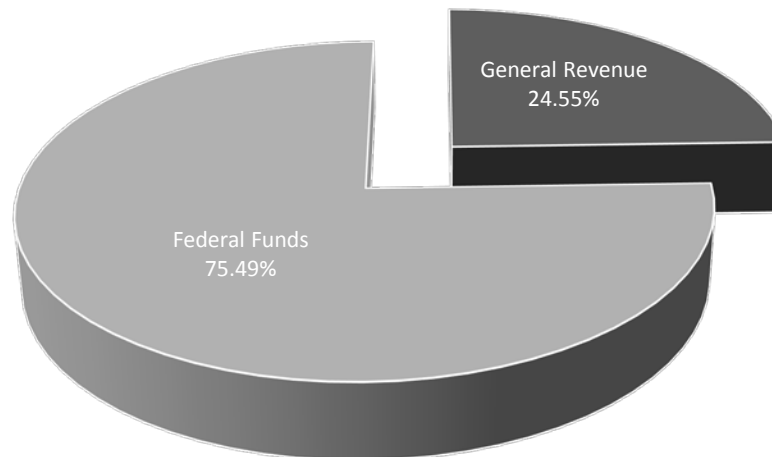
**Department of Elder Affairs**  
**Comprehensive Eligibility Services**  
**FY 2016-17 Base Budget Summary**

**Program Description**

This service is a federally mandated, pre-admission screening to ensure elder and disabled applicants for Medicaid-reimbursed nursing home care are medically appropriate to receive services.

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<b>Comprehensive Eligibility Services</b>	<b>FTE</b>	<b>GR</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1	Comprehensive Eligibility Services	272.50	4,493,309	-	13,839,265	18,332,574
2	<b>Program Total</b>	<b>272.50</b>	<b>4,493,309</b>	<b>-</b>	<b>13,839,265</b>	<b>18,332,574</b>

Comprehensive Eligibility Services  
Budget Entity by Fund Type



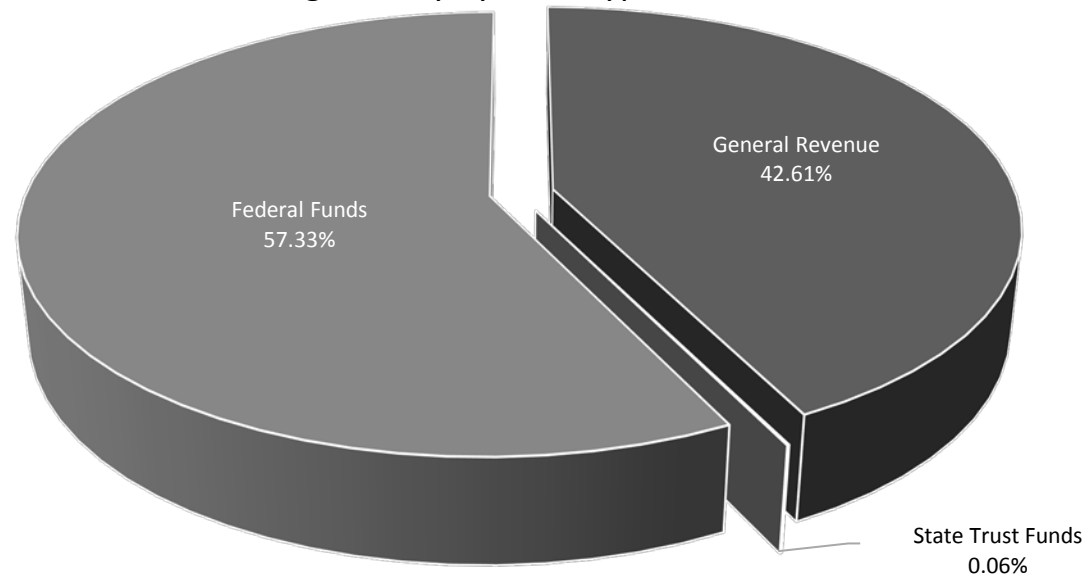
**Department of Elder Affairs**  
**Home and Community Services**  
**FY 2016-17 Base Budget Summary**

**Program Description**

This service allows elders to age in place with dignity and security, prevents or delays pre-mature nursing home placement, and is far more cost effective than institutional care. This service reflects the continuum of care that ranges from positive aging and self-care to community-based care, including congregate meals and in-home care.

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<b>Home &amp; Community Services</b>	<b>FTE</b>	<b>GR</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1	Home & Community Services	64.50	108,128,159	152,784	145,492,136	253,773,079
2	<b>Program Total</b>	<b>64.50</b>	<b>108,128,159</b>	<b>152,784</b>	<b>145,492,136</b>	<b>253,773,079</b>

Home and Community Services  
Budget Entity by Fund Type



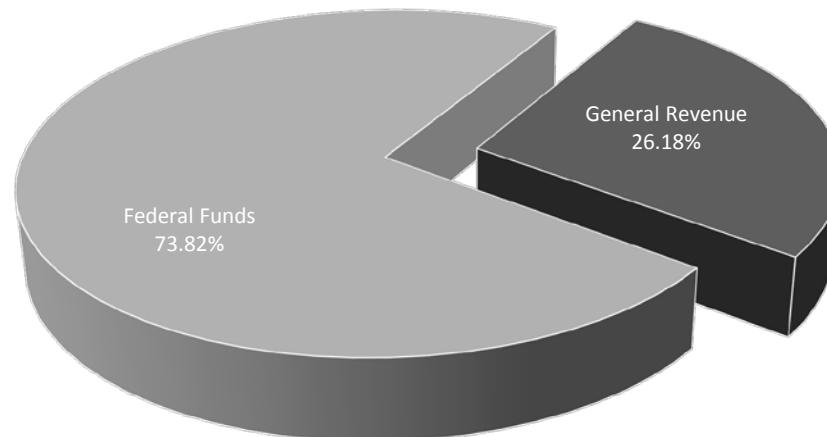
**Department of Elder Affairs**  
**Executive Direction and Support Services**  
**FY 2016-17 Base Budget Summary**

**Program Description**

This service provides accountability, maximizes resources, oversees the proper allocation and use of taxpayer dollars, emphasizes cost containment, and fosters competition and partnerships. This program directs operations within the Department to produce the most cost-effective program for the most frail and vulnerable elders who have the greatest need for services and addresses long-term care issues.

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<b>Executive Direction &amp; Support Services</b>	<b>FTE</b>	<b>GR</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1	Executive Direction & Support Services	64.50	2,279,317	-	6,339,460	8,618,777
2	<b>Program Total</b>	<b>64.50</b>	<b>2,279,317</b>	<b>-</b>	<b>6,339,460</b>	<b>8,618,777</b>

Executive Direction and Support Services  
Budget Entity by Fund Type

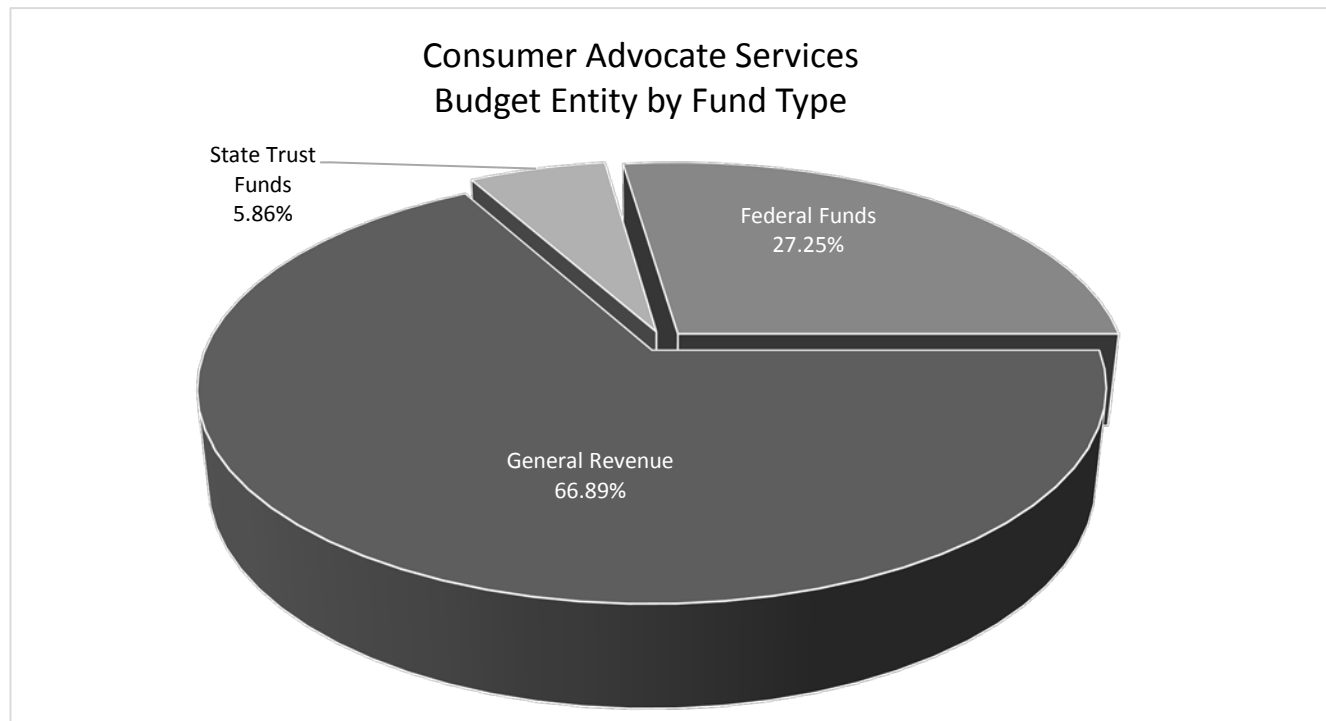


**Department of Elder Affairs**  
**Consumer Advocate Services**  
**FY 2016-17 Base Budget Summary**

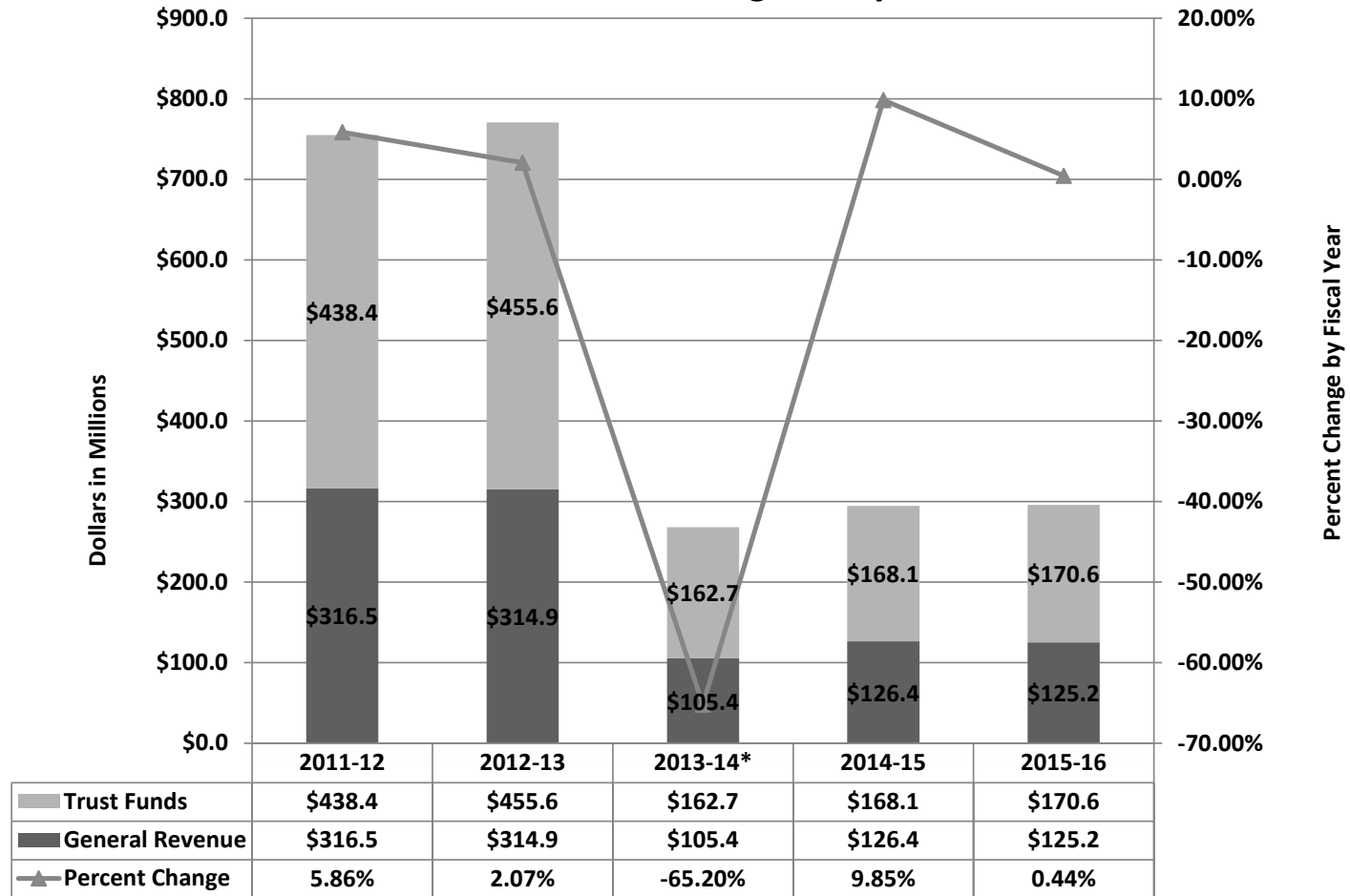
**Program Description**

This service focuses on providing protection and oversight for the most vulnerable elders who are in nursing homes, or those who are incapacitated and require guardianship services but have no private guardian. It ensures the security of vulnerable elders by providing quality assurance functions for elder Floridians to voice concerns and to have those concerns properly addressed. It establishes guardianship plans that protect vulnerable, frail elderly who do not have adequate resources for a private guardian, a family member, or a primary caregiver that is willing to serve in that capacity.

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<b>Consumer Advocate Services</b>	<b>FTE</b>	<b>GR</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1	Consumer Advocate Services	32.00	6,477,107	567,614	2,637,600	9,682,321
2	<b>Program Total</b>	<b>32.00</b>	<b>6,477,107</b>	<b>567,614</b>	<b>2,637,600</b>	<b>9,682,321</b>



## Department of Elder Affairs 5-Year Funding History



\* Fiscal Year 2013-14 decrease is attributable to the transfer of elder-related waiver funding to AHCA

**Department of Elder Affairs**  
**Programs & Services Descriptions**

**A Services to Elders**

**1 Budget Entity/Service: Comprehensive Eligibility Services**

This service is a federally mandated, pre-admission screening to ensure elder and disabled applicants for Medicaid reimbursed nursing home care are medically appropriate to receive services.

**2 Budget Entity/Service: Home and Community Services**

Home and Community Based Services allows elders to age in place with dignity and security, prevents or delays premature nursing home placement and is far more cost effective than institutional care. This service reflects the continuum of care that ranges from positive aging and self-care to community-based care, including congregate meals and in-home care.

**3 Budget Entity/Service: Executive Direction & Support Services**

This service provides accountability, maximizes resources, oversees the proper allocation and use of taxpayer dollars, emphasizes cost containment, and fosters competition and partnerships. This program directs operations within the agency to produce the most cost-effective program for the most frail and vulnerable elders who have the greatest need for services and addresses long-term care issues.

