

## **State Budget Conference Chairs**

**Bump Issues  
Senate Offer #8**

**Monday, April 26, 2010, 10:15 a.m.  
212 Knott Building  
Webster Hall**

**FY 2010-11 CONFERENCE COMMITTEE**  
**Senate Offer - Full Committee on Ways and Means**

Back of the Bill	
<p>1 Section ?? (1) Consistent with the provisions of section 216.221(2), Florida Statutes, relating to legislative direction in the General Appropriations Act regarding the use of state funds to offset General Revenue Fund deficits, in the event of a deficit in the General Revenue Fund is certified pursuant to s. 216.221, Florida Statutes, for the 2010-11 fiscal year, the following transfer is authorized.</p> <p>(a) Funds shall be transferred by the Chief Financial Officer from the Lawton Chiles Endowment Fund to the General Revenue Fund to address a deficit in lieu of other actions that may be taken pursuant to section 216.221, Florida Statutes. Such transfer or transfers shall not exceed the lesser of the amount of the deficit or \$600,000,000.</p>	<p>SENATE POSITION - No language</p>
<p>2 Section ?? The nonrecurring sum of \$75,000,000 is appropriated from the General Revenue Fund to the Executive Office of the Governor, Office of Tourism, Trade and Economic Development, for the Innovation Incentive Program as defined in s. 288.1089, Florida Statutes.</p> <p>The funding provided in this section is contingent upon the enactment of federal law which extends the enhanced Federal Medicaid Assistance Percentage rate, as provided under the American Reinvestment and Recovery Act. (P.L. 111-5), from December 31, 2010, through June 30, 2011.</p> <p>Of the funds provided in this section, \$50,000,000 from nonrecurring general revenue are part of a maximum three year commitment of \$130,000,000, subject to annual appropriation, to fund the development of a research institute focused on genetics and personalized medicine. Any applicant, to be eligible to apply, must have a demonstrated history of genetic research, of earning national research grants, and of establishing global partnerships and commercializing its research, and must meet the requirements provided below. Before receiving state funds, the approved entity must enter into an agreement with the Office of Trade, Tourism and Economic Development (OTTED) that, in addition to the criteria and contract requirements established in s. 288.1089, Florida Statutes, will meet the following requirements:</p> <ol style="list-style-type: none"> <li>1) The mechanism to provide local matching funds will be adopted by the local government within 120 days of the grant award from OTTED, and such local commitment must include at least \$130,000,000 of cash, committed future revenues which OTTED determines to have a value of \$130,000,000, land or infrastructure, or some combination thereof equaling \$130,000,000;</li> <li>2) As part of the local match requirements in s. 288.1089, Florida Statutes, the project must have secured a site of sufficient size and construction shall commence within 60 days of adoption of the local matching funds mechanism;</li> <li>3) Within 180 days of the award being granted the entity, in coordination with public and private partnerships, shall commence a philanthropic campaign of up to \$120,000,000. Revenues derived from such a campaign may include but not limited to cash or credit worthy personal guarantees of philanthropic support. This effort must document with OTTED the expected fundraising benchmarks for the first, fifth and tenth year of the project;</li> <li>4) The entity may not have received prior funding from the Florida Innovation Incentive fund or any other state funds;</li> <li>5) The site of the facility should be within 25 miles of a state designated rural area of critical economic concern;</li> <li>6) Specific deadlines for construction and employment; and</li> <li>7) The project will attract substantial additional economic activity to the region.</li> </ol> <p>The grant may be awarded, but no funds may be released if these requirements are not met. If these requirements are not met March 1, 2011, the funds provided above shall revert to the General Revenue Fund.</p> <p>The nonrecurring sum of \$75,000,000 is appropriated from the General Revenue Fund to the Executive Office of the Governor, Office of Tourism, Trade and Economic Development, for the Innovation Incentive Program as defined in s. 288.1089, Florida Statutes.</p> <p>The funding provided in this section is contingent upon the enactment of federal law which extends the enhanced Federal Medicaid Assistance Percentage rate, as provided under the American Reinvestment and Recovery Act. (P.L. 111-5), from December 31, 2010, through June 30, 2011.</p> <p>Of the funds provided in this section, \$50,000,000 from nonrecurring general revenue are part of a maximum three year commitment of \$130,000,000, subject to annual appropriation, to fund the development of a research institute focused on genetics and personalized medicine. 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SB 2020 - Information Technology	Senate Offer
<p>Revises the duties of the Agency for Enterprise Information Technology (AEIT) by:</p> <ul style="list-style-type: none"> <li>• Expanding its coordinative role in purchasing information technology (IT) products for enterprise information technology services and for those IT products used by multiple agencies for the purpose of saving money for the state.</li> <li>• Establishing a competitive solicitation process for procuring a statewide consolidated email service and requires the consolidation of SUNCOM services connecting users in state primary data centers to SUNCOM Network services.</li> <li>• Allowing for a staggered consolidation of agency computing services required by Section 17, chapter 2008-116, Laws of Florida, into three primary data centers (Southwood Shared Resource Center, Northwood Shared Resource Center and the Northwest Regional Data enter).</li> <li>• Providing for the ability of the state primary data centers to contract with each other for administrative services.</li> <li>• Appropriates 3 FTEs and \$300,000 for additional duties associated with AEIT's expanded role in IT</li> </ul>	Senate Position
<p><u>282.203 Primary data centers.—</u>  <u>(f) By December 31, 2010, submit organizational plans which shall minimize the annual recurring cost of center operations and eliminate the need for state agency customers to maintain data center skills and staff within their agency. The plans shall: (1) establish an efficient organizational structure describing the roles and responsibilities of all positions and business units in the centers; (2) define a human resources planning and management process that shall be used to make required center staffing decisions; and (3) develop a process for projecting staffing requirements based on estimated workload identified in customer agency service level agreements.</u></p>	NEW
<p><u>Subsection (3) of section 282.201, Florida Statutes, is amended to read:</u>  <u>(d) Each state agency customer of a primary data center shall notify the data center, by May 31 and November 30 of each year, of any significant changes in anticipated utilization of data center services pursuant to requirements established by the boards of trustees of each primary data center.</u></p>	NEW
<p><u>Section 13. Children's Legal Services and the judiciary shall use the Florida Safe Families Network for child welfare case management.</u></p>	Deleted - Modified and Moved to Proviso in DCF

