

The Florida Senate
PROFESSIONAL STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

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

Prepared By: Health and Human Services Appropriations Committee

BILL: CS/CS/CS/SB 930

INTRODUCER: Health and Human Services Appropriations Committee, Governmental Operations Committee, Health Policy Committee and Senator Dawson and others

SUBJECT: Florida Kidcare Program

DATE: April 17, 2007 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Garner	Wilson	HP	Fav/CS
2.	Rhea	Wilson	GO	Fav/CS
3.	Dull	Peters	HA	Fav/CS
4.				
5.				
6.				

I. Summary:

The bill makes the following changes related to the Florida KidCare Program:

- Clarifies and adds definitions relating to the Florida Kidcare Program;
- Revises language referring to the components of the program and the expenditure ceiling of the program;
- Clarifies eligibility criteria, including who is eligible for premium assistance in the program;
- Provides good-cause reasons, to allow a child to receive premium assistance if their employer-sponsored health insurance was canceled 6 months prior to submitting an application;
- Maintains current eligibility documentation requirements and requires eligibility information to be electronically verified to the extent possible;
- Requires health plans and other providers to be notified of their members losing Medicaid or Medikids eligibility so they may assist them in maintaining continuous coverage in the Florida Kidcare Program;
- Provides penalties for use of fraudulent information to qualify for the program;
- Redefines the benchmark benefit package for the program;
- Requires the Department of Children and Family Services (DCF) to develop a standard intake process for all Community Access Network partners to inform applicants about coverage and services offered through the program;
- Requires the DCF to develop a standardized application process;
- Requires DCF to conduct eligibility determination for all components of the program no later than July 1, 2008;

- Requires DCF, in consultation with the Agency for Health Care Administration (AHCA), to establish a toll-free hotline no later than July 1, 2008;
- Requires the Department of Health (DOH), in consultation with AHCA, to develop a minimum set of pediatric quality assurance and access standards for the program;
- Designates AHCA as the single state agency and transfers and consolidates most administrative functions in the entire Florida Kidcare program under the AHCA no later than July 1, 2008;
- Requires AHCA to develop and implement a marketing and outreach program;
- Clarifies that parents and legal guardians have access to certain enrollment information;
- Requires that benefits are delivered through the “Florida KidCare Program” and the “KidCare Plus Plan” (defined as children with special health care needs);
- Requires managed care plans participating in the KidCare program to be compensated in accordance with the current capitation rate methodologies used in Medicaid, effective July 1, 2008;
- Eliminates the current coordinating council chaired by the Department of Health;
- Repeals the Florida Healthy Kids Corporation effective June 30, 2009;
- Requires AHCA to provide a consolidation transition plan to the Governor, Senate President and Speaker of the House of Representatives by January 1, 2008; and,
- Provides an appropriation

The bill amends ss. 409.811, 409.812, 409.813, 409.8132, 409.8134, 409.814, 409.815, 409.816, 409.817, 409.818, 409.821, and 624.91, Florida Statutes. The bill repeals s.409.820, Florida Statutes. The bill repeals s. 624.91, Florida Statutes, effective June 30, 2009. The bill creates ss. 409.8141, 409.8142, 409.8149, 409.830 Florida Statutes

II. Present Situation:

State Children’s Health Insurance Program

The State Children’s Health Insurance Program (SCHIP), enacted as part of the Balanced Budget Act of 1997, created Title XXI of the federal Social Security Act, which provides health insurance to uninsured children in low-income families either through a Medicaid expansion, a separate children’s health program, or a combination of both. The SCHIP was designed as a federal/state partnership, similar to Medicaid, with the goal of expanding health insurance to children whose families earn too much money to be eligible for Medicaid, but not enough money to purchase private insurance. The SCHIP is the single largest expansion of health insurance coverage for children since the initiation of Medicaid in the mid-1960s. The program is scheduled for federal reauthorization in 2007.