**4 Budget Entity/Service: Consumer Advocate Services**

This service focuses on providing protection and oversight for the most vulnerable elders who are in nursing homes, or those who are incapacitated and require guardianship services but have no private guardian. It ensures the security of vulnerable elders by providing quality assurance functions for elder Floridians to voice concerns and to have those concerns properly addressed. It establishes guardianship plans that protect vulnerable, frail elderly who do not have adequate resources for a private guardian, a family member, or a primary caregiver that is willing to serve in that capacity.

## Department of Elder Affairs

### FY 2016-17 Base-Budget Review Details

	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
	<b>Services to Elders</b>	<b>433.50</b>	<b>121,377,892</b>	<b>169,028,859</b>	<b>290,406,751</b>	
<b>1</b>	<b>Budget Entity: Comprehensive Eligibility Services</b>					
<b>2</b>	Brief Description of Entity: This service is a federally mandated, pre-admission screening to ensure elder and disabled applicants for Medicaid reimbursed nursing home care are medically appropriate to receive services.					
<b>3</b>	Salaries & Benefits	272.50	3,645,640	10,776,299	14,421,939	Costs associated with salaries and benefits for the Department's Comprehensive Eligibility Services 272.5 support staff.
<b>4</b>	Other Personal Services		182,194	970,316	1,152,510	Costs associated with services rendered by a person who is not filling an established full-time position.
<b>5</b>	Expenses		371,607	1,669,679	2,041,286	Costs associated with usual, ordinary, and incidental operating expenditures.
<b>6</b>	Operating Capital Outlay		8,405	34,178	42,583	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
<b>7</b>	Contracted Services		91,999	121,818	213,817	Costs associated with services rendered through contractual arrangements. Services include: Background screenings, mailing Services (FedEx), maintenance services (locksmiths, minor repairs, etc.), and a statewide storage contract for all the CARES field offices.
<b>8</b>	Risk Management Insurance		114,776	106,731	221,507	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.
<b>9</b>	Lease Or Lease-Purchase Equipment		54,828	89,483	144,311	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
<b>10</b>	Transfers to DMS for HR services		23,860	70,761	94,621	Provides funding for the People First Human Resources contract administered by the Department of Management Services.
<b>11</b>	<b>Total - Comprehensive Eligibility Services</b>	<b>272.50</b>	<b>4,493,309</b>	<b>13,839,265</b>	<b>18,332,574</b>	
<b>12</b>	<b>Budget Entity: Home and Community Services</b>					
<b>13</b>	Brief Description of Entity: This service allows elders to age in place with dignity and security, prevents or delays pre-mature nursing home placement and is far more cost effective than institutional care. This service reflects the continuum of care that ranges from positive aging and self-care to community-based care, including congregate meals and in-home care.					
<b>14</b>	Salaries & Benefits	64.50	1,554,475	3,019,828	4,574,303	Costs associated with salaries and benefits for the Department's Home and Community Services 64.5 support staff.
<b>15</b>	Other Personal Services		260,220	1,115,052	1,375,272	Costs associated with services rendered by a person who is not filling an established full-time position.
<b>16</b>	Expenses		403,089	1,541,409	1,944,498	Costs associated with usual , ordinary, and incidental operating expenditures.
<b>17</b>	Operating Capital Outlay		5,905	10,000	15,905	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
<b>18</b>	Aging and Adult Services Training and Education		0	119,493	119,493	Costs associated with education and training for providing adult services. This federal funding goes toward statewide conferences held by the Florida Council on Aging (FCOA) and the Southeastern Association of Area Agencies on Aging for the purpose of providing training & networking between DOEA, the Area Agencies on Aging (AAA), and service providers.



## Department of Elder Affairs

### FY 2016-17 Base-Budget Review Details

	Program		FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
19		G/A - Alzheimer's Disease Initiative		19,878,467	0	19,878,467	This category provides funding for Alzheimer's disease related services. This program provides respite services for caregiver relief; memory disorder clinics; model day care in conjunction with memory disorder clinics to test therapeutic models of care and provide day care services; and brain bank research to study the brains of persons clinically diagnosed with dementia and provide tissue for research after their deaths.
20		G/A - Community Care for the Elderly		60,378,099	2,666,897	63,044,996	This category provides funding for the Community Care for the Elderly (CCE) program which provides community based adult services. Services include: adult day care, adult day health care, case management, case aide, chore, companionship, consumable medical supplies, counseling, escort, emergency alert response, emergency home repair, home-delivered meals, home health aide, homemaker, home nursing, information and referral, legal assistance, material aid, medical therapeutic services, personal care, respite, shopping assistance, transportation, and other community-based services.
21		G/A - Home Energy Assistance		0	5,963,764	5,963,764	This category provides funding to assist low-income households experiencing home energy emergencies. Provides one benefit per season up to \$600 per season. Eligible elders receive vouchers to purchase blankets, portable heaters and fans. Program also helps pay for repairs to existing heating or cooling equipment or for reconnection fees.
22		G/A - Older Americans Act Program		7,812,809	96,743,728	104,556,537	This category provides federal funding for the state's Older Americans Act Program and state resources for local services programs. Funds are allocated by formula across the 11 Area Agencies on Aging to deliver services such as congregate meals, nutrition education, home delivered meals, disease prevention services, health promotion and abuse prevention across the state. Also, includes general revenue funding for local service programs that provide alternatives, such as meals and day care services to elders within their homes to help avoid or delay nursing home placement.
23		Contracted Services		115,400	571,262	686,662	This category provides additional funding to expand long-term care alternatives that enable elders in certain counties to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement. Services include: general contracted services expenditures (background screenings, mailing, construction & repairs, etc.), RELIEF respite program, Senior Legal Helpline, and Interpretation Services.
24		G/A - Contracted Services		2,003,545	9,963,267	11,966,812	This category provides funding for adult services through contracts with the Area Agencies on Aging to provide services within the communities. Services include: RELIEF respite Program, Med-Waiver Specialist, AmeriCorps, Senior Companion, SHINE health insurance counseling, and Adult Care Food Program.
25		Risk Management Insurance		47,785	0	47,785	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.
26		Lease Or Lease-Purchase Equipment		9,639	12,817	22,456	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
27		Transfers to DMS for HR services		8,729	17,245	25,974	Provides funding for the People First Human Resources contract administered by the Department of Management Services.

## Department of Elder Affairs

### FY 2016-17 Base-Budget Review Details

	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
28	Program of All Inclusive Care for the Elderly (PACE)		15,649,997	23,900,158	39,550,155	This category provides the double budget for a program in Department of Elder Affairs that provides a comprehensive array of home and community-based services in lieu of institutional nursing home care. Individuals who choose to enroll in Program of All Inclusive Care for the Elderly (PACE) have both their medical and long-term care needs managed through a single provider. In addition to services covered under Medicaid, the PACE program includes all services covered by Medicare. PACE providers receive both Medicare and Medicaid capitated payments and are responsible for providing the full continuum of medical and long-term care services. PACE also has a unique service delivery system, with many services being delivered through adult day care centers and case management provided by multi-disciplinary teams.
29	<b>Total - Home and Community Services</b>	<b>64.50</b>	<b>108,128,159</b>	<b>145,644,920</b>	<b>253,773,079</b>	
30	<b>Budget Entity: Executive Direction &amp; Support Services</b>					
31	Brief Description of Entity: This service provides departmental policy leadership, planning guidance, performance assessment, evaluation, quality assurance/ quality improvement oversight, service delivery oversight, and other supports to promote effective management practice and quality service delivery.					
32	Salaries & Benefits	64.50	1,795,910	2,999,226	4,795,136	Costs associated with salaries and benefits for the Department's Executive Direction 64.5
33	Other Personal Services		89,463	1,159,496	1,248,959	Costs associated with services rendered by a person who is not filling an established full-time position.
34	Expenses		233,611	1,185,535	1,419,146	Costs associated with usual, ordinary, and incidental operating expenditures.
35	Operating Capital Outlay		0	2,000	2,000	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
36	Contracted Services		5,485	338,689	344,174	Costs associated with services rendered through contractual arrangements. Services include: general contracted services expenditures (background screenings, mailing, maintenance & repairs, etc.), Elder Update newsletter, and HIPAA training.
37	Risk Management Insurance		110,603	77,464	188,067	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.
38	Lease Or Lease-Purchase Equipment		5,022	11,175	16,197	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 HR Services		10,705	16,942	27,647	Provides funding for the People First Human Resources contract administered by the Department of Management Services.
40	Data Processing Services Southwood SRC		28,518	548,933	577,451	Provides funding for IT services administered through the Southwood Shared Resource Center.
41	<b>Total - Executive Direction &amp; Support Services</b>	<b>64.50</b>	<b>2,279,317</b>	<b>6,339,460</b>	<b>8,618,777</b>	

## Department of Elder Affairs

### FY 2016-17 Base-Budget Review Details

	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
<b>42</b>	<b>Budget Entity: Consumer Advocate Services</b>					
<b>43</b>	Brief Description of Entity: This service focuses on providing protection and oversight for the most vulnerable elders -- those who are in nursing homes, or those who are incapacitated and require guardianship services but have no private guardian. It ensures the security of vulnerable elders by providing quality assurance functions for elder Floridians to voice concerns and to have those concerns properly addressed. It establishes guardianship plans that protect vulnerable, frail elderly who do not have adequate resources for a private guardian, a family member, or a primary caregiver that is willing to serve in that capacity.					
<b>44</b>	Salaries & Benefits	32.00	431,023	1,489,508	1,920,531	Costs associated with salaries and benefits for the Department's Consumer Advocate Services 32 support staff.
<b>45</b>	Other Personal Services		0	559,458	559,458	Costs associated with services rendered by a person who is not filling an established full-time position.
<b>46</b>	Expenses		126,361	217,400	343,761	Costs associated with usual, ordinary, and incidental operating expenditures.
<b>47</b>	Public Guardianship Contracted Services		4,937,527	154,816	5,092,343	The purpose of these contracts are to provide public guardianship services to incapacitated persons when no private guardian is available and there are no funds to compensate a professional guardian.
<b>48</b>	Contracted Services		6,760	149,000	155,760	Costs associated with services rendered through contractual arrangements.
<b>49</b>	Risk Management Insurance		48,327	0	48,327	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.
<b>50</b>	Long Term Care Ombudsman Council		872,350	626,020	1,498,370	Provides funding to support general operating expenses for the Long-Term Care Ombudsman program. The Long-Term Care Ombudsman Program (LTCOP) is a statewide, volunteer-based system of local units that act as advocates for residents of long-term care facilities. The LTCOP was established by Title VII of the federal Older Americans Act. This program is administered by 13 district offices that together identify, investigate, and resolve complaints made by, or on behalf of, residents of nursing homes, assisted living facilities, adult family-care homes, and continuing care retirement communities.
<b>51</b>	Lease Or Lease-Purchase Equipment		50,092	0	50,092	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
<b>52</b>	Transfers to DMS for HR services		4,667	9,012	13,679	Provides funding for the People First Human Resources contract administered by the Department of Management Services.
<b>53</b>	<b>Total - Consumer Advocate Services</b>	<b>32.00</b>	<b>6,477,107</b>	<b>3,205,214</b>	<b>9,682,321</b>	
<b>54</b>	<b>PROGRAM TOTAL</b>	<b>433.50</b>	<b>121,377,892</b>	<b>169,028,859</b>	<b>290,406,751</b>	

**DEPARTMENT OF ELDER AFFAIRS**  
**Trust Funds**

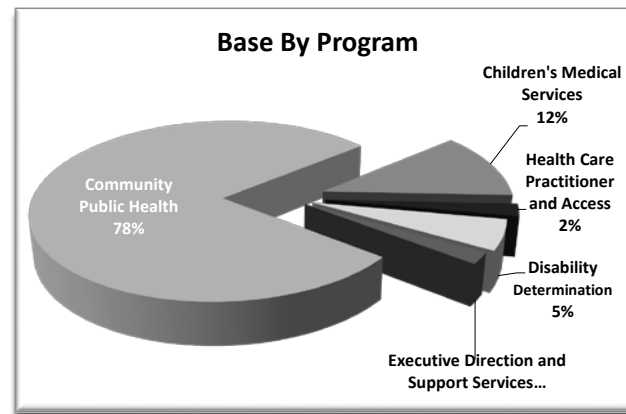
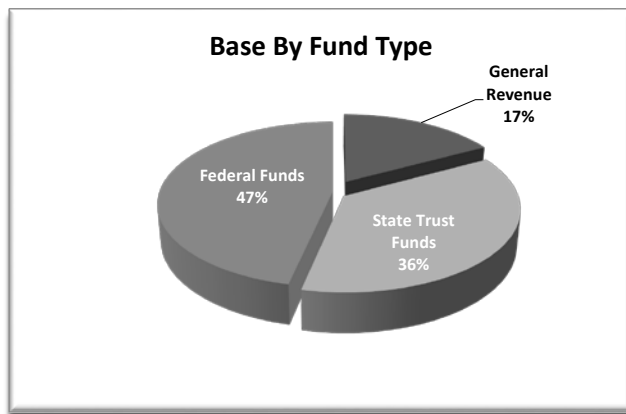
#	Trust Fund	Controlling Statutory Authority	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2016-17 Base Budget
1	Administrative Trust Fund	ss. 20.415(1), 215.32, 744.534, and 744.7021, F.S.	To support management activities that are departmental in nature.	Funds are primarily derived from the abandon property, public guardianship registration fees, assisted living fees, and indirect cost earnings.	Funds oversight of education of adult family care home and assisted living facility providers and the operation of the Statewide Public Guardianship Office.	\$3,476,527
2	Federal Grants Trust Fund	ss. 20.415(3) and 215.32, F.S.	To support allowable grant activities to provide support services to agency clients.	Funds are primarily derived from various Older Americans Act grants, other federal discretionary demonstration and research grants, and other small federal grants.	Funds OAA services, including meals, caregiver support, Long Term Care Ombudsman Council, senior employment, preventive health, other supportive services and administrative operating expenditures; low income energy assistance; elder abuse prevention; senior companion services, USDA adult food grant, senior farmers market grant and health insurance education/counseling (SHINE); Aging and Disability Resource Center operations; disaster assistance.	\$122,548,045
3	Operations & Maintenance Trust Fund	ss. 20.415(5) and 215.32, F.S.	To provide health care and support services to agency clients.	Funds are primarily derived from Title XIX, client fees, and third party collections.	Funds Statewide Comprehensive Assessment and Review for Long-term Care Services (CARES).	\$42,981,587
4	Grants & Donations Trust Fund	s. 20.415(4), F.S.	To provide support services to agency clients.	Funds are primarily derived from public and private grants and donations.	Funds support services to agency clients in accordance with the public and/or private grant award requirement.	\$22,700

**Department of Health**  
**Fiscal Year 2016-17 Base Budget Review - Agency Summary**

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

	<b>FTE</b>	<b>Recurring</b>	<b>Nonrecurring</b>	<b>Total</b>
<b>Fiscal Year 2015-16 Appropriations:</b>	14,358.57	2,764,753,347	56,995,164	2,821,748,511

<u>Agency Funding Overview</u>		<u>Base Budget FY 2016-17</u>				
#	Program	FTE	GR	State Trust Funds	Federal Funds	Total
1	Executive Direction and Support Services	387.50	10,289,889	6,122,057	39,707,160	56,119,106
2	Community Public Health	11,734.07	357,970,575	868,824,949	937,251,482	2,164,047,006
3	Children's Medical Services	614.00	105,527,900	56,103,833	174,538,307	336,170,040
4	Health Care Practitioner and Access	570.00	-	60,085,218	468,874	60,554,092
5	Disability Determinations	1,053.00	908,898	-	146,954,205	147,863,103
<b>6</b>	<b>Total</b>	<b>14,358.57</b>	<b>474,697,262</b>	<b>991,136,057</b>	<b>1,298,920,028</b>	<b>2,764,753,347</b>