		HB 5001 E1			SB 2700 E1			SENATE OFFER 1			
	D3A Issue Title	GENERAL REVENUE	NR GEN REVENUE	ALL TRUST FUNDS	GENERAL REVENUE	NR GEN REVENUE	ALL TRUST FUNDS	GENERAL REVENUE	NR GEN REVENUE	ALL TRUST FUNDS	
1	AGENCY SALARY FLEXIBILITY	(93,989,280)		(96,425,387)				0	0	0	
2	BONUSES -- DCF Access Employees						3,846,311	0	0	In Committee Budget	Bonus for DCF employees working in the ACCESS program
3	FLORIDA RETIREMENT SYSTEM CONTRIBUTION ADJUSTMENT	40,500,000		37,032,000	40,525,000		36,665,000	32,008,000	0	28,959,000	Employers pay contribution rate necessary to fund normal cost of the system after accounting for DROP interest at 3.0% (effective all members entering DROP on or after July 1, 2010).
4	STATE EMPLOYEES HEALTH INSURANCE	59,800,000		28,500,000	58,600,000		27,100,000	29,471,261	0	18,808,134	5% increase, effective December 2010; paid by employer
5	ELIMINATION OF AGENCY PAY ALL STATUS				(3,559,996)		(3,548,622)	(4,202,100)	0	(4,497,900)	Exempt employees and officers begin to pay \$100 per year for single coverage and \$360 per year for family coverage; Spouse program participants begin to pay \$180 per year.
6	STATE LIFE INSURANCE PROGRAM				(2,100,000)		(2,100,000)	(1,877,278)	0	(1,877,278)	\$25,000 state paid policies for all employees and officers; Optional life insurance program continues at employee's expense up to 5 times salary
7	STATE LEGISLATOR SALARIES							0	0	0	Continue salaries at the current level for FY 2010-11
8	PAY ADDITIVES							0	0	0	Continue additives, on-call fees, shift differentials as directed in GAA
9	Salary Rate for the Division of Vocational Rehabilitation							0	0	In Committee Budget	Additional salary rate for retention purposes
10	FWCC Officer Retention Plan							0	0	In Committee Budget	Officer retention plan (effective January 1, 2011)



		GR	GR	Total	
	Agency/Issue	Recurring	Annz.	Trust	Comments
	<b>Employer Paid Benefits</b>				
1	Employer Paid Life Insurance set at \$25,000 policy for all (including legislators) Optional program at employee expense	(1.88)	(1.34)	(1.88)	Effective for coverage beginning Jan 2011
2	Prohibit agencies from using state funds to pay bar dues	0.00	0.00	0.00	Effective July 1, 2010
	<b>Maximum Impact</b>	<b>(1.88)</b>	<b>(1.34)</b>	<b>(1.88)</b>	
	<b>HEALTH INSURANCE FOR PLAN YEAR 2011</b>				
	<b>HMO Plans</b>				
3	Increase copayments for primary care physician visits from \$15 to \$20; specialist from \$25 to \$40			(3.95)	Effective for coverage beginning Jan 2011
	<b>PPO Plans</b>				
4	6 month \$0 copay for generic statins (cholesterol)			(0.75)	Effective for coverage beginning Jan 2011
5	6 month \$0 copay for generic proton pump inhibitors (gastric acid)			(0.25)	Effective for coverage beginning Jan 2011
6	Require use of mail order after 3 fills for maintenance drugs			(2.00)	Effective for coverage beginning Jan 2011
7	Define mammograms as preventative benefits			(0.85)	Effective for coverage beginning Jan 2011
	<b>PPO and HMO plans</b>				
8	Increase emergency room copay from \$50 to \$100			(1.05)	Effective for coverage beginning Jan 2011
9	Increase Urgent Care copay from \$15 to \$25			(0.10)	Effective for coverage beginning Jan 2011
10	Add smoking cessation to pharmacy benefits			1.15	Effective for coverage beginning Jan 2011
11	Modify pharmacy copays from \$10; \$25; \$40 to \$7; \$30; \$50			(7.15)	Effective for coverage beginning Jan 2011

		GR	GR	Total	
	Agency/Issue	Recurring	Annz.	Trust	Comments
12	Continue the annual contributions for health savings accounts at \$500 for single coverage and \$1000 for family coverage for those participants in the high deductible plans				Effective July 1, 2010
13	Benefits to conform to Florida Clinical Trial Compact				Effective for coverage beginning July 1, 2010.
	<b>Premium changes for Health Insurance Program</b>				
14	Modify Agency Pay all and Spouse Program (Health Insurance) so that employees pay at least 1/6th of regular employee premium	(4.20)		(4.50)	Effective for coverage beginning August 2010
15	Require PPO premiums for Medicare retirees to be actuarially sound but no more than 10% increase for FY 2010-11			3.91	Effective December 2010
16	Limit the increase on the premiums paid to HMOs for health insurance coverage for employees and officers to no more than 3% statewide for Plan Year 2011			39.50	Effective January 2011
	<b>IMPACT</b>	<b>(4.20)</b>			

OVERALL IMPACT TO GR

(6.08)

# SENATE OFFER 1 ON COLLECTIVE BARGAINING ISSUES AT IMPASSE

## Federation of Physicians and Dentists (FPD) Selected Exempt Service (SES) - Supervisory Non-Professional Unit

Article		Status	State	Union	Preliminary Recommendation
18	Hours of Work and Leave of Absence	Open	State's Proposal 1/27/10: Adds language clarifying that Agencies and DMS can develop payment plans to provide OT or compensatory leave.	Union's Proposal 12/28/09: Added language to provide employees more input into shift work scheduling.	Status Quo