The Florida Kidcare Program

The Florida Kidcare program was established in 1998 as a combination of Medicaid expansions and public/private partnerships, with a wrap-around delivery system serving children with special health care needs. The Florida Kidcare program is primarily targeted to uninsured children under age 19 whose family income is at or below 200 percent of the federal poverty

level (\$40,000 for a family of four in 2006). The Florida Kidcare program is outlined in ss. 409.810 through 409.821, F.S.

As structured, Florida Kidcare is an “umbrella” program that currently includes the following four components: Medicaid for children; Medikids; the Florida Healthy Kids program; and the CMSN, which includes a behavioral health component. Family income level, age of the child, and whether the child has a serious health condition are the eligibility criteria that determine which component serves a particular child.

Enrollment in the Florida Kidcare program was initiated on October 1, 1998, and 1,388,520 children were enrolled in the various components of the Florida Kidcare program as of March 2007. Of this total, 207,626 children are Title XXI eligible, 26,906 children are non-Title XXI eligible, and 1,153,988 children are eligible under the Medicaid Title XIX program.

The Florida Kidcare Program Administration

The Florida Healthy Kids program component of Kidcare is administered by the non-profit Florida Healthy Kids Corporation, established in s. 624.91, F.S. The Florida Healthy Kids program existed prior to the implementation of the federal Title XXI SCHIP. Florida was one of three states to have the benefit package of an existing child health insurance program grandfathered in as part of the Balanced Budget Act of 1997, which created SCHIP.

The Florida Healthy Kids Corporation contracts with managed care plans throughout the state for the provision of health care coverage. The Florida Healthy Kids Corporation contracts with a fiscal agent to perform initial eligibility screening for the program and final eligibility determination for children who are not Medicaid eligible.

The Florida Kidcare application is a simplified application that serves applicants for both the Title XXI Kidcare program as well as Title XIX Medicaid. Pursuant to federal law, each application is screened for the child’s eligibility for Title XIX Medicaid. The fiscal agent refers children who appear to be eligible for Medicaid to the Department of Children and Families (DCF) for Medicaid eligibility determination, and children who appear to have a special health care need to CMSN within the DOH for evaluation.

If eligible for Medicaid, the child is enrolled immediately into that program. If the child is not eligible for Medicaid, the application is processed for Title XXI and if the child is eligible under Title XXI, the child is enrolled into the appropriate Florida Kidcare program component. Medicaid for children and Medikids are administered by the AHCA. Medikids uses the Medicaid infrastructure, offering the same provider choices and package of benefits.

Interim Project Report 2007-131

When the Florida Kidcare Program was established, the administrative structure adopted to implement the program allowed the state to link existing public and private components to implement provisions of the new SCHIP law and to begin receiving federal funds under Title XXI. However, children’s advocates and some stakeholders have long argued that

Kidcare's original administrative structure and the programmatic differences among components created barriers to the enrollment of eligible children in the program.

These groups point to the recent decline in Kidcare enrollment as a strong example of how substantive policy changes and on-going administrative barriers prevent eligible children from entering and remaining in the program. Specifically, stakeholders point to the decline in Title XXI enrollment from a high of 336,689 children in April 2004, to a low of 186,080 children in February 2006, as an indication of policy and administrative barriers.

In 2006, the Senate Health Care Committee conducted an interim project¹ to examine whether administrative simplification and organizational restructuring of the Florida Kidcare Program could help families gain access to and remain in the program. Staff reviewed several Kidcare program activities including: marketing and outreach; enrollment and eligibility determination processes; transitioning of children among components; retention efforts; and general program administration and oversight.

Findings

The interim report found that most of the administrative barriers identified by stakeholders and other studies have largely been addressed. However, over the last several years, policy changes that limited enrollment periods, tightened eligibility standards, and increased documentation requirements combined with complex administrative processes contributed to lower enrollment trends.