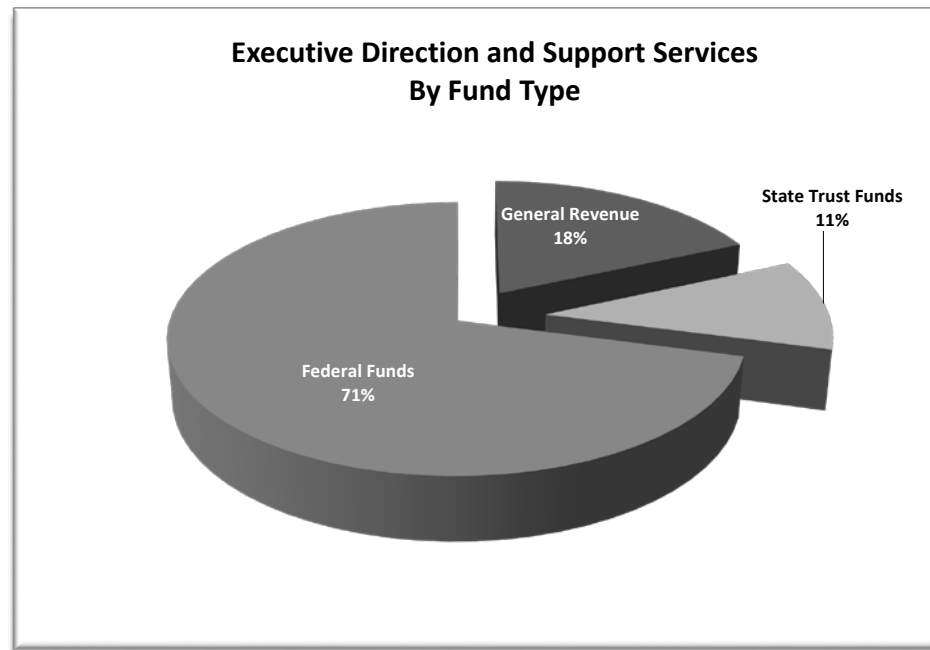


**Department of Health**  
**Executive Direction and Support Services**  
**FY 2016-17 Base Budget Summary**

**Program Description**

Executive Direction and Support provides policy and administrative development and direction, public outreach, supervision of operations, administration of financial functions, and development and support of information technology services and systems. The Office of the State Surgeon General includes the Offices of Chief Operating Officer, General Counsel, Legislative Planning, Communications, Inspector General, Minority Health, and Performance and Quality Improvement. The Deputy Secretary for Administration includes the Office of Budget and Revenue Management. The Division of Administration includes the Bureaus of Finance and Accounting, Human Resource Management, and General Services.

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<b>Executive Direction and Support Services</b>	<b>FTE</b>	<b>GR</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1	Administrative Support	387.50	10,289,889	6,122,057	39,707,160	56,119,106
2	<b>Program Total</b>	<b>387.50</b>	<b>10,289,889</b>	<b>6,122,057</b>	<b>39,707,160</b>	<b>56,119,106</b>



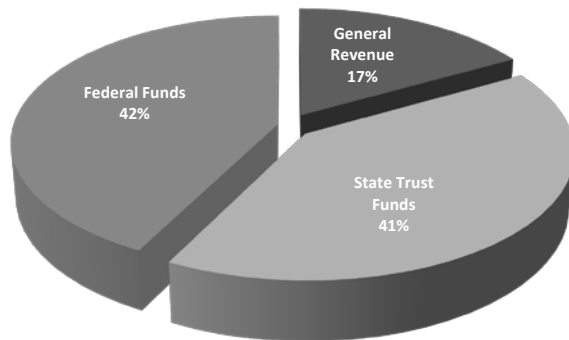
**Department of Health**  
**Community Public Health**  
**FY 2016-17 Base Budget Summary**

**Program Description**

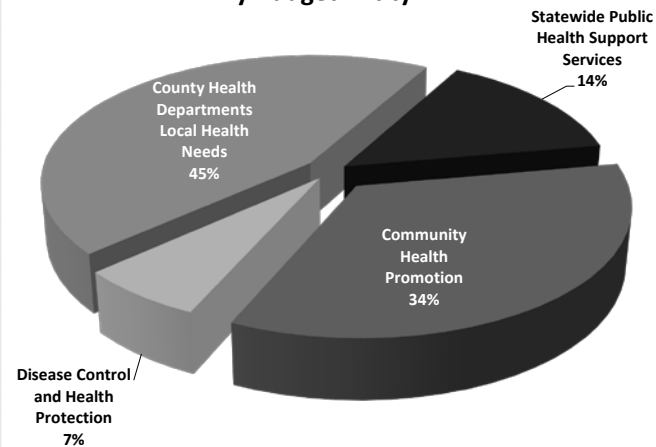
The Community Public Health program provides support for Community Health Promotion, Disease Control and Health Protection, County Health Departments-Local Health Needs and Statewide Public Health Support Services. Community Health Promotion facilitates access to basic family health care services for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

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<b>Community Public Health</b>	<b>FTE</b>	<b>GR</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1	Community Health Promotion	226.50	140,067,428	108,640,744	520,570,081	769,278,253
2	Disease Control and Health Protection	549.50	60,043,290	23,378,522	92,379,688	175,801,500
3	County Health Departments Local Health Needs	10,519.07	120,648,534	664,736,543	157,826,437	943,211,514
4	Statewide Public Health Support Services	439.00	37,211,323	72,069,140	166,475,276	275,755,739
5	<b>Program Total</b>	<b>11,734.07</b>	<b>357,970,575</b>	<b>868,824,949</b>	<b>937,251,482</b>	<b>2,164,047,006</b>

**Community Public Health  
By Fund Type**



**Community Public Health  
By Budget Entity**

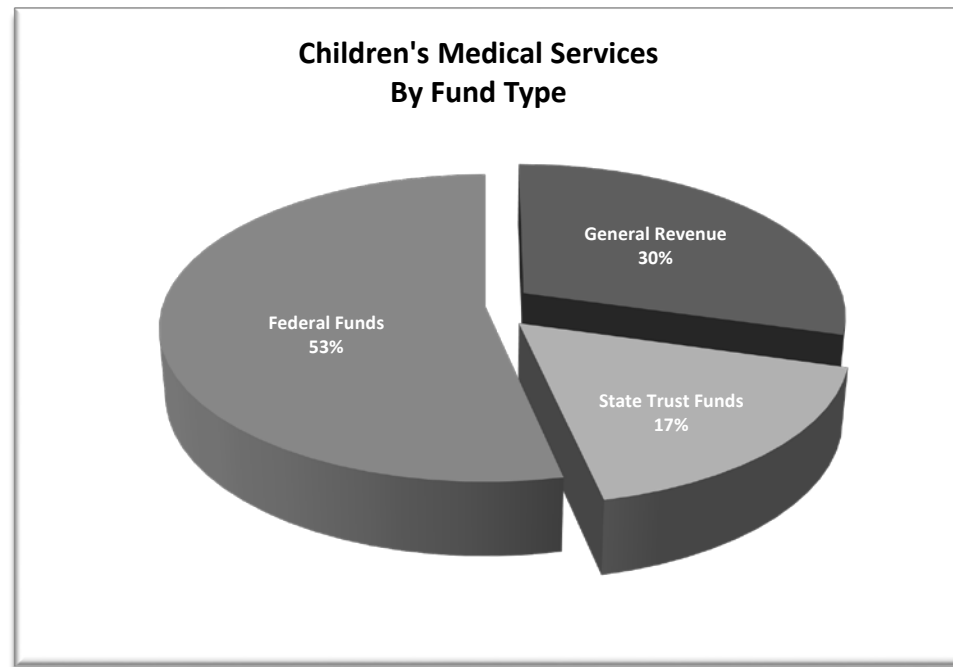


**Department of Health  
Children's Medical Services  
FY 2016-17 Base Budget Summary**

**Program Description**

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

<b>Program Funding Overview</b>		<b>Base Budget FY 2016-17</b>				
	<b>Children's Medical 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	614.00	105,527,900	56,103,833	174,538,307	336,170,040
2	<b>Program Total</b>	<b>614.00</b>	<b>105,527,900</b>	<b>56,103,833</b>	<b>174,538,307</b>	<b>336,170,040</b>



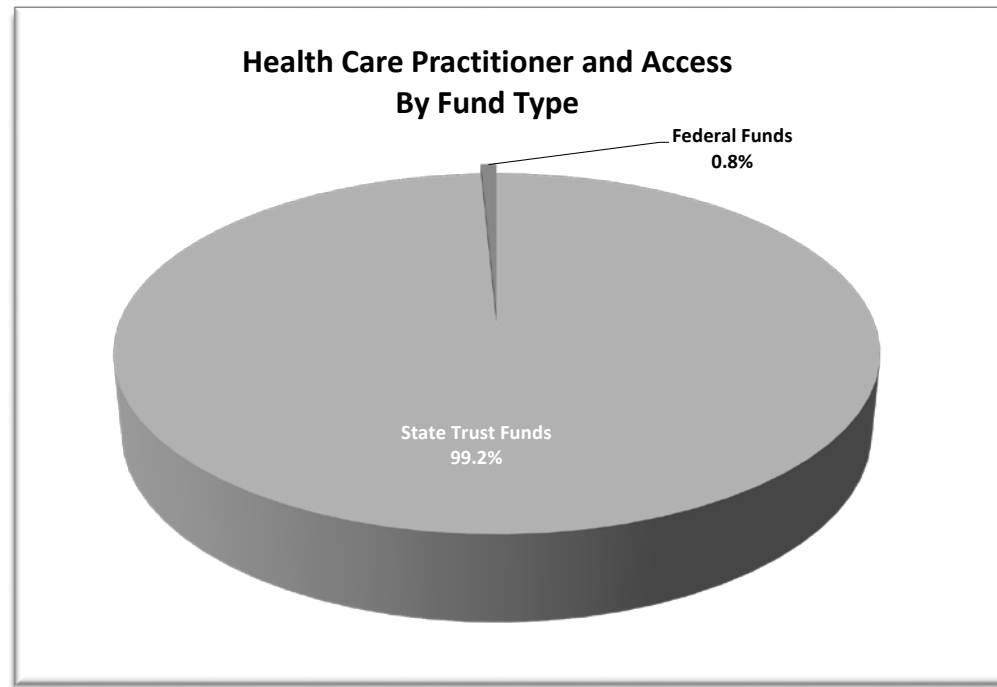


**Department of Health**  
**Health Care Practitioner and Access**  
**FY 2016-17 Base Budget Summary**

**Program Description**

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

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<b>Health Care Practitioner and Access</b>	<b>FTE</b>	<b>GR</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1	Medical Quality Assurance	570.00	-	60,085,218	468,874	60,554,092
2	<b>Program Total</b>	<b>570.00</b>	<b>-</b>	<b>60,085,218</b>	<b>468,874</b>	<b>60,554,092</b>

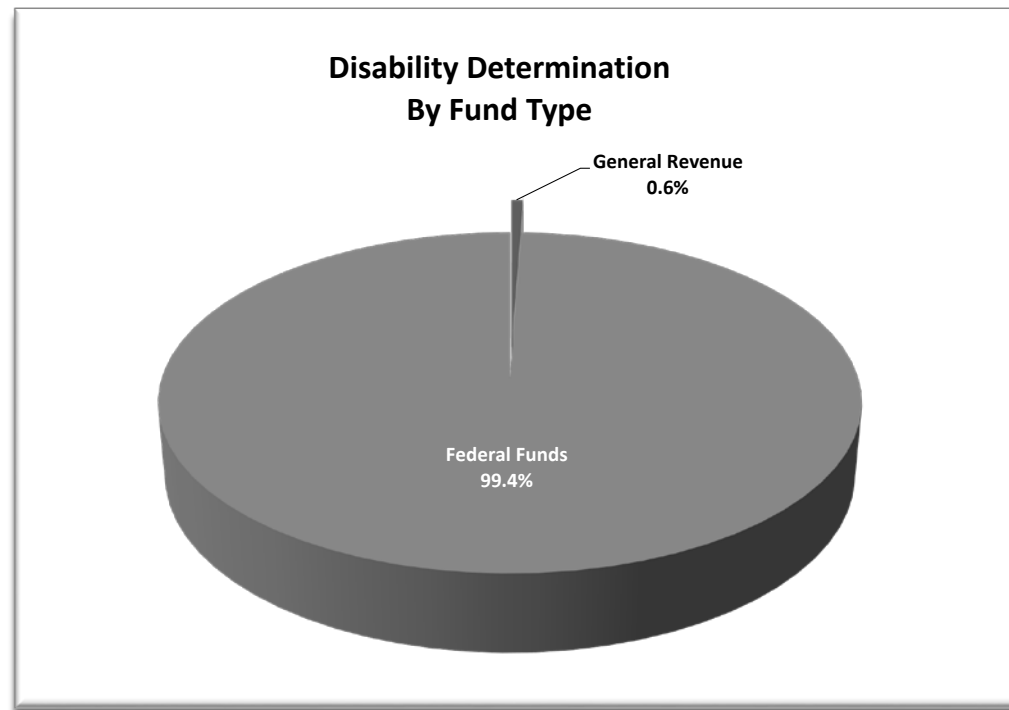


**Department of Health**  
**Disability Determination**  
**FY 2016-17 Base Budget Summary**

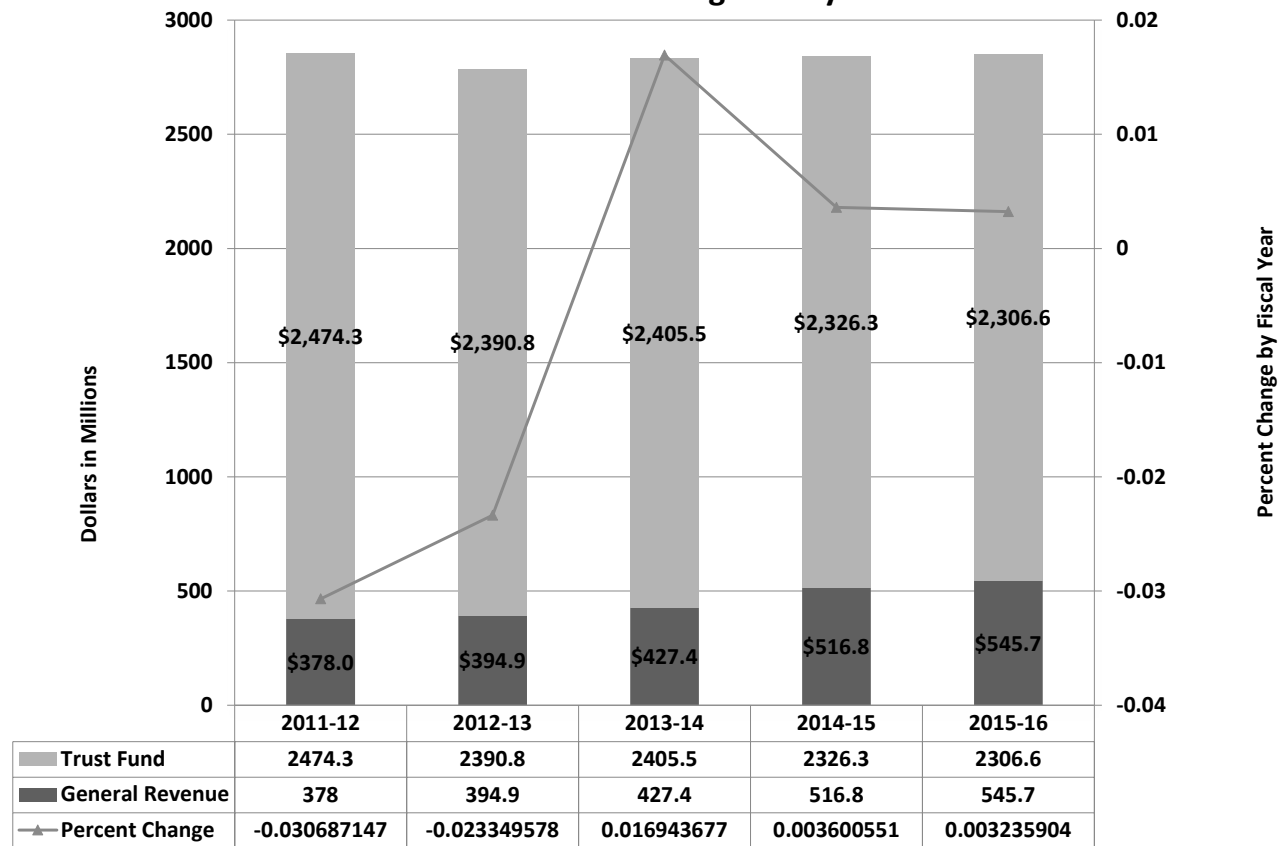
**Program Description**

The Disability Determination program provides timely and accurate disability decisions on claims filed by Florida citizens applying for disability benefits under the Social Security Administration (SSA) and the state's Medically Needy Program. Claims are adjudicated based upon information gathered that demonstrates the claimant's ability to function in activities of daily living and to engage in work activities according to SSA guidelines and policies.