## Florida Nurses Association Professional Health Care Unit

Article		Status	State	Union	Preliminary Recommendation
8	Workforce Reduction	Open	Status Quo	Union Proposal 12/11/09: Creates Section 1(B) to subject reductions in pay, primarily related to a reduction in work hours, for reason other than discipline to the same procedures as discipline.	Status Quo

## Police Benevolent Association (PBA) Highway Patrol Unit (reopeners)

Article		Status	State	Union	Preliminary Recommendation
10	Disciplinary Action	Open	Status Quo	Suspension of outside employment be considered disciplinary action and subject to the grievance procedure PBA is working on language.	Status Quo
15	Seniority		Status Quo	Include zones and zone assignments to be made on basis of seniority by district, subdistrict, and post.	Status Quo

Police Benevolent Association (PBA)  
Special Agent Unit (reopeners)

Article		Status	State	Union	Preliminary Recommendation
7	Internal Investigations and Disciplinary Actions	Open	Status Quo	Union Proposal 12-23-09: Suspensions of outside employment shall be considered discipline and subject to contractual grievance process. Language Pending.	Status Quo
8	Workforce Reduction	Open	Status Quo	Union Proposal 12-23-09: Redefined length of service to be "continuous service in a sworn law enforcement position within the department."	Status Quo

Police Benevolent Association (PBA)  
Law Enforcement Unit (reopeners)

Article		Status	State	Union	Preliminary Recommendation
8	Workforce Reductions	Open	Status Quo	Union Proposal 12-23-09: Redefined length of service to be "continuous service in a sworn law enforcement position within the bargaining unit or previous state law enforcement unit."	Status Quo
10	Disciplinary Action	Open	Status Quo	Union Proposal 12-23-09: Suspensions of outside employment shall be considered discipline and subject to contractual grievance process. In addition, oral or written reprimands shall not be used against an employee in any fashion and are purged after 12 months.	Status Quo
12	Personnel Records	Open	Status Quo	Union proposes counseling letters, oral and written reprimands be removed from personnel file after 24 months.	Status Quo
36	Awards	Open	Status Quo	Union Proposal 12/23/09: Upon normal retirement, an employee shall receive a one-grade, honorary promotion reflected on employee ID Card.	Status Quo.

Police Benevolent Association (PBA)  
Security Services Unit

Article		Status	State	Union	Preliminary Recommendation
23	Hours of Work/Overtime	Open	Status quo	Union Proposal 12/23/09: Unit employees that have reached cap on special compensation be given 1st consideration for leave requests, if can't be accommodated, then cap is waived. Questioned exempt status of Lieutenants and Captains.	Status quo

Florida State Fires Service Association  
Fire Service Unit (successor agreement)

Article		Status	State	Union	Preliminary Recommendation
11	Classification Review	Open	State Proposal 1/22/10: Status Quo	Union Proposal 11/17/09: The state move the Fire Protection Specialist job class to the Protective Services/Firefighters occupational profile.	Status quo
24	On-Call Assignment and Call Back and Residency	Open	State Proposal 11/17/09: Agrees to allow employees to take home emergency response apparatus at discretion of supervisor. Rejects proposal to provide transportation to their assigned state vehicle in lieu of personal vehicle. State proposes employee be en route within 45 minutes of notification. State agrees with language for pilots to live within a radius of 20 statute miles effective 7/1/10.	Union Proposal 11/17/09: Allow on-call employees to take home appropriate emergency response apparatus at supervisor's discretion, and allow for a different vehicle if it is not feasible to park equipment at home. Employees will make a good faith effort to be en route, rather than en route, unless they took home a state-owned emergency response apparatus, within 45 minutes. Proposes 20 mile restriction only applies to pilots hired after 7/1/10.	Status quo
30	Prevailing Rights	Open	State's Proposal 2/1/10: Proposes to vacate this article.	Union Proposal of 1/24/10: Proposes status quo.	Status quo

Federation of Public Employees  
Lottery Administration and Support Unit

Article		Status	State	Union	Preliminary Recommendation
6	Employee Records	Open	Proposes changing current references to oral and written <u>counseling</u> to oral and written <u>reprimands</u> .	Proposes reduce the 'forgiveness' period for written discipline from 24 to 12 months.	Status quo.

**ALL BARGAINING UNITS**

**ALL ISSUES AT IMPASSE REGARDING WAGES AND OTHER ECONOMIC ISSUES SHALL BE RESOLVED PURSUANT TO THE INSTRUCTIONS IN THE GENERAL APPROPRIATIONS ACT FOR FISCAL YEAR 2010-11**

Natural Resources - General Government

HOUSE	Senate	SENATE
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DEPARTMENT OF AGRICULTURE

1	1410A Special Categories Ag Research	Senate - New	Funds in Specific Appropriation XXXX , shall be transferred to the Citrus Research and Development Foundation, Inc., to conduct or cause to be conducted research projects on citrus disease. Distribution of such funds for a particular research project is contingent upon one and a half dollar for dollar cash match from federal or private funds or from citrus box tax revenues. At no time shall the funds appropriated in Specific Appropriation XXXX allocated to a particular project, exceed the private, federal , and citrus box tax funds provided for that project.
2	Department of Environmental Protection		
3	Everglades Restoration	Senate Modify	Funds in Specific Appropriations XXXX, are provided for the design, engineering, and construction of the <u>Comprehensive Everglades Restoration Plan</u> , Lake Okeechobee Protection Plan, the Caloosahatchee and St. Lucie River Watershed Protection Plan Components, and for the acquisition of lands for projects included in the plans.