Of the remaining administrative and organizational barriers identified in the interim report, staff found that the most significant problems concerned the ability of:

- Stakeholders to conduct marketing and outreach within limited fiscal resources;
- Families to obtain accurate information about enrollment and eligibility policies, especially whether the program was accepting new enrollees;
- Families to complete the application process;
- Families to transition their children from one component of Florida Kidcare to another, usually from Medicaid to the Florida Healthy Kids program; and,
- Stakeholders to challenge policy changes through the administrative rule process.

Recommendations

The interim project provided two recommendations to address these findings. First, the Legislature should consider comprehensive consolidation of the administration of the Florida Kidcare program under the AHCA and the DCF, including: marketing and outreach; eligibility determination; contracting with managed care plans and fiscal agents; quality assurance; and financing.

¹ Interim Project Report 2007-131. "The Florida Kidcare Program: Organizational Streamlining and Administrative Simplification." Found at: http://www.flsenate.gov/data/Publications/2007/Senate/reports/interim_reports/pdf/2007-131hp.pdf. (Last viewed on March 4, 2007.)

The consolidation could be piloted in the counties where Medicaid reform is being implemented. The consolidation should occur after Medicaid reform has been implemented for at least one year and when existing Florida Healthy Kids and CMSN contracts are up for renewal. Also, the AHCA and the DCF should provide an assessment of resources needed to incorporate the administrative activities provided by the Florida Healthy Kids Corporation that are not being conducted by either entity at the current time (i.e., premium collection, etc.). The AHCA should be directed to conduct a fiscal analysis of consolidating the current benefit packages into a standard package that provides most services for most children and a “Kidcare Plus” package for children with special health care needs. The AHCA should be directed to identify where waivers of applicable federal law would be necessary to implement this consolidation. State statutes should be conformed to reflect this consolidation.

In lieu of comprehensive administrative consolidation, the entities that operate the Florida Kidcare program should continue their progress on implementing administrative improvements through information technology systems and continuous quality improvement. Under this alternative, the Legislature should:

- Continue or expand financing of marketing and outreach activities;
- Allow new partners to conduct marketing and outreach;
- Require the same eligibility information and documentation to be submitted by all applicants regardless of the Kidcare component for which the child may be eligible;
- Reduce or eliminate the gap in coverage when children transition between components by allowing Medicaid HMOs and other providers to identify their members losing eligibility and assist them in completing a Kidcare application;
- Determine if a waiver is necessary to expand Medicaid eligibility for a limited time to allow families transitioning from Medicaid to Healthy Kids to complete the application process; and,
- Require the program principals to adopt administrative rules for the entire Kidcare program, especially to clarify the policy authority governing the Florida Healthy Kids Corporation and its activities.

III. Effect of Proposed Changes:

Section 1 amends s. 409.811, F.S., which provides definitions for the Florida Kidcare Act, to:

- Redefine the term “child with special health care needs” to align with other statutes (see s. 391.021(2), F.S.);
- Define the term “Florida Kidcare Plus” as the health plan benefits for children with special health care needs delivered through the Children’s Medical Services Network;
- Define the term “Healthy Kids” as a component of the Florida Kidcare Program of medical assistance for children who are 5 through 18 years of age and whose family or household income are above the Title XIX-income-eligibility threshold; and,
- Redefine the term “rural county.”

Section 2 amends s. 409.812, F.S., to modify the purpose of the program by deleting a provision requiring that a child be previously uninsured in order to be eligible for the program.

Section 3 amends s. 409.813, F.S., to specify that the various components of the Florida Kidcare program shall be marketed as the Florida Kidcare Program; to revise the program components to align with the major sources of funding for children's health care coverage;

Section 4 amends s. 409.8132, F.S., to conform cross references in the MediKids program; and to repeal the requirement that the agency establish enrollment criteria that must include certain penalties for voluntary cancellation for nonpayment of premiums.