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<b>Disability Determination</b>	<b>FTE</b>	<b>GR</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1	Disability Benefits Determination	1,053.00	908,898	-	146,954,205	147,863,103
2	<b>Program Total</b>	<b>1,053.00</b>	<b>908,898</b>	<b>-</b>	<b>146,954,205</b>	<b>147,863,103</b>



## Department of Health 5-Year Funding History



## Department of Health Programs and Services Descriptions

### **A Program: Executive Direction and Support**

Executive Direction and Support provides oversight, direction, and coordination for the Administrative Support and Information Technology.

#### **1 Budget Entity/Service: Administrative Support**

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

### **B Program: Community Public Health**

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

#### **1 Budget Entity/Service: Community Health Promotion**

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

#### **2 Budget Entity/Service: Disease Control and Health Protection**

Disease Control and Health Protection provides a broad array of services designed to detect, control, prevent and treat diseases. Specific services include immunizations, infectious disease counseling and testing, infectious disease reporting and surveillance, epidemiological investigation, partner elicitation and notification, health education and medical treatment including drug therapy for HIV/AIDS and tuberculosis to cure or mitigate illness. The department also provides housing assistance for persons with AIDS and assists in paying insurance premiums for HIV infected persons. The department delivers infectious disease control services directly through county health departments and in collaboration with hospitals, private providers, laboratories and other entities. Environmental Health Services protect the public from diseases of environmental origin such as salmonella, giardia, hepatitis A, rabies, encephalitis and protect the public from exposure to hazardous substances such as lead, heavy metals and pesticides. Environmental epidemiological activities provide an early warning system to detect health threats of environmental origin, investigate disease clusters and investigate toxicological issues of public concern. The state laboratory provides screening and testing services to identify sexually transmitted diseases, tuberculosis, HIV/AIDS, rabies, parasitology, the presence of hereditary diseases, and contaminants in water, food and the workplace as well as certifying environmental and water testing laboratories.

## Department of Health Programs and Services Descriptions

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

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

### **4 Budget Entity/Service: Statewide Public Health Support Services**

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

### **C Program: Children's Medical Services**

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

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

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

**Department of Health**  
**Programs and Services Descriptions**

**D Program: Health Care Practitioner and Access**

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

**1 Budget Entity/Service: Medical Quality Assurance**

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

**E Program: Disability Determination**

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

**1 Budget Entity/Service: Disability Benefits Determination**

The Division of Disability Determinations provides timely and accurate disability decisions on claims filed by Florida citizens applying for disability benefits under the Social Security Administration (SSA) and the state's Medically Needy Program. Claims are adjudicated based upon information gathered that demonstrates the claimant's ability to function in activities of daily living and to engage in work activities according to SSA guidelines and policies.

**Department of Health**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

Program		FTE	General Revenue	Trust Funds	Total All Funds	Explanation
1	<b>EXECUTIVE DIRECTION AND SUPPORT</b>	387.50	10,289,889	45,829,217	56,119,106	
2	<b>Budget Entity: Administrative Support</b>					
3	Administrative Support provides leadership and policy development for the Department of Health programs and operations. Administrative support services such as finance and accounting, budget, personnel, public information, general counsel, general services, inspector general, equal opportunity and minority affairs and legislative affairs are provided. Information Technology (IT) Services provides oversight and direction for information technology issues. Activities include the design, development, implementation, maintenance and support of the Department of Health's computer information systems for 16,000 users and IT infrastructure including a Wide Area Network, Local Area Networks, Metropolitan Area Network, phone systems, personal computers, IT policies and procedures, and technology standards.					
4	Salaries and Benefits	387.50	3,180,167	21,602,065	24,782,232	Costs associated with salaries and benefits for 387.5 full time equivalents (FTE) positions.
5	Other Personal Services		-	1,589,768	1,589,768	Services rendered by a person who is not filling an established position.
6	Expenses		1,735,516	8,121,504	9,857,020	Usual, ordinary, and incidental operating expenditures.
7	G/A - Minority Health Initiative		3,134,044	-	3,134,044	Funds are used for the treatment, care and prevention of diseases which have disproportionately affected minorities.
8	Operating Capital Outlay		63,408	2,823,137	2,886,545	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
9	Transfer To Division of Administrative Hearings		-	52,792	52,792	Payments to the Division of Administrative Hearings (DOAH) to resolve conflicts between private citizens and organizations and agencies of the state.
10	Contracted Services		1,122,032	4,164,427	5,286,459	Usual, ordinary, and incidental operating contractual expenditures, such as janitorial services, mailing/delivery services, security services, temporary employment services, consulting services, and information technology.
11	Risk Management Insurance		94,388	250,669	345,057	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
12	Tenant Broker Commissions		-	738,731	738,731	Tenant broker services through the Department of Management Services state contact for lease negotiation tasks and associated commissions paid by the lessor to the broker. Average commission per lease is \$72,000.
13	Lease/Lease Purchase of Equipment		10,397	67,336	77,733	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
14	Transfer to DMS for Human Resources Services Statewide Contract		34,990	101,295	136,285	People First Human Resources contract administered by the Department of Management Services.
15	State Data Center - AST		914,947	5,017,623	5,932,570	Provides funding for IT-related services provided through the Agency for State Technology.
16	Data Processing Services - DCF Data Center		-	1,282,859	1,282,859	Authority is provided to transfer payments per s. 216.272, F.S., to Department of Children and Families Data Center to run computer applications for various entities within DOH.
17	NSRC Depreciation		-	17,011	17,011	Funds the federal share of depreciation costs related to the Northwood Shared Resource Center (NSRC).
18	<b>TOTAL ADMINISTRATIVE SUPPORT</b>	<b>387.50</b>	<b>10,289,889</b>	<b>45,829,217</b>	<b>56,119,106</b>	
19						
20	<b>COMMUNITY PUBLIC HEALTH</b>	<b>11,734.07</b>	<b>357,970,575</b>	<b>1,806,076,431</b>	<b>2,164,047,006</b>	
21	<b>Budget Entity: Community Health Promotion</b>					
22	Community Health Promotion facilitates access to basic family health care services for persons with difficulty obtaining this care from the private sector by administration of programs through contracts with local providers and through allocations to county health departments. Activities include statewide programmatic oversight of nutrition services to at-risk women and children, child nutrition program, dental health prevention and treatment, chronic disease screening and risk reduction activities. Administrative oversight of maternal and child health care, the Healthy Start programs, the Family planning program, the abstinence program and school health services programs is provided. The Comprehensive Statewide Tobacco Education and Use Prevention Program is administered by this entity.					
23	Salaries and Benefits	226.50	1,995,190	12,209,873	14,205,063	Costs associated with salaries and benefits for 226.5 full time equivalents (FTE) positions.
24	Other Personal Services		-	991,645	991,645	Services rendered by a person who is not filling an established position.

**Department of Health**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

Program		FTE	General Revenue	Trust Funds	Total All Funds	Explanation
25	Expenses		155,572	3,525,039	3,680,611	Usual, ordinary, and incidental operating expenditures.
26	G/A-Family Planning Services		4,245,455	1,067,783	5,313,238	Used by county health departments to provide family planning services that include medical exams, counseling, education and contraceptives to low income men and women of child bearing age by the county health departments and contract providers.
27	G/A-Epilepsy Services		2,107,152	1,427,831	3,534,983	Contract funds are used to provide case management and medical care (i.e. dental, psychological care, diagnostic testing, vocational assistance, and transportation) to eligible clients.
28	Contribution To County Health Units		3,455,424	-	3,455,424	Funds are used to support primary care activities, maternal and child health field staff, dental programs and enhanced dental services provided at the county health department.
29	G/A-Primary Care Program		19,221,512	-	19,221,512	Funds are used to provide medical care for children and adults for minor illness and injuries, screening services, lab and pharmacy, chronic disease control services and referral to specialists as necessary to low-income children and adults.
30	G/A-Fluoridation Project		-	150,000	150,000	Budget is used to contract with local governments to establish municipal fluoridation systems.
31	School Health Services		10,909,412	6,125,846	17,035,258	Funds are used to provide school health services statewide to K-12 public schools through three programs: <u>Basic School Health</u> - services include health appraisals; nursing and nutritional assessments; and vision, hearing and scoliosis screening in all 67 counties for students in public Pre-K through 12th grade. <u>Comprehensive School Health Services</u> - Funding is provided to 46 competitively selected counties to supplement basic school health services in schools with high teen birth rates and other high-risk behaviors including drug and alcohol abuse. Services include increased use of registered nurses for assessments, case management, and referrals to insurance programs and family physicians.
32	Operating Capital Outlay		-	94,350	94,350	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
33	G/A - Ounce of Prevention		1,900,000		1,900,000	Funds are used to support innovative prevention and early intervention community initiatives that improve life outcomes of children, preserve and strengthen families and promote healthy behaviors. Community initiatives are competitively awarded by the Ounce of Prevention Fund and include Life Choices, All 4 You!, Centers for Family Resiliency, Parramore Baby Institute, and Boys Town of Central Florida, and Highlands Boys and Girls Club.
34	Crisis Counseling		2,000,000	-	2,000,000	Funds are used to provide additional pregnancy support services, such as pregnancy testing, counseling and support services with the goal of childbirth and/or lifestyle counseling, referral services, education and training classes, and may not be used for the purchase of medical equipment or to pay for medical procedures such as ultrasounds.
35	Contracted Services		109,642	1,959,186	2,068,828	Usual, ordinary, and incidental operating contractual expenditures, such as consulting fees, background checks, research fees, security services, and training.



**Department of Health**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

Program		FTE	General Revenue	Trust Funds	Total All Funds	Explanation
36	G/A-Contracted Services		10,003,916	14,884,875	24,888,791	Funds are used to contract for family dental health care and preventive education. Specific projects include: the Florida Council Against Sexual Violence (\$2.5 million); Florida Heiken Vision Program (\$750,000); County Specific Dental Project in Charlotte, Lee and Collier Counties (\$453,834); Mary Brogan Breast and Cervical Cancer Early Detection Program (\$300,000); Florida International University- Neighborhood HELP Program (\$2,453,632); Reducing Oral Health Disparities (\$346,678); VisionQuest (\$1 million); Deerfield Beach School Health Clinic (\$367,149); Economic Opportunity-Dade (\$52,422); University of Florida Dental Clinics Statewide (\$714,519); Community Smiles (\$283,643); the Palm Beach Rape Crisis Center (\$282,039); and the Andrews Institute Foundation - Eagle Fund (\$500,000).
37	G/A-Healthy Start Coalitions		19,975,176	6,542,389	26,517,565	Funds are used to contract with Healthy Start Coalitions and three county health departments, who provide care coordination case management, and specialized education services to pregnant women and infants at-risk for poor birth outcomes and developmental problems. The Healthy Start Waiver, which includes the MomCare component, was transferred to AHCA in FY 2014-15.
38	TR/Biomedical Research Trust Fund		7,850,000	-	7,850,000	Provides a transfer of General Revenue to the Biomedical Research Trust Fund to support research initiatives at the James & Esther King and Bankhead/Coley/Cancer Research programs.
39	James & Esther King Biomedical Research		-	10,000,000	10,000,000	Provide funding to support research initiatives at universities or research institutions that address health care problems in the areas of tobacco-related cancer, cardiovascular disease, stroke and pulmonary disease through a peer-reviewed, competitive process per section 215.5602, F.S.
40	Bankhead/Coley/Cancer Research		-	10,000,000	10,000,000	Funding to support research initiatives at universities or research institutions to further the search for cures of cancer through a peer-reviewed, competitive process per section 381.922, F.S.
41	Health Education Risk Reduction Project		-	12,686	12,686	Funds are used to contract with the University of Miami for the statewide cancer registry program and an education intervention campaign.
42	Florida Cancer Centers		45,000,000	15,000,000	60,000,000	Funding to support the Florida Consortium of National Cancer Institute Centers Program, which enhances the quality and competitiveness of cancer care in this state by providing funding to Florida-based cancer centers recognized by the National Cancer Institute (NCI) as NCI-designated cancer centers and for cancer centers working toward achieving NCI designation within the next five years per section 381.915, F.S.
43	Endowed Cancer Research		2,000,000		2,000,000	Funding to attract/retain experienced research talent and attendant national grant-producing researchers to integrated cancer research in the state by supporting cancer research endowments at the Mayo Clinic per section 381.922(4), F.S.
44	Alzheimer Research		3,000,000		3,000,000	Funding to support the Ed and Ethel Moore Alzheimer's Disease Research Program, which competitively awards grants and fellowships for research relating to the prevention, diagnosis, treatment and cure for Alzheimer's Disease per section 381.82, F.S.
45	G/A-Federal Nutrition Program		-	234,898,820	234,898,820	Federal funds are used to reimburse contractors who provide nutritious meals and snacks to children in child care settings. Reimbursement is determined by the number of eligible enrolled participants who are served creditable meals, and the current reimbursement rates set by the U.S. Department of Agriculture (USDA). These funds are for expenditures related to the Child Nutrition program and also food purchases, and education and counseling services for individuals in the Women, Infant and Children (WIC) program.