# GOVERNMENT OPERATIONS AND GENERAL GOVERNMENT

## BUMP ISSUES - CONFORMING BILLS

ISSUE		HOUSE OFFER #1	SENATE OFFER #1	
<b>House Bill 5605 - Public Employee's Relations Commission</b>				
1	Requires the Commission to be Comprised of a Chair and Two Part-Time Members	SENATE (No Language)	SENATE (No Language)	Changes the composition of the Public Employees' Relations Commission to consist of a chair and two part-time members, which will result in a cost savings for the Commission in the Salaries & Benefits appropriation category of \$117,500.
2	Prohibits the Part-Time Commissioners from Engaging in Conflicts with Their Commission Duties	SENATE (No Language)	SENATE (No Language)	Prohibits the part-time members from engaging in any business, vocation, or employment that conflicts with their duties while in such office. The bill does not affect the current law requiring the chair to devote full time to commission duties and not engage in any other business, vocation, or employment while in such office.
<b>House Bill 5611 - Department of Management Services</b>				
3	Establishes Statewide Wireless Device Utilization Standards	HOUSE MODIFY	HOUSE MODIFY	Creates statewide standards for agencies to use in determining employee assignment of wireless communication devices. It requires agencies to procure for wireless devices and services using SUNCOM Network Services and provides an exception process. The bill requires state agencies to submit, as part of their legislative budget request, an inventory of all wireless devices and expenditures.
4	Requires DMS to Submit a Plan to Centralized Motor Vehicle Fleet	HOUSE MODIFY	HOUSE MODIFY	Directs the Department of Management Services to submit a plan to create, administer, and maintain a centralized fleet of all state-owned motor vehicles.
5	Requires DMS To Submit A Plan For Centralizing Real Estate Functions	SENATE MODIFY (clarifying)	SENATE MODIFY (clarifying)	Directs the Department of Management Services to coordinate with all state agencies prior to submitting a plan to the Governor and Legislature by September 1, 2010, to centralize all real estate planning, management, leasing, and facilities operations and maintenance. Requires agencies to include in their legislative budget request for the 2011-2012 fiscal year, a transfer of all real estate resources to the Department of Management Services.
6	Providing An Appropriation To DMS to Re-establish Management Positions	SENATE MODIFY (clarifying)	SENATE MODIFY (clarifying)	Provides an appropriation of 18 positions and \$2.2 million to the Department of Management Services for the purpose of implementing the provisions of s. 20.22, Florida Statutes, which is reorganized as a cabinet agency.



BILL ORIGINAL YEAR

1                                    A bill to be entitled  
2                    An act relating to review of the Department of Management  
3                    Services under the Florida Government Accountability Act;  
4                    amending s. 20.22, F.S.; revising the governance of the  
5                    Department of Management Services; amending ss. 57.111,  
6                    120.56, 120.569, 120.57, 552.40, 553.73, and 961.03, F.S.;  
7                    providing for electronic filing and transmission  
8                    procedures for certain actions, proceedings, and  
9                    petitions; conforming provisions to changes made by the  
10                    act; repealing s. 110.123(13), F.S., relating to creation  
11                    and duties of the Florida State Employee Wellness Council;  
12                    amending s. 120.54, F.S.; requiring a petitioner  
13                    requesting an administrative hearing to include the  
14                    petitioner's e-mail address; requiring the request for  
15                    administrative hearing by a respondent to include the e-  
16                    mail address of the party's counsel or qualified  
17                    representative; creating s. 120.585, F.S.; requiring an  
18                    attorney to use electronic means when filing a document  
19                    with the Division of Administrative Hearings; encouraging  
20                    a party not represented by an attorney to file documents  
21                    whenever possible by electronic means through the  
22                    division's website; amending s. 216.023, F.S.; requiring  
23                    each agency head to provide an annual inventory of all  
24                    wireless devices and expenditures containing specified  
25                    information; creating s. 282.712, F.S.; providing  
26                    legislative intent; providing requirements for the use of  
27                    wireless communication devices by agency employees;  
28                    requiring the agency to conduct a review of wireless

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29 | communication device expenditures; requiring reimbursement  
30 | of costs associated with certain personal use of wireless  
31 | communication devices by employees; requiring the  
32 | department to prepare a plan to centralize the fleet of  
33 | state-owned motor vehicles; requiring the department to  
34 | submit the plan to the Governor, Cabinet, and the  
35 | Legislature by a specified date; amending ss. 318.18 and  
36 | 318.21, F.S.; delaying the expiration of provisions  
37 | imposing a surcharge on certain offenses and traffic  
38 | violations, the proceeds of which are deposited into the  
39 | State Agency Law Enforcement Radio System Trust Fund of  
40 | the Department of Management Services; amending ss.  
41 | 440.192 and 440.25, F.S.; providing and revising  
42 | procedures for filing petitions for benefits and other  
43 | documents in workers' compensation benefits proceedings to  
44 | provide for electronic filing and transmission under  
45 | certain circumstances; amending ss. 440.29 and 440.45,  
46 | F.S.; authorizing the Office of the Judges of Compensation  
47 | Claims to adopt rules for certain purposes; amending s.  
48 | 440.33, F.S.; providing for an order issued by the chief  
49 | circuit judge to close the courts of the county or a  
50 | tolling order issued by the Supreme Court to apply to any  
51 | district office of the Office of the Judges of  
52 | Compensation Claims which is located within the same  
53 | county in which the order of closure or tolling order  
54 | applies; providing for the time limits applicable to the  
55 | jurisdiction of the Office of the Judges of Compensation  
56 | Claims to apply following such order; amending ss.

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57 | 766.305, 766.309, and 766.31, F.S.; authorizing the  
58 | Division of Administrative Hearings to furnish by  
59 | electronic means copies of certain petitions and orders  
60 | relating to medical disciplinary reviews, claims, and  
61 | awards; requiring the Department of Management Services to  
62 | identify all resources relating to real estate planning,  
63 | management, leasing, and facilities operations and  
64 | maintenance within each state agency; requiring a report  
65 | to the Governor, Cabinet, and Legislature by a specified  
66 | date; requiring that the information be included within  
67 | the agency's legislative budget request for the 2011-2012  
68 | fiscal year; providing an appropriation and authorizing  
69 | positions within the Department of Management Services;  
70 | requiring approval of the Governor and Cabinet and Senate  
71 | confirmation for certain positions within the department;  
72 | providing for repeal of the provisions by a date certain;  
73 | authorizing the Department of Management Services to  
74 | transfer certain funds for the purpose of statewide  
75 | purchasing operations; providing a directive to the  
76 | Division of Statutory Revision; providing an effective  
77 | date.

78

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

80

81 | Section 1. Subsection (1) of section 20.22, Florida  
82 | Statutes, is amended to read:

83 | 20.22 Department of Management Services.—There is created  
84 | a Department of Management Services.