Section 5 amends s. 409.8134, F.S., to repeal language referencing continuous enrollment to the four components of the program; to repeal the requirement that an application is only valid for a period of 120 days from the date it was received (this language was moved to another location in the bill); and, to change the reference from the Children's Medical Service Network to Kidcare Plus when referring to disenrollment procedures as determined by the Social Services Estimating Conference.

Section 6 amends s. 409.814, F.S., to rewrite the eligibility criteria of the Kidcare Program to include: The Florida Kidcare Program and Kidcare Plus. Eligibility for the Florida Kidcare Program is required to be contingent upon a child being a resident of the state, under 19 years old and uninsured at the time of application, unless the child is eligible for Medicaid. Eligibility for the Kidcare Plus program is required to be contingent upon meeting the requirements listed for the Florida Kidcare Program and must be a child with special health care needs as determined through a clinical-eligibility screening instrument administered by the Department of Health.

Section 7 creates s. 409.8141, F.S., with the following subsections explaining requirements for premium assistance:

Subsection (1) is created to require that a child meet the following criteria to qualify for premium assistance:

- Reside in a household where the family income is equal to or less than 200 percent of the federal poverty level;
- Be a United States citizen or a qualified alien as defined in s. 409.811(24);
- Not be an inmate of a public institution or a patient in an institution for mental diseases;
- Not be eligible for coverage under a state health benefit plan on the basis of a family members employment with a public agency in the state; and,
- Not be currently eligible for or covered under a family member's group health benefit plan or under other employer health insurance coverage, excluding full-pay Florida Kidcare health benefits coverage, if the cost of the child's participation is not greater than 5 percent of the family's income.

Subsection (2) is created and specifies good cause reasons to allow a child to enroll in Kidcare if his or her coverage in an employer-sponsored plan or a private health plan was discontinued 6 months prior to the family submitting an application.

Subsection (3) is created to require an applicant to submit a copy of their most recent federal income tax return, or in the absence of a federal income tax return, an applicant's wages and earnings statements, W-2 forms, or other appropriate documentation obtained from other government sources, including electronic records, an asset is not required. The applicant is

required to provide a statement that the child is not currently insured by an employer-sponsored or other benefit plan.

Subsection (4) is created to require recipients, that do not meet the eligibility requirements, to pay the full cost of the premium and are not required to document income. The subsection also requires that, enrollment for individuals exceeding 200% of the federal poverty level be limited to 10% of the non-Title XIX program.

Subsection (5) is created to require that Title XIX-funded children enrolled in the program are eligible for coverage for 6 months without redetermination or reverification of eligibility, and children eligible for premium assistance receive 12 months without reverification of eligibility contingent upon the family continuing to pay the applicable cost-sharing and annual reverification of eligibility is required.

Subsection (6) is created to require that a child's managed health care provider be notified at the same time the family is notified when a child loses eligibility for the program.

Section 8 creates s. 409.8142, F.S., to provide the following penalties:

- Allows the Florida Kidcare program to withhold benefits from an enrollee if the program obtains evidence that the enrollee is no longer eligible, submitted incorrect or fraudulent information in order to establish eligibility, or failed to provide verification of eligibility;
- Requires the applicant or enrollee to be notified that, because of such evidence, program benefits will be withheld unless the applicant or enrollee contacts a designated representative of the program by a specified date, which must be within 10 business days after the date of notice, to discuss and resolve the matter.
- Requires the program to make every effort to resolve the matter within a timeframe that will not cause benefits to be withheld from an eligible enrollee.
- Requires an enrollee to be disenrolled if found to be ineligible subsequent to any eligibility determination;
- Requires the agency to establish waiting periods of not less than 60 days for reinstatement of coverage upon voluntary cancellation for nonpayment of premiums, when applicable.