**Department of Health**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

Program		FTE	General Revenue	Trust Funds	Total All Funds	Explanation
46	Full Service Schools		6,000,000	2,500,000	8,500,000	Funding is provided in 66 counties to schools with high numbers of medically underserved, high-risk students. Funds are transferred to county health departments for coordination with local school districts. Services supplement basic school health services and are provided through partnerships with community-based service providers who donate in-kind services such as nutritional services, basic medical services, mental health and substance abuse services, and counseling services.
47	Risk Management Insurance		124,709	1,777	126,486	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
48	Women, Infants and Children		-	240,056,515	240,056,515	A federally funded nutrition program for Women, Infants, and Children. WIC provides the following at no cost: healthy foods, nutrition education and counseling, breastfeeding support, and referrals for health care and community services.
50	Lease/Lease Purchase of Equipment		-	15,348	15,348	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
51	Tobacco Prevention and Education Program		-	67,683,940	67,683,940	Provides funding to implement the Comprehensive Statewide Tobacco Education and Use Prevention Program as required by the Florida Constitution.
52	Transfer to DMS for Human Resources Services Statewide Contract		14,268	62,922	77,190	People First Human Resources contract administered by the Department of Management Services.
53	<b>TOTAL COMMUNITY HEALTH PROMOTION</b>	<b>226.50</b>	<b>140,067,428</b>	<b>629,210,825</b>	<b>769,278,253</b>	
54						
55	<b>Budget Entity: Disease Control and Health Protection</b>					
56	Disease Control and Health Protection provides a broad array of services designed to detect, control, prevent and treat diseases. Specific services include immunizations, infectious disease counseling and testing, infections disease reporting and surveillance, epidemiological investigation, partner elicitation and notification, health education and medical treatment including drug therapy for HIV/AIDS and tuberculosis to cure or mitigate illness. The department also provides housing assistance for persons with AIDS and assists in paying insurance premiums for HIV infected persons. The department delivers infectious disease control services directly through county health departments and in collaboration with hospitals, private providers, laboratories and other entities. Environmental Health Services protect the public from diseases of environmental origin such as salmonella, giardia, hepatitis A, rabies, encephalitis and protect the public from exposure to hazardous substances such as lead, heavy metals and pesticides. Environmental epidemiological activities provide an early warning system to detect health threats of environmental origin, investigate disease clusters and investigate toxicological issue of public concern. The state laboratory provides screening and testing services to identify sexually transmitted diseases, tuberculosis, HIV/AIDS, rabies, parasitology, the presence of hereditary diseases, and contaminants in the water, food and the workplace as well as certifying environmental and water testing laboratories.					
57	Salaries and Benefits	546.50	8,130,509	22,428,985	30,559,494	Costs associated with salaries and benefits for 546.5 full time equivalents (FTE) positions.
58	Other Personal Services		52,386	1,465,232	1,517,618	Services rendered by a person who is not filling an established position.
59	Expenses		1,460,419	25,273,915	26,734,334	Usual, ordinary, and incidental operating expenditures.
60	G/A-AIDS Patient Care		12,609,807	7,560,522	20,170,329	Budget is used to support case management activities for HIV individuals, and to protect the health of the general public through education, detection and control of HIV/AIDS. Special projects include the HIV/AIDS outreach program for the Haitian and Hispanic community (\$239,996); and the South Florida AIDS Network at Jackson Memorial (\$719,989).
61	G/A-Ryan White Consortia		-	20,754,358	20,754,358	Budget is used to provide ambulatory/outpatient care, drug reimbursement, health insurance, home health care, mental health services, oral health care, substance abuse services, and case management to HIV individuals.

**Department of Health**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

Program		FTE	General Revenue	Trust Funds	Total All Funds	Explanation
62	G/A-Statewide AIDS Networks		10,463,853	-	10,463,853	Funds are used to provide ambulatory/outpatient care, drug reimbursement, health insurance, home health care, mental health services, oral health care, substance abuse services, and case management to HIV individuals.
63	Contribution To County Health Units		14,662,823	2,621,997	17,284,820	Funds are used to support primary communicable disease such as AIDS prevention and surveillance; community tuberculosis program; sexually transmitted disease program; and immunization outreach teams at the county health departments.
64	Operating Capital Outlay		52,500	525,024	577,524	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
65	Lump Sum Office of Compassionate Use	3.00	-	368,826	368,826	The Compassionate Medical Cannabis Act of 2014 directs the Florida Department of Health to establish an Office of Compassionate Use (OCU) to implement and manage the various aspects of the program. Responsibilities of the OCU include establishing a secure, electronic, and online compassionate use registry, authorizing the establishment of five dispensing organizations to ensure statewide accessibility, and creating a network of state universities and medical centers to enhance access to investigational new drugs.
66	Contracted Services		1,291,055	10,722,830	12,013,885	Usual, ordinary, and incidental operating contractual expenditures, such as consulting fees, background checks, research fees, security services, information technology, and mailing services.
67	G/A-Contracted Services		1,530,876	11,896,717	13,427,593	Funds are used to contract services for HIV/AIDS prevention activities, support for the Tuberculosis physicians network, increased Immunization Registry Participation, and assistance to the refugee population to obtain health care.
68	G/A-Contract Professional Services		1,995,141	3,000,000	4,995,141	Funds are used to contract for Tuberculosis nursing staff at Jackson Memorial Hospital and Shands Jacksonville.
69	G/A-AIDS Insurance Continuation Program		6,454,951	8,516,293	14,971,244	Through a contract, funds are used to pay private health insurance premiums that provide medical care and treatment, dental, vision, and mental health services for AIDS or symptomatic HIV infected individuals up to 300% of federal poverty level.
70	Purchased Client Services		498,687	252,395	751,082	Funding used to provide services in lieu of inpatient treatment and incentives to Tuberculosis patients to encourage compliance with treatment protocols. Services include financial assistance with housing and utilities, transportation, food assistance, and medical services (drug level testing, peripherally inserted central catheter (PICC lines), etc.).
71	Risk Management Insurance		221,283	149,190	370,473	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
72	Lease/Lease Purchase of Equipment		31,674	82,770	114,444	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
73	Transfer to DMS for Human Resources Services Statewide Contract		87,326	139,156	226,482	People First Human Resources contract administered by the Department of Management Services.

**Department of Health**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

Program		FTE	General Revenue	Trust Funds	Total All Funds	Explanation
74	Outreach/Pregnant Women		500,000	-	500,000	Funds are used to contract with local providers, who provide HIV education, information, and testing to pregnant women at risk for or infected with HIV.
75	<b>TOTAL DISEASE CONTROL AND HEALTH PROTECTION</b>	<b>549.50</b>	<b>60,043,290</b>	<b>115,758,210</b>	<b>175,801,500</b>	
76						
77	<b>Budget Entity: County Health Departments- Local Health Needs</b>					
78	County Health Departments-Local Health Needs services maintain and improve the health of the public through the provision of personal health, disease control and environmental sanitation services. The Department of Health's county health departments (CHDs) are the primary delivery system of public health services in Florida. The department operates CHDs in all 67 counties. In addition, the CHDs are major safety net providers with more than 200 clinic sites offering varying levels of personal health care services. The CHD service delivery system has the responsibility to provide direct client services relating to basic family health outpatient and nutrition services, infectious disease prevention and control and environmental health services. CHDs also play a pivotal role in detecting and responding to bioterrorist attacks, recording vital events and improving the health outcomes of racial and ethnic populations.					
79	Salaries and Benefits	10,469.07	-	538,254,632	538,254,632	Costs associated with salaries and benefits for 10,469.07 full time equivalents (FTE) positions.
80	Other Personal Services		-	54,149,586	54,149,586	Services rendered by a person who is not filling an established position.
81	Expenses		-	125,957,059	125,957,059	Usual, ordinary, and incidental operating expenditures.
82	Contribution To County Health Units		118,543,260	-	118,543,260	Funds are transferred to the county health departments (CHDs) to support public health activities designed protect and improve community well-being by preventing disease, illness, and injury and impacting social, economic and environmental factors fundamental to excellent health. Special project includes Martin CHD Water Testing (\$15,000).
83	Community Health Initiatives		2,105,274	500,000	2,605,274	Funds for the DOH Emergency Fund (\$500,000) to be used, at the Secretary's discretion, by County Health Departments to respond to public health emergencies such as epidemics and natural disasters. Special projects include the La Liga- League Against Cancer (\$1,150,000); Minority Outreach - Penalver Clinic (\$319,514); Manatee County Rural Health Services (\$82,283); Duval Teen Pregnancy Prevention (\$75,943); Orange Teen Pregnancy Prevention (\$77,534); and Special Needs Shelter Program (\$400,000).
84	Operating Capital Outlay		-	10,235,802	10,235,802	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
85	Lump Sum	50.00	-	-	-	Lump sum of full time equivalents (FTE) that was established in the FY 2014-15 GAA to provide FTE upon request to county health departments that obtain new federal grants or local funding.
86	Acquisition/Motor Vehicles		-	1,809,253	1,809,253	Funds for the acquisition of new or replacement motor vehicles.
87	Contracted Services		-	78,559,007	78,559,007	Usual, ordinary, and incidental operating contractual expenditures.
88	G/A-Contracted Services		-	27,500	27,500	Contingency fund used in the event the department needs an advance of budget authority for a county health department initiative.
89	Risk Management Insurance		-	6,305,145	6,305,145	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
90	Lease/Lease Purchase of Equipment		-	3,809,117	3,809,117	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
91	Transfer to DMS for Human Resources Services Statewide Contract		-	2,955,879	2,955,879	People First Human Resources contract administered by the Department of Management Services.
92	<b>TOTAL COUNTY HEALTH DEPARTMENTS LOCAL HEALTH NEEDS</b>	<b>10,519.07</b>	<b>120,648,534</b>	<b>822,562,980</b>	<b>943,211,514</b>	
93						
94	<b>Budget Entity: Statewide Public Health Support Services</b>					

**Department of Health**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
<b>95</b> Statewide Health Services includes support for enhancing the state's bioterrorism preparedness and response capabilities. The Pharmacy dispenses pharmaceuticals that results in significant cost savings to the state. Vital Statistics provides registration of vital records such as birth, death, marriage and divorce documents. Emergency Medical Services supports statewide trauma systems and system development and provides grants to improve and expand emergency medical services systems. Radiation control services protect the public from unnecessary exposure to radiation from x-ray machines, phosphate mines, shipments of radioactive waste and other radiation emitting sources. Other activities include recruitment and placement of health care practitioners in underserved areas, helping persons who have suffered brain and spinal cord injuries to return to their communities at an appropriate level of functioning, assisting local health planning councils, rural health networks, the medically fragile and supporting the volunteer health care provider program.					
<b>96</b> Salaries and Benefits	439.00	1,894,933	25,528,756	27,423,689	Costs associated with salaries and benefits for 439.0 full time equivalents (FTE) positions.
<b>97</b> Other Personal Services		-	2,201,439	2,201,439	Services rendered by a person who is not filling an established position.
<b>98</b> Expenses		253,070	5,906,330	6,159,400	Usual, ordinary, and incidental operating expenditures.
<b>99</b> G/A-Local Health Councils		-	1,006,000	1,006,000	Contract with Local Health Councils to develop strategies and set priorities for implementation of a district area health plan; collect data and conduct analyses related to health care needs of the district; and plan for services at the local level for persons infected with the human immunodeficiency virus per section 408.033(1), F.S.
<b>100</b> G/A-EMS County Grants		-	2,696,675	2,696,675	Funds for counties to improve and expand pre-hospital emergency medical services. An individual board of county commissioners may distribute these funds to emergency medical services organizations and youth athletic organizations within the county, as it deems appropriate. These funds do not require a local funding match.
<b>101</b> G/A-EMS Matching Grants		-	3,181,461	3,181,461	Funding for matching grants to local agencies, municipalities, and EMS organizations for the purpose of conducting research, evaluation, community education, injury prevention and other lifesaving techniques. These funds require a local match of 25 percent, except funds for rural emergency medical services.
<b>102</b> Operating Capital Outlay		3,693	173,997	177,690	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
<b>103</b> Acquisition of Motor Vehicles		-	210,856	210,856	Funds for the acquisition of new or replacement motor vehicles.
<b>104</b> G/A-Domestic Security-Bio Enhancements-Health/Hospital		-	21,143,607	21,143,607	Funding for statewide planning, training and equipment for preparedness and response to bioterrorism events including funding to hospitals and other public health providers.
<b>105</b> Contracted Services		561,692	4,370,358	4,932,050	Usual, ordinary, and incidental operating contractual expenditures, such as janitorial services, mailing/delivery services, security services, temporary employment services, consulting services, and information technology.
<b>106</b> G/A-Contracted Services		1,245,536	1,321,507	2,567,043	Funds are used for expanded access to the appropriate continuum of care and related support services (\$1,321,507). Specific projects include the Jessie Trice Community Health Center (\$150,669); the Alachua County Primary and Community Health Clinic (\$94,867); and the Brain Injury Association of Florida (\$1,000,000).
<b>107</b> Drugs/Vaccines/Biologicals		23,977,280	137,295,791	161,273,071	Funds for the purchase, delivery, storage, and dispensing of pharmaceuticals by county health departments and the interagency agreement with the Department of Corrections.
<b>108</b> G/A-Rural Health Network Grants		500,000	799,305	1,299,305	Networks certified by the department per section 381.0406(16), F.S., receive grant funds to help defray the costs of network infrastructure development, patient care and network administration.

**Department of Health**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

Program		FTE	General Revenue	Trust Funds	Total All Funds	Explanation
109	Brain and Spinal Cord Home and Community Based Services Waiver		3,761,214	12,074,833	15,836,047	The Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) Waiver Program allows individuals with a traumatic brain injury or spinal cord injury to live in community-based settings rather than living in a nursing facility. Services include assistive technologies, attendant care, behavioral programming, companion services, support coordination, consumable medical supplies, emergency alert response system installation and monitoring, life skills training, physical therapy, residential habilitation, and occupational therapy. Funding sources for the Brain and Spinal Cord Injury Program Trust Fund include traffic-related penalties, temporary license tags and federal Medicaid reimbursements.
110	Cystic Fibrosis Home and Community Based Services Waiver		977,819	1,493,295	2,471,114	Funding for services to clients allowing them to obtain appropriate medical treatment and support to minimize the symptoms and progression of cystic fibrosis.
111	Purchased Client Services		1,000,000	1,676,352	2,676,352	Funding for community reintegration services for newly injured individuals who have sustained a traumatic brain/spinal cord injury. Includes staff augmentation contracted services. Funding sources for the Brain and Spinal Cord Injury Program Trust Fund include traffic-related penalties, temporary license tags and federal Medicaid reimbursements.
112	Risk Management Insurance		2,405,027	66,232	2,471,259	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
113	G/A-State/Federal Disaster Relief		-	1,000,000	1,000,000	Emergency funding for disaster related health and medical response.
114	G/A-Trauma Care		-	12,093,747	12,093,747	Funds for financial support to the current verified trauma centers and to provide incentives for the establishment of additional trauma centers to ensure the availability and accessibility of trauma services. The funding source is fines and fees from traffic infractions.
115	G/A-Spinal Cord Research		-	4,000,000	4,000,000	The University of Florida and the University of Miami each receive \$500,000 for spinal cord injury and brain injury research. The remaining funds serve as a pass-thru of red light camera ticket revenues to the Miami Project to Cure Paralysis.
116	Lease/Lease Purchase of Equipment		3,837	159,972	163,809	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
117	Transfer to DMS for Human Resources Services Statewide Contract		17,202	143,903	161,105	People First Human Resources contract administered by the Department of Management Services.
118	Medically Fragile Enhancement Payment		610,020	-	610,020	Provides funding for residential care for ventilator dependent, cognitively intact individuals over the age of 21 who no longer qualify for enhanced reimbursement rates by Medicaid.
119	<b>TOTAL STATEWIDE PUBLIC HEALTH SUPPORT SERVICES</b>	<b>439.00</b>	<b>37,211,323</b>	<b>238,544,416</b>	<b>275,755,739</b>	
120						
121	<b>CHILDREN'S MEDICAL SERVICES</b>	<b>614.00</b>	<b>105,527,900</b>	<b>230,642,140</b>	<b>336,170,040</b>	
122	<b>Budget Entity: Children's Special Health Care</b>					
123	As Florida's Title V Program under the Maternal and Child Health State Plan, Children's Medical Services (CMS) provides a comprehensive continuum of medical and supporting services to eligible children who are medically involved, complex or fragile, or who are delayed in their development. The continuum of care includes prevention and early intervention programs, primary care, medical and therapeutic care, long-term care and medical services for abused/neglected children. CMS operates as a public/private partnership where medical and medically related services are purchased and delivered through a network of private sector providers such as physicians, multidisciplinary health providers, hospitals, medical schools and regional health clinics.					
124	Salaries and Benefits	614.00	14,282,912	21,342,131	35,625,043	Costs associated with salaries and benefits for 614.0 full time equivalents (FTE) positions.
125	Other Personal Services		140,466	490,868	631,334	Services rendered by a person who is not filling an established position.
126	Expenses		1,312,787	6,262,630	7,575,417	Usual, ordinary, and incidental operating expenditures, such as telephones, postage, office supplies, travel, rent, and utilities.