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(1) The head of the Department of Management Services is the Governor and Cabinet. The executive director of the department ~~Secretary of Management Services,~~ who shall be appointed by the Governor with the approval of three members of the Cabinet and, subject to confirmation by the Senate. The executive director, ~~and~~ shall serve at the pleasure of the Governor and Cabinet.

Section 2. Paragraph (b) of subsection (4) of section 57.111, Florida Statutes, is amended to read:

57.111 Civil actions and administrative proceedings initiated by state agencies; attorneys' fees and costs.—

(4)

(b)1. To apply for an award under this section, the attorney for the prevailing small business party must submit an itemized affidavit to the court which first conducted the adversarial proceeding in the underlying action, or by electronic means through the division's website to the Division of Administrative Hearings, which shall assign an administrative law judge, in the case of a proceeding pursuant to chapter 120, which affidavit shall reveal the nature and extent of the services rendered by the attorney as well as the costs incurred in preparations, motions, hearings, and appeals in the proceeding.

2. The application for an award of attorney's fees must be made within 60 days after the date that the small business party becomes a prevailing small business party.

Section 3. Subsection (13) of section 110.123, Florida Statutes, is repealed.

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113        Section 4. Paragraph (b) of subsection (5) of section  
 114        120.54, Florida Statutes, is amended to read:  
 115        120.54 Rulemaking.—  
 116        (5) UNIFORM RULES.—  
 117        (b) The uniform rules of procedure adopted by the  
 118        commission pursuant to this subsection shall include, but are  
 119        not limited to:  
 120        1. Uniform rules for the scheduling of public meetings,  
 121        hearings, and workshops.  
 122        2. Uniform rules for use by each state agency that provide  
 123        procedures for conducting public meetings, hearings, and  
 124        workshops, and for taking evidence, testimony, and argument at  
 125        such public meetings, hearings, and workshops, in person and by  
 126        means of communications media technology. The rules shall  
 127        provide that all evidence, testimony, and argument presented  
 128        shall be afforded equal consideration, regardless of the method  
 129        of communication. If a public meeting, hearing, or workshop is  
 130        to be conducted by means of communications media technology, or  
 131        if attendance may be provided by such means, the notice shall so  
 132        state. The notice for public meetings, hearings, and workshops  
 133        utilizing communications media technology shall state how  
 134        persons interested in attending may do so and shall name  
 135        locations, if any, where communications media technology  
 136        facilities will be available. Nothing in this paragraph shall be  
 137        construed to diminish the right to inspect public records under  
 138        chapter 119. Limiting points of access to public meetings,  
 139        hearings, and workshops subject to the provisions of s. 286.011  
 140        to places not normally open to the public shall be presumed to

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141 | violate the right of access of the public, and any official  
 142 | action taken under such circumstances is void and of no effect.  
 143 | Other laws relating to public meetings, hearings, and workshops,  
 144 | including penal and remedial provisions, shall apply to public  
 145 | meetings, hearings, and workshops conducted by means of  
 146 | communications media technology, and shall be liberally  
 147 | construed in their application to such public meetings,  
 148 | hearings, and workshops. As used in this subparagraph,  
 149 | "communications media technology" means the electronic  
 150 | transmission of printed matter, audio, full-motion video,  
 151 | freeze-frame video, compressed video, and digital video by any  
 152 | method available.

153 |         3. Uniform rules of procedure for the filing of notice of  
 154 | protests and formal written protests. The Administration  
 155 | Commission may prescribe the form and substantive provisions of  
 156 | a required bond.

157 |         4. Uniform rules of procedure for the filing of petitions  
 158 | for administrative hearings pursuant to s. 120.569 or s. 120.57.  
 159 | Such rules shall require the petition to include:

160 |         a. The identification of the petitioner, including the  
 161 | petitioner's e-mail address, if any, for the transmittal of  
 162 | subsequent documents by electronic means.

163 |         b. A statement of when and how the petitioner received  
 164 | notice of the agency's action or proposed action.

165 |         c. An explanation of how the petitioner's substantial  
 166 | interests are or will be affected by the action or proposed  
 167 | action.

168 |         d. A statement of all material facts disputed by the

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169 petitioner or a statement that there are no disputed facts.  
 170 e. A statement of the ultimate facts alleged, including a  
 171 statement of the specific facts the petitioner contends warrant  
 172 reversal or modification of the agency's proposed action.  
 173 f. A statement of the specific rules or statutes that the  
 174 petitioner contends require reversal or modification of the  
 175 agency's proposed action, including an explanation of how the  
 176 alleged facts relate to the specific rules or statutes.  
 177 g. A statement of the relief sought by the petitioner,  
 178 stating precisely the action petitioner wishes the agency to  
 179 take with respect to the proposed action.  
 180 5. Uniform rules for the filing of request for  
 181 administrative hearing by a respondent in agency enforcement and  
 182 disciplinary actions. Such rules shall require a request to  
 183 include:  
 184 a. The name, address, e-mail address, and telephone number  
 185 of the party making the request and the name, address, e-mail  
 186 address, and telephone number of the party's counsel or  
 187 qualified representative upon whom service of pleadings and  
 188 other papers shall be made;  
 189 b. A statement that the respondent is requesting an  
 190 administrative hearing and disputes the material facts alleged  
 191 by the petitioner, in which case the respondent shall identify  
 192 those material facts that are in dispute, or that the respondent  
 193 is requesting an administrative hearing and does not dispute the  
 194 material facts alleged by the petitioner; and  
 195 c. A reference by file number to the administrative  
 196 complaint that the party has received from the agency and the

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197 | date on which the agency pleading was received.

198 |

199 | The agency may provide an election-of-rights form for the  
200 | respondent's use in requesting a hearing, so long as any form  
201 | provided by the agency calls for the information in sub-  
202 | subparagraphs a. through c. and does not impose any additional  
203 | requirements on a respondent in order to request a hearing,  
204 | unless such requirements are specifically authorized by law.