Section 9 creates s. 409.8149, F.S., to provide the following eligibility requirements:

- Allows the program to conduct year-round enrollment.
- Requires that an application is valid for a period of 120 days after the date it was received and requires that an applicant be notified that his/her application is invalid after the 120 days.
- Requires enrollees that do not voluntarily choose a benefit plan to be assigned to a managed care plan or to the Medicaid fee-for-service plan if a managed care plan does not exist in the geographical area in which the enrollee resides.
- Provides enrollees 90 days to voluntarily disenroll from a benefit plan and select another.
- Allows an enrollee to select another benefit plan upon the anniversary of enrollment into a plan, and requires the Kidcare program to notify enrollees of their options 60 days prior to the anniversary.

Section 10 amends s. 409.815, F.S., to require, effective July 1, 2008, that the health care benefits provided under the Florida Kidcare program include the same mandatory and optional Medicaid services as specified in s. 409.830(2).

Section 11 amends s. 409.816, F.S., to conform cross-references.

Section 12 amends s. 409.817, F.S., to conform cross-references; and to repeal obsolete language requiring that health benefits be certified by the Office of Insurance Regulation of the Financial Services Commission.

Section 13 amends s. 409.818, F.S., providing the following administrative requirements for the Florida Kidcare program:

Subsection (1) is amended to require DCF develop a standardized intake process for all Community Access Network partners which informs applicants about coverage and services available through the Florida Kidcare program, and collects all information necessary to assess eligibility for any premium assistance. DCF is required to develop a standardized eligibility process and to collect all necessary information to determine eligibility for premium assistance. DCF is required to conduct all eligibility determination for the program no later than July 1, 2008. DCF is required to establish a single toll-free informational telephone line in consultation with AHCA, no later than July 1, 2008.

Subsection (2)(a) is amended to require DOH, in consultation with AHCA, to develop a minimum set of pediatric quality assurance and access standards, that include a process for granting exceptions to specific requirements for quality assurance and access.

Subsection (2)(b) is amended to require DOH to determine clinical eligibility for and the administration of the Florida Kidcare Plus benefits coverage. The state level coordinating council is eliminated.

Subsection 2(c) is repealed, requiring DOH to establish a toll-free telephone line to assist families with questions about the program.

Subsection (3) relating to the duties of AHCA is amended as follows:

- Repeals the requirement that premium assistance payments for each enrollee in an employer-sponsored health insurance plan approved under ss. 409.810-409.820 should equal the premium for the plan adjusted for any benchmark benefit an actuarial equivalent benefit rider approved by the Office of Insurance Regulation pursuant to ss. 627.410 and 641.31, less any enrollee's share of the premium established within the limitations specified in s. 409.816. The requirement for AHCA to set the premium assistance payment levels for each child proportionately to the total cost of family coverage when calculating the premium assistance payment levels for children with family coverage is repealed.
- Requires AHCA to provide fiscal management for Title XIX and Title XXI funding for the Florida Kidcare program.

- Requires AHCA to develop and implement an outreach and marketing program that educates the public about the Florida Kidcare program.
- Requires AHCA to seek federal waivers or state plan amendments to implement the program.
- Repeals the requirement that the Office of Insurance Regulation actuarially certify health benefit coverage plans that seek to provide services under the program.

Section 14 repeals s. 409.820, F.S., and recreates it in section 13 of the bill.

Section 15 amends s. 409.821, F.S., to clarify an exemption from the public-records law to permit an enrollee's parent or legal guardian to obtain certain information.