**Department of Health**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

Program		FTE	General Revenue	Trust Funds	Total All Funds	Explanation
127	Operating Capital Outlay		29,319	142,454	171,773	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
128	G/A-Children's Medical Service Network		27,671,967	170,119,165	197,791,132	Managed system of care for Medicaid (Title XIX), KidCare (SCHIP Title XXI), and safety net children. Specific project includes Fetal Alcohol Spectrum Disorder (\$280,000) and St. Joseph's Children's Hospital (\$98,000).
129	G/A-Medical Services Abused/Neglect Child - Child Protection Teams		15,155,434	5,763,295	20,918,729	Provides medically-directed, multi disciplinary assessment services to children alleged to be physically or sexually abused.
130	Contracted Services		-	2,346,182	2,346,182	Usual, ordinary, and incidental operating contractual expenditures, such as security services, custodial and janitorial services, lawn care and landscaping, mail/delivery services, and court representation translational services.
131	G/A-Contracted Services		1,058,501	-	1,058,501	Specific projects include the Islet Cell Transplantation to Cure Diabetes (\$213,332); Alpha One Program (\$345,169); and the Diaphragmatic Pacing Demonstration Project at the Broward Children's Center (\$500,000).
132	Poison Control Center		1,591,693	-	1,591,693	Provides 24/7 toll-free hot line professional poison information to consumers and health practitioners.
133	Risk Management Insurance		848,985	-	848,985	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
134	G/A-Developmental Evaluation and Intervention Services/Part C - Early Steps Program		43,231,419	23,853,779	67,085,198	Provides funds for children age 0 to 36 months that receive early intervention services. Services include the evaluation for program eligibility, comprehensive assessment of needs of children 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. Also serves infants at high risk for developmental disabilities and hearing impairment in designated neonatal intensive care units.
135	Lease/Lease Purchase of Equipment		82,009	197,116	279,125	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
136	Transfer to DMS for Human Resources Services Statewide Contract		122,408	124,520	246,928	People First Human Resources contract administered by the Department of Management Services.
137	<b>TOTAL CHILDREN'S SPECIAL HEALTH CARE</b>	<b>614.00</b>	<b>105,527,900</b>	<b>230,642,140</b>	<b>336,170,040</b>	
138						
139	<b>HEALTH CARE PRACTITIONER AND ACCESS</b>	<b>570.00</b>	<b>-</b>	<b>60,554,092</b>	<b>60,554,092</b>	
140	<b>Budget Entity: Medical Quality Assurance</b>					
141	Medical Quality Assurance regulates health care practitioners through licensing and enforcement of policies established by the boards and councils that oversee each profession. Other activities include evaluating and approving training programs and continuing education providers, overseeing issues related to practitioner profiling, verifying practitioner credentials, assisting in the identification of unlicensed activity, and disseminating information to the public.					
142	Salaries and Benefits	570.00	-	30,921,006	30,921,006	Costs associated with salaries and benefits for 570.0 full time equivalents (FTE) positions.
143	Other Personal Services		-	5,691,837	5,691,837	Services rendered by a person who is not filling an established position.
144	Expenses		-	7,095,434	7,095,434	Usual, ordinary, and incidental operating expenditures.
145	Operating Capital Outlay		-	57,604	57,604	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
146	Acquisition/Motor Vehicles		-	21,000	21,000	Funds for the acquisition of motor vehicles.
147	Unlicensed Activities		-	1,173,452	1,173,452	Enforcement of section 456.065, F.S., unlicensed practice of a health care profession.
148	Transfers To Division of Administrative Hearings		-	441,513	441,513	Payments to the Division of Administrative Hearings (DOAH) to resolve conflicts between private citizens and organizations and agencies of the state.
149	Contracted Services		-	14,146,971	14,146,971	Usual, ordinary, and incidental operating contractual expenditures, such as expert witness fees, fingerprinting and background checks, information technology, medical fees, research fees, security services, training, and consulting fees.

**Department of Health**  
**FY 2016-17 Base-Budget Review Details by Appropriation Category**

Program		FTE	General Revenue	Trust Funds	Total All Funds	Explanation
150	Risk Management Insurance		-	478,768	478,768	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
151	Lease/Lease Purchase of Equipment		-	339,364	339,364	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
152	Transfer to DMS for Human Resources Services Statewide Contract		-	187,143	187,143	People First Human Resources contract administered by the Department of Management Services.
153	<b>TOTAL MEDICAL QUALITY ASSURANCE</b>	<b>570.00</b>	<b>-</b>	<b>60,554,092</b>	<b>60,554,092</b>	
154						
155	<b>DISABILITY DETERMINATION</b>	<b>1,227.00</b>	<b>908,898</b>	<b>146,954,205</b>	<b>147,863,103</b>	
156	<b>Budget Entity: Disability Benefits Determination</b>					
157	The Disability Determination program provides timely disability decisions on claims filed by Floridians applying for disability benefits under the Social Security Administration (SSA) and the state's Medically Needy Program. Claims are adjudicated based upon information demonstrating the claimant's ability to function in activities of daily living and to engage in work activities according to SSA guidelines and policies.					
158	Salaries and Benefits	1,053.00	619,591	66,970,457	67,590,048	Costs associated with salaries and benefits for 1053.0 full time equivalents (FTE) positions.
159	Other Personal Services		4,996	19,418,283	19,423,279	Services rendered by a person who is not filling an established position.
160	Expenses		139,839	23,083,764	23,223,603	Usual, ordinary, and incidental operating expenditures.
161	Operating Capital Outlay		4,000	1,216,620	1,220,620	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
162	Contracted Services		135,331	35,561,617	35,696,948	Usual, ordinary, and incidental operating contractual expenditures.
163	Risk Management Insurance		1,784	336,624	338,408	State self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
164	Lease/Lease Purchase of Equipment		-	3,334	3,334	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
165	Transfer to DMS for Human Resources Services Statewide Contract		3,357	363,506	366,863	People First Human Resources contract administered by the Department of Management Services.
166	<b>TOTAL DISABILITY BENEFITS DETERMINATION</b>	<b>1,053.00</b>	<b>908,898</b>	<b>146,954,205</b>	<b>147,863,103</b>	
167						
168	<b>GRAND TOTAL</b>	<b>14,358.57</b>	<b>474,697,262</b>	<b>2,290,056,085</b>	<b>2,764,753,347</b>	



**DEPARTMENT OF HEALTH**  
**Trust Funds**

#	Trust Fund	Statutory Authority/ Laws of Florida	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2016-17 Base Budget
1	Administrative Trust Fund	Ch. 04-167, 00-038, LOF; s. 215.32, F.S.	Funds to be used for management activities that are departmental in nature and funded by indirect cost earnings and assessments against trust funds.	Funds are primarily derived from indirect cost earnings and trust fund assessments.	Administrative activities and Information Technology services.	\$ 51,559,055
2	Biomedical Research Trust Fund	Ch. 03-421, LOF; s. 20.435(8), F.S.	Supporting the James and Esther King Biomedical Research Program and the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program.	Transfers from the Lawton Chiles Endowment Fund earnings and through transfers related to Tobacco surcharges.	Program administration, biomedical grants and fellowships.	\$ 35,002,047
3	Brain and Spinal Cord Injury Program Trust Fund	Ch. 04-177, 00-048, LOF; s. 381.79, F.S.	Supporting the cost of care for brain and spinal cord injuries as a payor of last resort for multilevel programs of care.	Percentage of all civil penalties received by a county for traffic infractions that are transferred from Department Highway Safety and Motor Vehicles and the Department of Revenue; Medicaid waiver earnings transferred from the Agency for Health Care Administration; ss. 320.08068, 381.765, F.S.	Services for victims of brain and spinal cord injuries and for spinal cord injury research.	\$ 22,999,579
4	County Health Department Trust Fund	Ch. 04-169, 00-040, LOF; s. 154.02, F.S.	Providing health services and facilities within each county served by the county health department.	Transfers from General Revenue, Tobacco Settlement funds and federal grants; fees and fines, direct federal grants, private sector grants, local contributions, and transfers from Department of Environmental Protection, Department of Children and Families, and Department of Transportation.	School Health Services, Dental Health Services, Healthy Start Services, Women, Infants and Children Nutrition Services, Family Planning Services, Primary Care for Adults and Children, Chronic Disease Screening and Education, Immunizations, Sexually Transmitted Disease Services, HIV/AIDS Services, Tuberculosis Services, Infectious Disease Surveillance, Monitor and Regulate Facilities and Onsite Sewage Disposal Systems, Racial and Ethnic Disparity Grants, Community Hygiene Services, Monitor Water System/Groundwater Quality, and Vital Statistics.	\$ 822,562,980
5	Donations Trust Fund	Ch. 04-170, 00-041, 96-111, LOF; s. 20.435(12), F.S.	Providing health care and support services to department clients.	Transfers from the Agency for Health Care Administration for Medicaid and Title XXI portion of Kidcare, fees collected for infant screening, and other third party earnings.	Early Intervention Services, Poison Control Centers, Genetic Intervention, Children's Medical Services Network, and medical services to Abused/Neglected Children.	\$ 180,211,470
6	Emergency Medical Services Trust Fund	Ch. 04-172, 00-043, LOF; s. 401.345, F.S.	Improving and expanding pre-hospital emergency medical services.	Fees for licensure and regulatory activities of emergency medical service providers and any other funds that become available for functions related to emergency medical services; transfers from the Department Highway Safety and Motor Vehicles and Department of Revenue for fines that are collected for traffic infractions such as leaving the scene of an accident, reckless driving, and driving or boating under the influence.	To improve and exp and pre-hospital emergency medical services in the state. 85% of the funds received are returned to counties and EMS providers to improve and expand pre-hospital EMS in the state. Supports the state trauma service system.	\$ 22,442,953

**DEPARTMENT OF HEALTH**  
**Trust Funds**

#	Trust Fund	Statutory Authority/ Laws of Florida	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2016-17 Base Budget
7	Epilepsy Services Trust Fund	Ch. 04-173, 00-044, 96-403, LOF; s. 385.207(3), F.S.	Implementing programs for epilepsy prevention, education, case management and administration.	Civil penalties associated with seat belt and child restraint violations transferred from Department Highway Safety and Motor Vehicles and Department of Revenue.	Epilepsy prevention and education programs.	\$ 1,525,650
8	Federal Grants Trust Fund	Ch. 04-174, 00-045, LOF; s. 20.435(2), F.S.	Supporting allowable grant activities funded by restricted program revenues from federal sources.	Federal grants include HIV/AIDS, Woman, Infants, and Children (WIC), Immunizations, Medicaid, environmental health, Developmental Evaluation and Intervention Services Part C, CMS Waivers and Child Care Food program. Transfers from Agency for Health Care Administration, Department of Education and Department of Children and Families.	Administration, Information Technology, School Health, Healthy Start, Women, Infants and Children Nutrition, Family Planning, Primary Care for Adults and Children Chronic Disease Screening and Education, Immunizations, Sexually Transmitted Disease, HIV/AIDS, Tuberculosis Services, Infectious Disease Surveillance, Monitor and Regulate Facilities and Onsite Sewage Disposal Systems, Environmental Epidemiology, Public Health Pharmacy, Public Health Laboratory, Disaster Preparedness, Early Intervention Services, Children's Medical Services, Support Rural Health Networks, License Emergency Medical Services Providers, and disperse grant funds to local providers.	\$ 778,919,924
9	Grants and Donations Trust Fund	Ch. 04-175, 00-046, LOF; ss. 20.435(3), 215.32, F.S.	Supporting allowable grant or donor agreement activities funded by private and public nonfederal sources.	Distribution from health facility regulatory fees, transfers from the Department of Environmental Protection, other private and public grants, counties, municipalities, and other entities designated in the state emergency management plan, and voluntary contributions received from licensed nurses (expended through budget amendment for FY 10-11).	Primary Care for Adults and Children, Chronic Disease Screening and Education Services, Infectious Disease Surveillance, Monitor and Regulate Onsite Sewage Disposal (OSDS) Systems, Public Health Pharmacy Services, Support Area Health Education Centers, Recruit Providers to Underserved Areas, Local Health Planning Councils, Rural Health Networks License, License Emergency Medical Services (EMS) Providers and the Florida Center for Nursing.	\$ 28,734,481
10	Maternal/Child Health Block Grant Trust Fund	Ch. 04-178, 00-049, 96-403, LOF; ss. 20.435(15), 383.011, F.S.	Providing health care and support services to department clients.	Federal block grant funds.	Healthy Start Services, Children's Medical Services Network and Regional Perinatal Intensive Care Centers.	\$ 18,984,911
11	Medical Quality Assurance Trust Fund	Ch. 04-176, 00-047, LOF; s. 456.025, F.S.	Providing administrative support for the regulation of health care professionals.	Medical professional application, examination, continuing education, and licensure fees, fines from enforcement activities, and transfers from the Agency for Health Care Administration for certified nursing assistance.	Issue Licenses and Renewals, Credential Practitioners, Investigate Unlicensed Activity, Profile Practitioners, Investigative Services, Practitioner Regulation, Legal Services, and Consumer Services.	\$ 59,915,533