205 |         6. Uniform rules of procedure for the filing and prompt  
206 | disposition of petitions for declaratory statements. The rules  
207 | shall also describe the contents of the notices that must be  
208 | published in the Florida Administrative Weekly under s. 120.565,  
209 | including any applicable time limit for the filing of petitions  
210 | to intervene or petitions for administrative hearing by persons  
211 | whose substantial interests may be affected.

212 |         7. Provision of a method by which each agency head shall  
213 | provide a description of the agency's organization and general  
214 | course of its operations. The rules shall require that the  
215 | statement concerning the agency's organization and operations be  
216 | published on the agency's website.

217 |         8. Uniform rules establishing procedures for granting or  
218 | denying petitions for variances and waivers pursuant to s.  
219 | 120.542.

220 |         Section 5. Paragraphs (c) and (d) of subsection (1) of  
221 | section 120.56, Florida Statutes, are amended to read:

222 |         120.56 Challenges to rules.—

223 |         (1) GENERAL PROCEDURES FOR CHALLENGING THE VALIDITY OF A  
224 | RULE OR A PROPOSED RULE.—



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225           (c) The petition shall be filed by electronic means with  
 226 the division, which shall, immediately upon filing, forward by  
 227 electronic means copies to the agency whose rule is challenged,  
 228 the Department of State, and the committee. Within 10 days after  
 229 receiving the petition, the division director shall, if the  
 230 petition complies with the requirements of paragraph (b), assign  
 231 an administrative law judge who shall conduct a hearing within  
 232 30 days thereafter, unless the petition is withdrawn or a  
 233 continuance is granted by agreement of the parties or for good  
 234 cause shown. Evidence of good cause includes, but is not limited  
 235 to, written notice of an agency's decision to modify or withdraw  
 236 the proposed rule or a written notice from the chair of the  
 237 committee stating that the committee will consider an objection  
 238 to the rule at its next scheduled meeting. The failure of an  
 239 agency to follow the applicable rulemaking procedures or  
 240 requirements set forth in this chapter shall be presumed to be  
 241 material; however, the agency may rebut this presumption by  
 242 showing that the substantial interests of the petitioner and the  
 243 fairness of the proceedings have not been impaired.

244           (d) Within 30 days after the hearing, the administrative  
 245 law judge shall render a decision and state the reasons therefor  
 246 in writing. The division shall forthwith transmit by electronic  
 247 means copies of the administrative law judge's decision to the  
 248 agency, the Department of State, and the committee.

249           Section 6. Paragraph (a) of subsection (2) of section  
 250 120.569, Florida Statutes, is amended to read:

251           120.569 Decisions which affect substantial interests.—

252           (2)(a) Except for any proceeding conducted as prescribed

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253 | in s. 120.56, a petition or request for a hearing under this  
 254 | section shall be filed with the agency. If the agency requests  
 255 | an administrative law judge from the division, it shall so  
 256 | notify the division by electronic means through the division's  
 257 | website within 15 days after receipt of the petition or request.  
 258 | A request for a hearing shall be granted or denied within 15  
 259 | days after receipt. On the request of any agency, the division  
 260 | shall assign an administrative law judge with due regard to the  
 261 | expertise required for the particular matter. The referring  
 262 | agency shall take no further action with respect to a proceeding  
 263 | under s. 120.57(1), except as a party litigant, as long as the  
 264 | division has jurisdiction over the proceeding under s.  
 265 | 120.57(1). Any party may request the disqualification of the  
 266 | administrative law judge by filing an affidavit with the  
 267 | division prior to the taking of evidence at a hearing, stating  
 268 | the grounds with particularity.

269 |       Section 7. Paragraph (d) of subsection (3) of section  
 270 | 120.57, Florida Statutes, is amended to read:

271 |       120.57 Additional procedures for particular cases.—

272 |       (3) ADDITIONAL PROCEDURES APPLICABLE TO PROTESTS TO  
 273 | CONTRACT SOLICITATION OR AWARD.—Agencies subject to this chapter  
 274 | shall use the uniform rules of procedure, which provide  
 275 | procedures for the resolution of protests arising from the  
 276 | contract solicitation or award process. Such rules shall at  
 277 | least provide that:

278 |       (d)1. The agency shall provide an opportunity to resolve  
 279 | the protest by mutual agreement between the parties within 7  
 280 | days, excluding Saturdays, Sundays, and state holidays, after

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receipt of a formal written protest.

2. If the subject of a protest is not resolved by mutual agreement within 7 days, excluding Saturdays, Sundays, and state holidays, after receipt of the formal written protest, and if there is no disputed issue of material fact, an informal proceeding shall be conducted pursuant to subsection (2) and applicable agency rules before a person whose qualifications have been prescribed by rules of the agency.

3. If the subject of a protest is not resolved by mutual agreement within 7 days, excluding Saturdays, Sundays, and state holidays, after receipt of the formal written protest, and if there is a disputed issue of material fact, the agency shall refer the protest to the division by electronic means through the division's website for proceedings under subsection (1).

Section 8. Section 120.585, Florida Statutes, is created to read:

120.585 Electronic filing.—Any document filed with the division by a party represented by an attorney must be filed by electronic means through the division's website. Any document filed with the division by a party who is not represented by an attorney shall, whenever possible, be filed by electronic means through the division's website.

Section 9. Subsections (6) through (9) of section 216.023, Florida Statutes, are renumbered as subsections (7) through (10), respectively, and a new subsection (6) is added to that section to read:

216.023 Legislative budget requests to be furnished to Legislature by agencies.—

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309        (6) As part of the legislative budget request, the head of  
 310 each agency shall include an annual inventory of all wireless  
 311 devices and expenditures, including the number of wireless  
 312 devices by type, expenditures by type of device, total  
 313 expenditures, a list of job classifications assigned a wireless  
 314 device, and the steps taken to promote productivity and contain  
 315 costs.

316        Section 10. Section 282.712, Florida Statutes, is created  
 317 to read:

318        282.712 Statewide wireless communication utilization.—

319        (1) It is the intent of the Legislature that the  
 320 expenditure of public funds on wireless communication devices  
 321 shall be used to increase efficiency, accessibility, and  
 322 productivity.