Section 16 creates s. 409.830, F.S., establishing the Florida KidCare Program Consolidation Initiative for the purpose of consolidating the KidCare Program under the fewest administrative entities possible effective July 1, 2009; specifies that the AHCA will manage the consolidation initiative and creates a Deputy Secretary in the AHCA; designates the AHCA as the single state agency for the administration of KidCare no later than July 1, 2008. Requires AHCA and DCF to adopt a standardized application form and to verify eligibility electronically to the extent possible. Specifies that the AHCA shall develop marketing and outreach materials; allows the AHCA to contract with managed care plans and other providers to deliver services under the program; and specifies that the AHCA shall develop rules for the program no later than July 1, 2008. Designates the DCF as the entity responsible for all eligibility determinations and to provide a single toll-free customer service call center no later than July 1, 2008. Transfers the responsibilities of the Florida Healthy Kids Corporation to the agency no later than July 1, 2009; specifies the benefits of the program and the delivery systems to be used by the program effective July 1, 2008; specifies eligibility for the program effective July 1, 2008 and provides for the transition and future enrollment process for children in the program to be completed by June 30, 2009. Specifies that capitation rates are to be used to compensate health plans in the program no later than July 1, 2008 and specifies that the agency shall seek federal waiver approval or state plan amendments necessary to implement the consolidation initiative.

Section 17 amends s. 624.91, F.S., to repeal legislative intent of the Florida Healthy Kids Corporation; to repeal eligibility requirements for premium assistance; to transfer the local match procedures, the collection of premiums, and voluntary contributions from the Florida Healthy Kids Corporation to AHCA, no later than July 1, 2009; to transfer the eligibility determination process for Title XXI eligibles from the Florida Healthy Kids Corporation to DCF, no later than July 1, 2008; to transfer the grievance process to AHCA no later than July 1, 2009; to allow health and dental plans that participate in the program to distribute marketing and promotional materials and participate in certain outreach activities; to transfer the corporation's responsibility for marketing the program to DCF no later than July 1, 2008. Leon County is established as the proper venue for all civil and administrative actions against the Florida Healthy Kids Corporation.

Section 18 repeals s. 624.91, F.S., effective July 1, 2009.

Section 19 requires AHCA to provide a program consolidation transition plan that identifies budget, statutory, and administrative issues to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2008.

Section 20 provides an appropriation of \$333,049 in nonrecurring general revenue and \$780,082 in nonrecurring administrative trust funds and authorizes 10 full time positions to AHCA for the 2007-2008 fiscal year.

Section 21 provides an appropriation of \$1,233,995 in nonrecurring general revenue and \$2,890,319 in funds from the Federal Grants Trust Fund and authorizes 115 full time positions to DCF for the 2007-2008 fiscal year.

Section 22 provides that, except as otherwise expressly provided in this act, the bill takes effect July 1, 2007.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

None

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Providers serving children through current Florida Healthy Kids plans will experience a change in payment methodology. The impact of this change is unknown at this time.

C. Government Sector Impact:

The consolidation initiative will result in increased administrative costs in the short term as AHCA and DCF will need additional staff and technology resources to implement the consolidation of the KidCare program. The Florida Healthy Kids Corporation's

administrative costs would be reduced and shifted, as the eligibility determination, contract management, and marketing activities would be consolidated under the AHCA and the DCF.

The Florida Healthy Kids Corporation

Section 624.91, F.S. specifies the duties of the Florida Healthy Kids Corporation, as they relate to the Kidcare program. The provisions of this bill shift these duties to AHCA and DCF beginning July 1, 2008 through June 30, 2009. With the exception of administrative functions necessary to conduct daily operations, the Florida Healthy Kids Corporation contracts with a third party administrator for the majority of services required to administer the program. The third party administrator's primary duties include eligibility determinations and redeterminations, application processing, premium collection, and call center operations. For fiscal year 2006-2007 \$17,550,502 in recurring funding, was provided in the General Appropriations Act to the fund the administrative functions managed by the Florida Healthy Kids Corporation (includes third party administrator activities). As the duties of the corporation shift to AHCA and DCF, the recurring appropriations for the administration may be transferred to the agencies.

Department of Children and Family Services

The Department will experience an increase in the number of eligibility determinations beginning July 1, 2008. The Department must begin preparation in the 2007-2008 fiscal year for the increase in its duties, beginning July 1, 2008. The preparation will involve the hiring of additional staff to manage the increased volume of applications and eligibility determinations. The eligibility system will require modification.