**DEPARTMENT OF HEALTH**  
**Trust Funds**

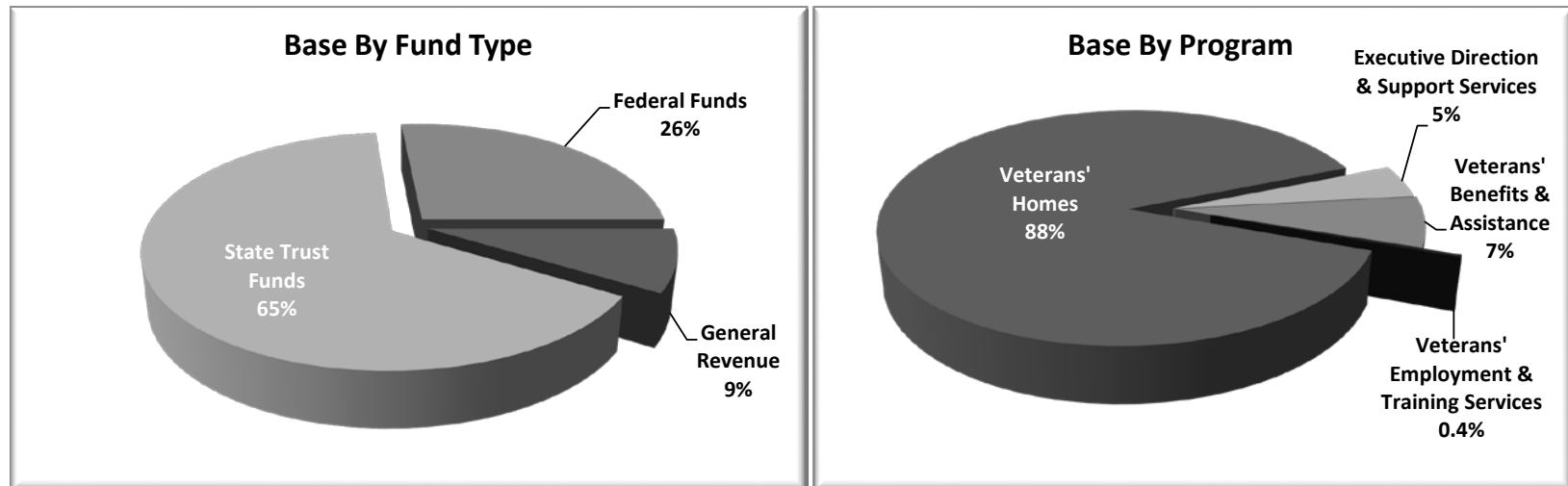
#	Trust Fund	Statutory Authority/ Laws of Florida	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2016-17 Base Budget
12	Operations and Maintenance Trust Fund	Ch. 04-179, 00-050, LOF; ss. 20.435(5), 215.32, F.S.	Providing a depository for client services funded by third-party payors of health care services.	Third-party payers of health care services such as Medicare and Medicaid and the Medicaid Disproportionate Share.	A. G. Holley Hospital operations.	\$ 4,670,186
13	Planning and Evaluation Trust Fund	Ch. 04-180, 00-051, LOF; s. 382.0255, F.S.	Administering, processing and maintaining vital records, and providing state laboratory services (including infant screening).	Fees related to vital statistics records (e.g. Birth, death, and marriage), fees for the provision of Laboratory Services and transfers from the Department of Children and Families from Child Support Enforcement (CSE) incentive earnings.	Administrative Activities, Vital Statistics, and the State Laboratories.	\$ 29,657,897
14	Preventive Health Services Block Grant Trust Fund	Ch. 04-181, 00-052, 96-403, LOF; Ch. 383, F.S.	Providing health care and support services to department clients.	Federal block grant funds.	Dental Health Services, Healthy Start Services, Primary Care for Adults and Children, Chronic Disease Screening and Education Services, and Infectious Disease Surveillance.	\$ 1,501,259
15	Radiation Protection Trust Fund	Ch. 04-182, 00-053, LOF; s. 404.122, F.S.	Preventing or mitigating the adverse effects from licensees' abandonment of radioactive materials, assuring the protection of the public health and safety and environment from adverse effects of ionizing radiation, and certifying radiological personnel.	Fees from x-ray machine registration and inspections; x-ray technologists; radioactive material licenses; radon certifications; and other radioactive licensure and inspection activities and transfers from the Department of Community Affairs.	Inspection and registration of x-ray machines; licensure and inspection of users of radioactive materials; certification of radiological technologists; environmental surveillance around nuclear power plants.	\$ 8,430,993
16	Rape Crisis Program Trust Fund	Ch. 04-225, 03-140, LOF; s. 794.056, F.S.	Providing services for victims of sexual assault through rape crisis centers.	Fines paid by persons found guilty of sexual assault or battery, stalking, and grants from public or private entities.	Recovery services through rape crisis centers to victims of sexual assault or battery.	\$ 1,609,705
17	Social Services Block Grant Trust Fund	Ch. 04-183, 00-054, LOF; s. 20.435(6), F.S.	Providing health care and support services to department clients.	Federal block grant funds transferred from Department of Children and Families.	Child Protection Teams and Children's Medical Services Network.	\$ 7,376,558
18	Tobacco Settlement Trust Fund	Ch. 04-168, 00-039, LOF; s. 20.435(7), F.S.	Providing health care and support services to department clients.	Tobacco Settlement funds transferred from the Department of Financial Services.	Tobacco Control/Prevention Program, CMS Network, Early Intervention Services, Pharmacy Services, and pass through funding for County Health Departments.	\$ 68,000,718
19	U.S. Trust Fund	Ch. 04-184, 00-055, LOF; s. 20.435(21), F.S.	Consists of federal funds from the Social Security Administration to determine eligibility of individuals applying for disability benefits under the federal Social Security and Supplemental Security Income programs.	Social Security Administration.	Supports the Office of Disability Determinations, responsible for making disability determinations under Title II (20 CFR 404.1610) and XVI (20 CFR 416.1010) of the Social Security Act. Title II, the Social Security Disability Insurance Program.	\$ 145,950,186
20	Welfare Transition Trust Fund	Ch. 08-017, 04-363, LOF, s. 20.435(9), F.S.	Providing services to individuals eligible for Temporary Assistance for Needy Families.	Federal block grant funds transferred from Department of Children and Families.	School Health Services, Children's Medical Services, Teen Pregnancy, and Abstinence Education.	\$ -

**Department of Veterans' Affairs**  
**Fiscal Year 2016-17 Base Budget Review - Agency Summary**

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

	FTE	Recurring	Nonrecurring	Total
Fiscal Year 2015-16 Appropriations:	1,105.50	93,793,168	14,677,114	108,470,282

<b><u>Agency Funding Overview</u></b>		<b><u>Base Budget FY 2016-17*</u></b>				
<b><u>#</u></b>	<b><u>Program/Service</u></b>	<b><u>FTE</u></b>	<b><u>General Revenue</u></b>	<b><u>State Trust Funds</u></b>	<b><u>Federal Funds</u></b>	<b><u>Total</u></b>
1	Veterans' Homes	978.00	-	59,095,765	23,673,677	82,769,442
2	Executive Direction & Support Services	27.50	3,215,951	802,393	158,116	4,176,460
3	Veterans' Benefits & Assistance	100.00	4,532,672	1,011,507	958,981	6,503,160
4	Veterans' Employment & Training Service	0.00	344,106	-	-	344,106
<b><u>5</u></b>	<b><u>Total</u></b>	<b><u>1,105.50</u></b>	<b><u>8,092,729</u></b>	<b><u>60,909,665</u></b>	<b><u>24,790,774</u></b>	<b><u>93,793,168</u></b>



\*Base budget differs from the FY 2015-16 appropriation as the base budget does not include any nonrecurring funds but does include annualizations and other adjustments.

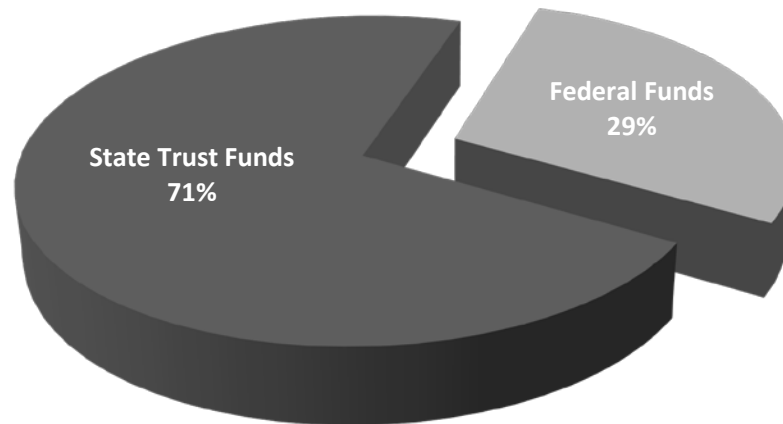
**Veterans' Homes**  
**FY 2016-17 Base Budget Summary**

**Program Description**

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

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<b>Veterans' Homes</b>	<b>FTE</b>	<b>GR</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1	Veterans' Homes	978.00	-	59,095,765	23,673,677	82,769,442
2	<b>Program Total</b>	<b>978.00</b>	<b>-</b>	<b>59,095,765</b>	<b>23,673,677</b>	<b>82,769,442</b>

**Veterans' Homes**  
**Budget Entity by Fund Type**



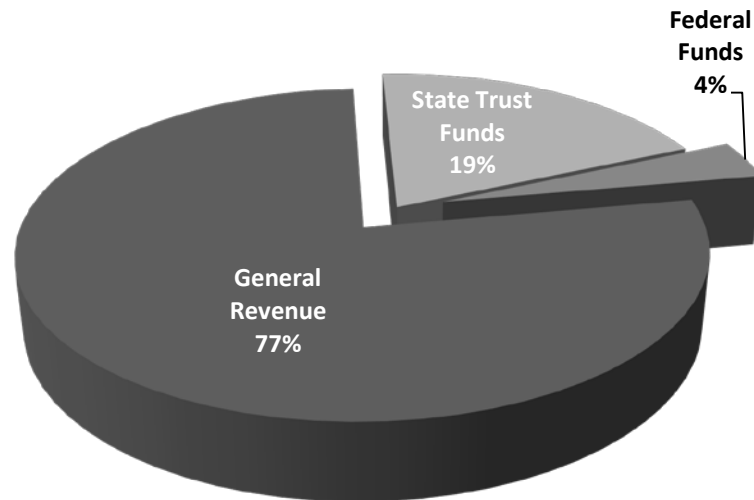
**Executive Direction and Support Services**  
**FY 2016-17 Base Budget Summary**

**Program Description**

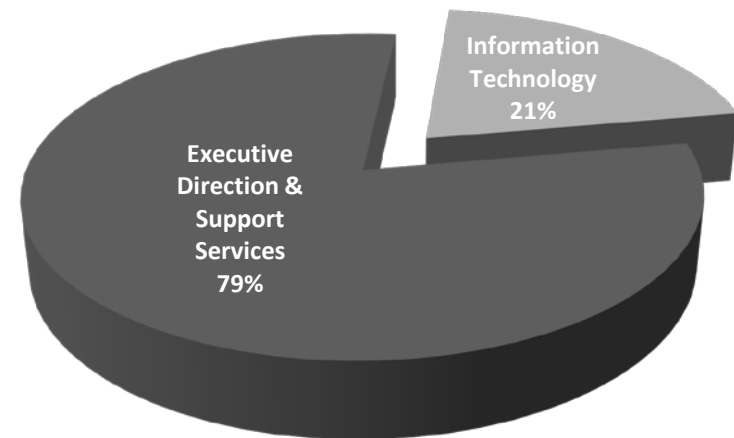
Executive Direction and Support Services provides leadership and administrative support to the Benefits and Assistance, Veterans Homes, and Veterans Employment and Training Services Program divisions. Executive Direction and Support comprises the Director's Office, accounting, administration, budget, homes billing, communications, general counsel, internal audit, legislative and cabinet affairs, information technology, personnel, purchasing, staff development, and training functions.

<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<b>Executive Direction &amp; Support Services</b>	<b>FTE</b>	<b>General Revenue</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1	Executive Direction & Support Services	27.50	2,656,055	499,598	158,116	3,313,769
2	Information Technology	-	559,896	302,795	-	862,691
3	<b>Program Total</b>	<b>27.50</b>	<b>3,215,951</b>	<b>802,393</b>	<b>158,116</b>	<b>4,176,460</b>

**Exec. Direction & Support Services  
Budget Entity by Fund Type**



**Exec. Direction & Support Services  
Budget Entity by Program Component**

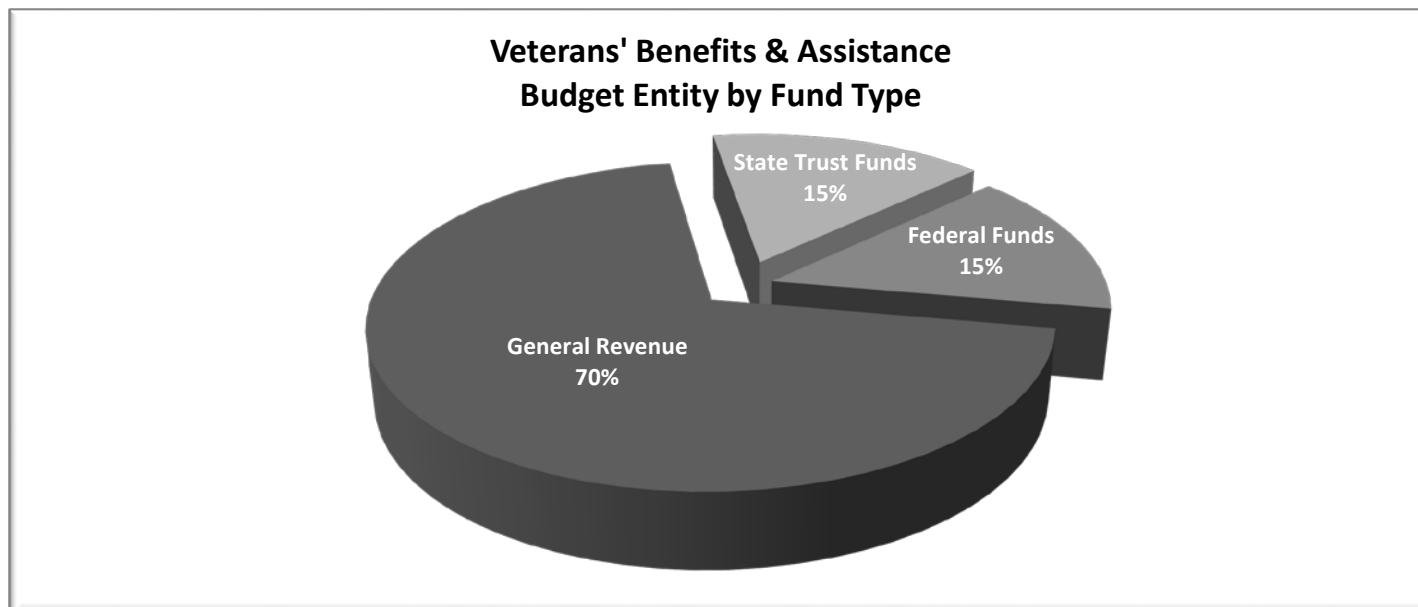


**Veterans' Benefits and Assistance**  
**FY 2016-17 Base Budget Summary**

**Program Description**

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

<b><u>Program Funding Overview</u></b>	<b><u>Base Budget FY 2016-17</u></b>				
<b>Veterans' Benefits &amp; Assistance</b>	<b>FTE</b>	<b>General Revenue</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1 Veterans' Benefits & Assistance	100.00	4,532,672	1,011,507	958,981	6,503,160
<b>2 Program Total</b>	<b>100.00</b>	<b>4,532,672</b>	<b>1,011,507</b>	<b>958,981</b>	<b>6,503,160</b>



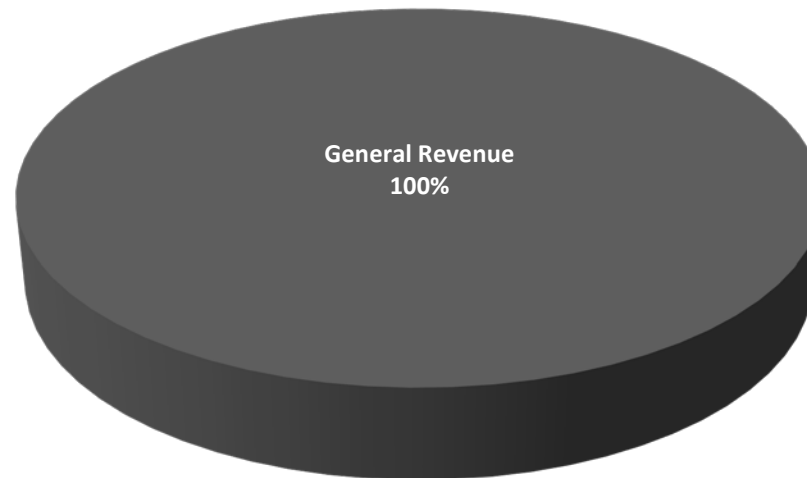
**Veterans' Employment and Training Services**  
**FY 2016-17 Base Budget Summary**

**Program Description**

Veterans' Employment and Training Services supports the staffing and operational costs of Florida Is for Veterans, Inc.