323        (2) In furtherance of the goal of increasing efficiency,  
 324 accessibility, and productivity, agencies shall only assign  
 325 cellular telephones, personal digital assistants, and other  
 326 wireless communication devices to those employees who, as part  
 327 of their official assigned duties, routinely must:

328        (a) Be immediately available to citizens, supervisors, or  
 329 subordinates;

330        (b) Be available to respond to emergency situations;

331        (c) Be available to receive calls outside of regular  
 332 working hours;

333        (d) Have access to the technology in order to productively  
 334 perform job duties in the field; or

335        (e) Have limited or no access to a telephone, or have no  
 336 ability to use a cellular phone, if needed.

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337        (3) Agencies shall utilize wireless communication devices  
338 and services using SUNCOM Network Services unless otherwise  
339 approved by the Department of Management Services. Agencies  
340 shall obtain an exemption from the use of SUNCOM Network  
341 Services prior to seeking approval to use a state term contract,  
342 an alternate source contract, or other procurement method. In  
343 seeking approval for an exemption, agencies shall provide a  
344 comparison of costs and benefits and the reasons for deviating  
345 from SUNCOM Network Services. The department shall approve such  
346 requests only upon a finding that an exemption from the use of  
347 SUNCOM Network Services has been obtained pursuant to s.  
348 282.703(3) and upon a finding that the cost-benefit analysis or  
349 agency justification supports the use of another procurement  
350 method.

351        (4) Agencies shall review wireless communication device  
352 expenditures to confirm that costs are associated with business  
353 purposes. Any costs associated with personal use of a wireless  
354 communication device by an employee shall be reimbursed to the  
355 agency by that employee.

356        Section 11. Centralized fleet management.—

357        (1) The Department of Management Services shall prepare a  
358 plan to create, administer, and maintain a centralized fleet of  
359 state-owned motor vehicles. By November 1, 2010, the department  
360 shall submit the plan for centralizing all state-owned vehicles  
361 to the President of the Senate, the Speaker of the House of  
362 Representatives, and the Governor and Cabinet.

363        (2) The plan for centralizing all state-owned motor  
364 vehicles shall provide a method for:

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365        (a) Assigning and administering motor vehicles to state  
366        agencies and employees.

367        (b) Managing a fleet of motor vehicles for short-term use.

368        (c) Charging state agencies for the use of a motor  
369        vehicle, including costs associated with vehicle replacement and  
370        operating costs.

371        (d) Purchasing motor vehicles necessary for the operation  
372        of the centralized fleet.

373        (e) Repairing and maintaining motor vehicles.

374        (f) Monitoring the use of motor vehicles and enforcing  
375        regulations regarding proper use.

376        (g) Maintaining records related to the operation and  
377        maintenance of motor vehicles and the administration of the  
378        fleet.

379        (h) Disposing of motor vehicles that are no longer  
380        necessary to maintain the fleet or for vehicles that are not  
381        used effectively as to establish motor cost savings.

382        (i) Determining when it would be cost-efficient to lease a  
383        motor vehicle from a third-party vendor instead of using a  
384        state-owned vehicle.

385        (3) In developing the plan, the department shall evaluate  
386        the costs and benefits of operating a centralized motor vehicle  
387        fleet compared to the costs and benefits of contracting with a  
388        third-party vendor for the operation of a centralized motor  
389        vehicle fleet.

390        Section 12. Subsection (17) of section 318.18, Florida  
391        Statutes, is amended to read:

392        318.18 Amount of penalties.—The penalties required for a

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393	noncriminal disposition pursuant to s. 318.14 or a criminal		
394	offense listed in s. 318.17 are as follows:		
395	(17) In addition to any penalties imposed, a surcharge of		
396	\$3 must be paid for all criminal offenses listed in s. 318.17		
397	and for all noncriminal moving traffic violations under chapter		
398	316. Revenue from the surcharge shall be remitted to the		
399	Department of Revenue and deposited quarterly into the State		
400	Agency Law Enforcement Radio System Trust Fund of the Department		
401	of Management Services for the state agency law enforcement		
402	radio system, as described in s. 282.709, and to provide		
403	technical assistance to state agencies and local law enforcement		
404	agencies with their statewide systems of regional law		
405	enforcement communications, as described in s. 282.710. This		
406	subsection expires July 1, <u>2017</u> <del>2012</del> . The Department of		
407	Management Services may retain funds sufficient to recover the		
408	costs and expenses incurred for managing, administering, and		
409	overseeing the Statewide Law Enforcement Radio System, and		
410	providing technical assistance to state agencies and local law		
411	enforcement agencies with their statewide systems of regional		
412	law enforcement communications. The Department of Management		
413	Services working in conjunction with the Joint Task Force on		
414	State Agency Law Enforcement Communications shall determine and		
415	direct the purposes for which these funds are used to enhance		
416	and improve the radio system.		
417	Section 13. Subsection (17) of section 318.21, Florida		
418	Statutes, is amended to read:		
419	318.21 Disposition of civil penalties by county courts.—		
420	All civil penalties received by a county court pursuant to the		

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provisions of this chapter shall be distributed and paid monthly as follows:

(17) Notwithstanding subsections (1) and (2), the proceeds from the surcharge imposed under s. 318.18(17) shall be distributed as provided in that subsection. This subsection expires July 1, 2017 ~~2012~~.

Section 14. Subsections (1) and (8) of section 440.192, Florida Statutes, are amended to read:

440.192 Procedure for resolving benefit disputes.—

(1) Any employee may, for any benefit that is ripe, due, and owing, file ~~by certified mail, or by electronic means approved by the Deputy Chief Judge,~~ with the Office of the Judges of Compensation Claims a petition for benefits which meets the requirements of this section and the definition of specificity in s. 440.02. An employee represented by an attorney shall file by electronic means approved by the Deputy Chief Judge. An employee not represented by an attorney may file by certified mail or by electronic means approved by the Deputy Chief Judge. The department shall inform employees of the location of the Office of the Judges of Compensation Claims and the office's website address for purposes of filing a petition for benefits. The employee shall also serve copies of the petition for benefits by certified mail, or by electronic means approved by the Deputy Chief Judge, upon the employer and the employer's carrier. The Deputy Chief Judge shall refer the petitions to the judges of compensation claims.