Agency for Health Care Administration

AHCA will experience an increase in contract management duties, including the development of a transition plan, as directed by the provisions in the bill, and must begin preparations in fiscal year 2007-2008 to assume those responsibilities. The agency will require additional staffing and possible professional expertise to meet the increased contract management duties, and to comply with the required deputy secretary as provided in the bill. The agency must begin negotiations with health plans, providers and make modifications to the current Medicaid fiscal agent contract to prepare for the additional duties that begin July 1, 2008.

The bill provides an appropriation of \$333,049 in nonrecurring general revenue and \$780,082 in nonrecurring administrative trust funds and authorizes 10 full time positions to AHCA for the 2007-2008 fiscal year. The bill provides an appropriation of \$1,233,995 in nonrecurring general revenue and \$2,890,319 in funds from the Federal Grants Trust Fund and authorizes 115 full time positions to DCF for the 2007-2008 fiscal year.

Summary of Fiscal Impact

	FY 2007-08		FY 2008-09	FY 2009-10
	Recurring	Non Recurring		
REVENUE				
KidCare Administration Budget (FY 2006-2007)				
Total	\$17,550,502		\$17,550,502	\$17,550,502
State Funds	\$5,062,881		\$5,062,881	\$5,062,881
Trust Funds	\$12,487,621		\$12,487,621	\$12,487,621
EXPENDITURES				
AHCA				
Salaries Benefits (10 FTE's, includes Dep. Secretary)		\$664,521	\$664,521	\$664,521
Operational Capital Outlay (non-recurring)		\$1,400		
Expenses		\$143,200	\$112,000	\$112,000
Human Resources Contract Surcharge		\$4,010	\$4,010	\$4,010
Contract Management/System Modifications		\$300,000		
Total AHCA		\$1,113,131	\$780,531	\$780,531
State Funds		\$333,049	\$235,876	\$235,876
Trust Funds		\$780,082	\$544,655	\$544,655
DCF				
Salaries/Benefits- Eligibility Services (115 FTE's)		\$1,082,332	\$4,153,127	\$4,153,127
Operational Capital Outlay (non-recurring)		\$488,767		
Expenses		\$169,147	\$657,120	\$657,120
Human Resources Contract Surcharge		\$46,115	\$46,115	\$46,115
IT System Development and Modifications		\$2,337,953		
IT System Maintenance			\$413,000	\$413,000
Total DCF		\$4,124,314	\$5,269,362	\$5,269,362
State Funds		\$1,233,995	\$1,576,593	\$1,576,593
Trust Funds		\$2,890,319	\$3,692,769	\$3,692,769
Florida Healthy Kids Corporation - Administration *				
Total	\$17,550,502		\$11,500,609	\$11,500,609
State Funds	\$5,062,881		\$3,250,412	\$3,250,412
Trust Funds	\$12,487,621		\$8,250,197	\$8,250,197
TOTAL EXPENDITURES				
Total	\$17,550,502	\$5,237,445	\$17,550,502	\$17,550,502
State Funds	\$5,062,881	\$1,567,044	\$5,062,881	\$5,062,881
Trust Funds	\$12,487,621	\$3,670,401	\$12,487,621	\$12,487,621
DIFFERENCE				
Total - Surplus/(Deficit)	\$0	(\$5,237,445)	\$0	\$0
State Funds	\$0	(\$1,567,044)	\$0	\$0
Trust Funds	\$0	(\$3,670,401)	\$0	\$0

* The expenditure amounts listed in fiscal years 2008-2009 and 2009-2010 for Florida Healthy Kids Corporation Administration are anticipated to be transferred to AHCA and DCF based upon the duties they are assigned in the bill. This analysis assumes the transfer of funds will be budget neutral. The transfer amounts specific to each agency will be provided to the Legislature through the transition report required in the bill.

VI. Technical Deficiencies:

None

VII. Related Issues:

None

VIII. Summary of Amendments:

None.

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