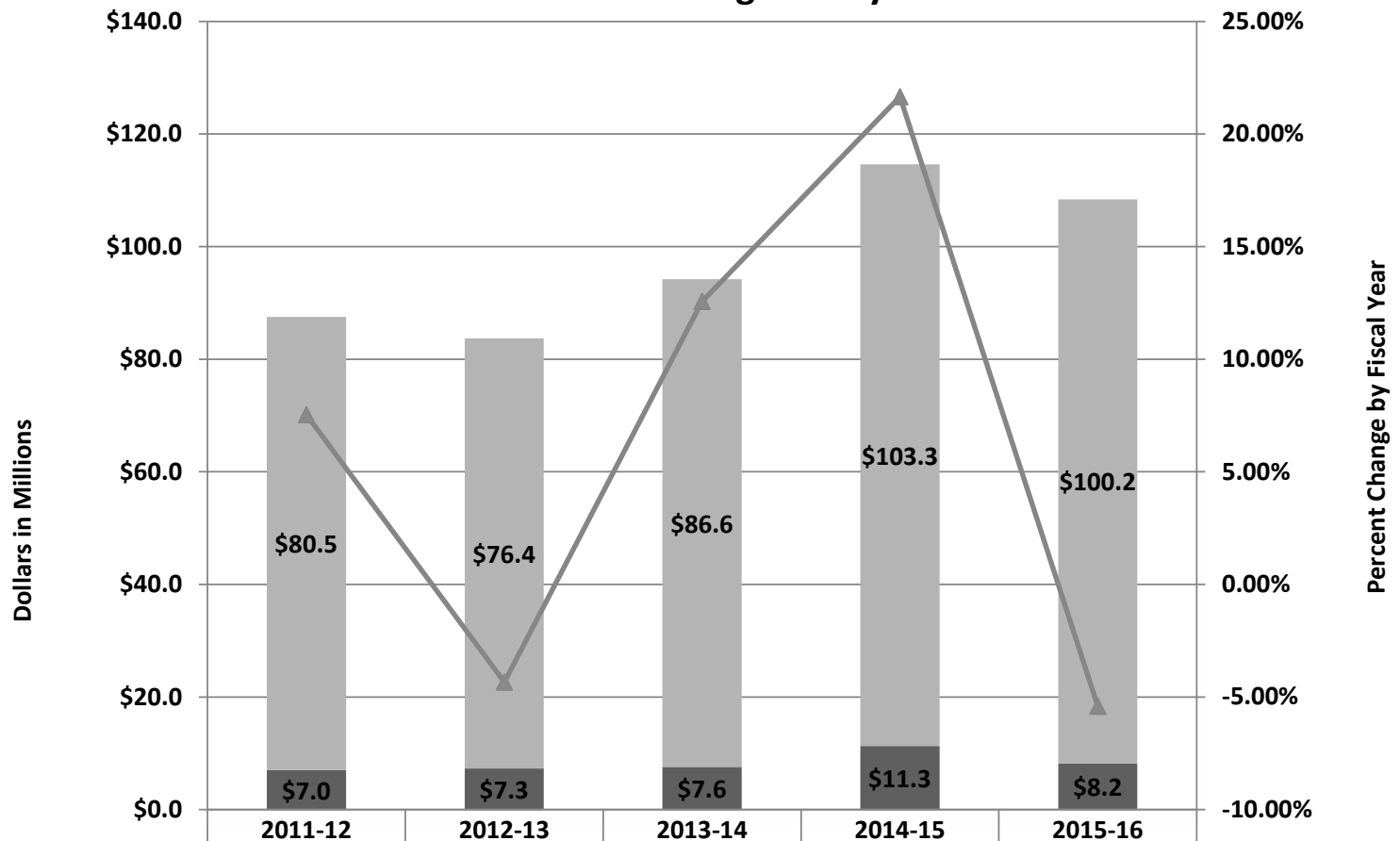
<b><u>Program Funding Overview</u></b>		<b><u>Base Budget FY 2016-17</u></b>				
	<b>Veterans' Employment &amp; Training Services</b>	<b>FTE</b>	<b>General Revenue</b>	<b>State Trust Funds</b>	<b>Federal Funds</b>	<b>Total</b>
1	Veterans' Employment & Training Services	0.00	344,106	-	-	344,106
2	<b>Program Total</b>	<b>0.00</b>	<b>344,106</b>	<b>-</b>	<b>-</b>	<b>344,106</b>

**Veterans' Employment & Training Services**  
**Budget Entity by Fund Type**





## Department of Veterans' Affairs 5-Year Funding History



Trust Fund	\$80.5	\$76.4	\$86.6	\$103.3	\$100.2
General Revenue	\$7.0	\$7.3	\$7.6	\$11.3	\$8.2
Percent Change from Prior Year	7.54%	-4.35%	12.56%	21.66%	-5.41%

## **Department of Veterans' Affairs Programs & Services Descriptions**

### **Program : Services to Veterans'**

#### **1 Budget Entity/Service: Veterans' Homes**

The Veterans' Homes division provides comprehensive, high-quality health care services on a cost-effective basis to eligible Florida veterans who are in need of assisted living or skilled long-term nursing home care. The State Domiciliary Home provides shelter, sustenance, and incidental medical care on an ambulatory self-care basis to assist eligible veterans who are disabled by age or disease, but who are not in need of hospitalization or skilled nursing home services. The Domiciliary is intended for eligible Florida residents who can attend to their personal needs, dress unattended, and use a general dining facility, or who are in need of extended congregate care, which provides more assistance to residents. The Domiciliary is located in Lake City and is licensed for 149 beds. The State Veterans Nursing Homes (SVNH) provide full-service long-term residential care that includes supervision 24 hours daily by registered and licensed nurses. Nursing home staff prepare a care plan for each resident, which includes medical, social, dietary services, and therapeutic and recreational programs. The program operates five licensed 120-bed nursing homes: Emory L. Bennett SVNH in Daytona Beach; Baldomero Lopez SVNH in Land O'Lakes; Alexander "Sandy" Nininger SVNH in Pembroke Pines; Clifford Chester Sims SVNH in Panama City; Douglas T. Jacobson SVNH in Port Charlotte; and Clyde E. Lassen SVNH in St. Augustine. The construction of a seventh 120-bed nursing home in Port St. Lucie began in Fiscal Year 2014-2015.

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

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

## **Department of Veterans' Affairs Programs & Services Descriptions**

### **3 Budget Entity/Service: Veterans' Benefits and Assistance**

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

### **4 Budget Entity/Service: Veterans' Employment and Training Services**

Veterans' Employment and Training Services supports the staffing and operational costs of the Florida Is for Veterans, Inc., a not-for-profit corporation established by the Florida G.I. Bill in the 2014 Legislative Session (s. 295.21, F.S.). Florida Is For Veterans, Inc., was created to strengthen Florida's standing as a veteran-friendly state to retired and recently separated military personnel by expanding veterans' education and career development opportunities. The corporation is administratively housed at the Florida Department of Veteran Affairs and is governed by a 9-member board, each serving a 4-year appointment. The corporation is responsible for promoting the value of military skill sets to businesses in Florida, assisting in training veterans to meet the needs of employers, and enhancing veterans' entrepreneurial skills.

Florida Is For Veterans, Inc., administers the Veterans Employment and Training Services (VETS) Program, a workforce training program that caters to the specific training needs of veterans. The VETS program will serve as a hub where employers can be connected with veterans looking for jobs. The program will assist veterans with skills assessments, skill gap analysis, the translation of military skills and experience into civilian workforce skills, résumé building, and helping veterans learn about academic and/or industry certifications. The VETS program will assist Florida businesses recruit and hire veterans and the program will administer a grant program to veterans to assist them in obtaining the workforce skills of businesses seeking to hire veterans.

**Department of Veterans' Affairs**  
**FY 2016-17 Base-Budget Review Detail by Appropriation Category**

	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
	<b>Services to Veterans</b>	<b>1,105.50</b>	<b>8,092,729</b>	<b>85,700,439</b>	<b>93,793,168</b>	
<b>1</b>	<b>Budget Entity: Veterans' Homes</b>					
<b>2</b>	<b>Brief Description of Entity:</b> The Veterans' Homes Program provides comprehensive, high-quality health care services on a cost-effective basis to eligible Florida veterans who are in need of assisted living or skilled long-term nursing home care.					
<b>3</b>	Salaries & Benefits	978.00		46,675,792	46,675,792	Costs associated with salaries and benefits for 978.00 full-time equivalent positions (FTEs).
<b>4</b>	Other Personal Services			3,133,234	3,133,234	Costs associated with services rendered by a person who is not filling an established full-time position.
<b>5</b>	Expenses			16,877,223	16,877,223	Costs associated with operating expenditures of the six state veterans' nursing homes and one domiciliary.
<b>6</b>	Operating Capital Outlay			391,994	391,994	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
<b>7</b>	Food Products			3,226,561	3,226,561	Costs associated with food consumed and purchased in state-run facilities that provide housing to individuals.
<b>8</b>	Contracted Services			9,381,854	9,381,854	Funds are used to provide services to the state veterans' homes, such as long-term health care therapy services, pharmaceuticals, and housekeeping and laundry services for a clean and safe environment for residents.
<b>9</b>	Recreational Equipment/Supplies			72,500	72,500	Funds are used for recreational equipment and supplies, such as picnic tables and outdoor patio furniture, portable canopies, game tables, and entertainment to improve quality of life for residents of state veterans' homes.
<b>10</b>	Risk Management Insurance			2,654,824	2,654,824	This category provides funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights insurance.
<b>11</b>	Transfers to DMS for HR services			355,460	355,460	This category provides funding for the People First human resources contract administered by the Department of Management Services.
<b>12</b>	<b>Total - Veterans' Homes</b>	<b>978.00</b>	<b>0</b>	<b>82,769,442</b>	<b>82,769,442</b>	

**Department of Veterans' Affairs**  
**FY 2016-17 Base-Budget Review Detail by Appropriation Category**

	Program		FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation	
13	Budget Entity: Executive Direction & Support Services							
14			Brief Description of Entity: Executive Direction and Support Services provides leadership and administrative support to the Benefits and Assistance and Veterans Homes Program Divisions.					
15			Salaries & Benefits	27.50	2,272,820	92,699	2,365,519	Costs associated with salaries and benefits for 27.50 full-time equivalent positions (FTEs).
16			Other Personal Services		21,315		21,315	Costs associated with services rendered by a person who is not filling an established full-time position.
17			Expenses		667,336	409,464	1,076,800	Costs associated with usual, ordinary, incidental operating, and information technology expenditures
18			Operating Capital Outlay		120,512		120,512	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
19			Contracted Services		110,882	458,000	568,882	Costs associated with services rendered through contractual arrangements such as mail/delivery services; outreach, including advertisements; and information technology.
20			Risk Management Insurance		2,984		2,984	This category provides funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights insurance.
21			Transfers to DMS for HR services		9,488	346	9,834	This category provides funding for the People First human resources contract administered by the Department of Management Services.
22			State Data Center - AST		10,614		10,614	This category provides funding for the IT-related services provided through the Agency for State Technology.
23	Total - Executive Direction & Support Services		27.50	3,215,951	960,509	4,176,460		

**Department of Veterans' Affairs**  
**FY 2016-17 Base-Budget Review Detail by Appropriation Category**

	Program		FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation	
24	Budget Entity: Veterans' Benefits and Assistance							
25			Brief Description of Entity: Veterans' Benefits and Assistance assists Florida's veterans, their families, and survivors to improve their health and economic well-being through quality benefit information, advocacy, and education.					
26			Salaries & Benefits	100.00	4,267,692	1,720,117	5,987,809	Costs associated with salaries and benefits for 100.00 full-time equivalent positions (FTEs).
27			Other Personal Services		12,000	10,000	22,000	Costs associated with services rendered by a person who is not filling an established full-time position.
28			Expenses		208,653	209,646	418,299	Costs associated with usual, ordinary, and incidental operating expenditures.
29			Operating Capital Outlay			4,000	4,000	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
30			Contracted Services		2,569	4,000	6,569	Costs associated with services rendered through contractual arrangements such as mail/delivery services and miscellaneous office expenses.
31			Risk Management Insurance		14,642	14,509	29,151	This category provides funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights insurance.
32			Transfers to DMS for HR services		27,116	8,216	35,332	This category provides funding for the People First human resources contract administered by the Department of Management Services.
33	Total - Veterans' Benefits and Assistance			100.00	4,532,672	1,970,488	6,503,160	

**Department of Veterans' Affairs**  
**FY 2016-17 Base-Budget Review Detail by Appropriation Category**

	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation		
34	Budget Entity: Veterans' Employment and Training Services							
35			Brief Description of Entity: Veterans' Employment and Training Services supports the staffing and operational costs of the Florida Is For Veterans, Inc.					
36			Florida Is For Veterans, Inc.		344,106		344,106	Funding is provided to support the operations of the Florida Is For Veterans, Inc., a nonprofit corporation administratively housed at the Department of Veterans Affairs (DVA). The corporation is tasked with providing military veterans employment opportunities and encouraging Florida businesses to hire veterans. The corporation's operating costs include the salaries of its Executive Director and other professional staff and expenses including office space and travel/per diem for its nine board members.
37	Total - Veterans' Employment and Training Services				344,106		344,106	
38	DEPARTMENT TOTAL		1,105.50	8,092,729	85,700,439	93,793,168		

**Department of Veterans' Affairs  
Trust Funds**

#	Trust Fund	Controlling Statutory Authority	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2016-17 Base Budget
1	Grants & Donations Trust Fund	ss. 20.375(2), 296.11, 296.15, 296.38, and 320.089, F.S.	Providing support services for the common benefit of the residents of the home such as improved facilities or recreational equipment and supplies and goods and services, unless the benefactor requests or instructs the gift grant or endowment be used for a specific purpose	Public and private grants and donations to the department. Revenues from sale of specialty license plates	Recreational supplies and equipment for residents; facility improvements	\$122,500
2	Operations & Maintenance Trust Fund	ss. 20.375(3), 296.11, and 296.38, F.S.	Operating and maintaining the state veterans' homes. Providing long term health care and support services to its residents.	USDVA, Medicaid, Medicare and third party per diem collections from long term care provided to veteran residents	Veterans nursing homes and domiciliary operations	\$85,577,939
3	State Homes for Veterans' Trust Fund	ss. 20.375, 320.08058, 320.089 and 320.0891, F.S.; ch. 2008-18, L.O.F.	Funds collected between \$100,001 and \$200,001 from the sale of certain specialty license plates, such as POW, Purple Heart, Operation Iraqi Freedom/Operation Enduring Freedom and others, and the remaining fees collected from the Florida Salutes Veterans license plate are credited to the trust fund to be used to construct, operate, and maintain domiciliary and nursing homes for veterans	Specialty license tags sales	Construction, maintenance and repair of veterans nursing homes and domiciliary; emergency contingency fund	-