(8) Within 14 days after receipt of a petition for benefits by certified mail or by approved electronic means, the



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449 carrier must either pay the requested benefits without prejudice  
450 to its right to deny within 120 days from receipt of the  
451 petition or file a response to petition with the Office of the  
452 Judges of Compensation Claims. The response shall be filed by  
453 electronic means approved by the Deputy Chief Judge. The carrier  
454 must list all benefits requested but not paid and explain its  
455 justification for nonpayment in the response to petition. A  
456 carrier that does not deny compensability in accordance with s.  
457 440.20(4) is deemed to have accepted the employee's injuries as  
458 compensable, unless it can establish material facts relevant to  
459 the issue of compensability that could not have been discovered  
460 through reasonable investigation within the 120-day period. The  
461 carrier shall provide copies of the response to the filing  
462 party, employer, and claimant by certified mail or by electronic  
463 means approved by the Deputy Chief Judge.

464       Section 15. Subsection (1) and paragraphs (a), (c), and  
465 (e) of subsection (4) of section 440.25, Florida Statutes, are  
466 amended to read:

467       440.25 Procedures for mediation and hearings.—

468       (1) Forty days after a petition for benefits is filed  
469 under s. 440.192, the judge of compensation claims shall notify  
470 the interested parties by order that a mediation conference  
471 concerning such petition has been scheduled unless the parties  
472 have notified the judge of compensation claims that a private  
473 mediation has been held or is scheduled to be held. A mediation,  
474 whether private or public, shall be held within 130 days after  
475 the filing of the petition. Such order must give the date the  
476 mediation conference is to be held. Such order may be served

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477 personally upon the interested parties or may be sent to the  
 478 interested parties by mail or by electronic means approved by  
 479 the Deputy Chief Judge. If multiple petitions are pending, or if  
 480 additional petitions are filed after the scheduling of a  
 481 mediation, the judge of compensation claims shall consolidate  
 482 all petitions into one mediation. The claimant or the adjuster  
 483 of the employer or carrier may, at the mediator's discretion,  
 484 attend the mediation conference by telephone or, if agreed to by  
 485 the parties, other electronic means. A continuance may be  
 486 granted upon the agreement of the parties or if the requesting  
 487 party demonstrates to the judge of compensation claims that the  
 488 reason for requesting the continuance arises from circumstances  
 489 beyond the party's control. Any order granting a continuance  
 490 must set forth the date of the rescheduled mediation conference.  
 491 A mediation conference may not be used solely for the purpose of  
 492 mediating attorney's fees.

493       (4) (a) If the parties fail to agree to written submission  
 494 of pretrial stipulations, the judge of compensation claims shall  
 495 conduct a live pretrial hearing. The judge of compensation  
 496 claims shall give the interested parties at least 14 days'  
 497 advance notice of the pretrial hearing by mail or by electronic  
 498 means approved by the Deputy Chief Judge.

499       (c) The judge of compensation claims shall give the  
 500 interested parties at least 14 days' advance notice of the final  
 501 hearing, served upon the interested parties by mail or by  
 502 electronic means approved by the Deputy Chief Judge.

503       (e) The order making an award or rejecting the claim,  
 504 referred to in this chapter as a "compensation order," shall set

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505    forth the findings of ultimate facts and the mandate; and the  
506    order need not include any other reason or justification for  
507    such mandate. The compensation order shall be filed in the  
508    Office of the Judges of Compensation Claims at Tallahassee. A  
509    copy of such compensation order shall be sent by mail or by  
510    electronic means approved by the Deputy Chief Judge to the  
511    ~~parties and~~ attorneys of record and any parties not represented  
512    by an attorney at the last known address of each, with the date  
513    of mailing noted thereon.

514            Section 16. Subsection (3) of section 440.29, Florida  
515    Statutes, is amended to read:

516            440.29 Procedure before the judge of compensation claims.—

517            (3) The practice and procedure before the judges of  
518    compensation claims shall be governed by rules adopted by the  
519    Office of the Judges of Compensation Claims ~~Supreme Court~~,  
520    except to the extent that such rules conflict with the  
521    provisions of this chapter.

522            Section 17. Subsection (4) is added to section 440.33,  
523    Florida Statutes, to read:

524            440.33 Powers of judges of compensation claims.—

525            (4) (a) Whenever the circuit court in a county is closed by  
526    official action of the chief circuit judge or a designated  
527    official due to a weather or other disaster-related emergency,  
528    any district office of the Office of the Judges of Compensation  
529    Claims which is located within that county shall likewise close  
530    for the duration of the emergency closure ordered for that  
531    circuit court.

532            (b) Any tolling order issued by the Supreme Court

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533 pertaining to matters pending before the circuit or county  
534 courts shall apply with equal force to all proceedings pending  
535 in any district office of the Office of the Judges of  
536 Compensation Claims which is located within a county designated  
537 by such tolling order in the same manner as if the compensation  
538 proceedings were civil proceedings pending in the courts of the  
539 county in which the district office is located. Following such a  
540 tolling order, all time limits for acts required by law and  
541 subject to the jurisdiction of the Office of the Judges of  
542 Compensation Claims shall be tolled as set forth in the order of  
543 the Supreme Court. A tolling order of the Supreme Court shall be  
544 considered authoritative upon the posting of the order to the  
545 court's website or other public dissemination, whichever occurs  
546 sooner.

547       Section 18. Subsection (4) of section 440.45, Florida  
548 Statutes, is amended to read:

549       440.45 Office of the Judges of Compensation Claims.—

550       (4) The Office of the Judges of Compensation Claims shall  
551 adopt rules to effectuate ~~effect~~ the purposes of this section.  
552 Such rules shall include procedural rules applicable to workers'  
553 compensation claim resolution, including rules requiring  
554 electronic filing and service where deemed appropriate by the  
555 Deputy Chief Judge, and uniform criteria for measuring the  
556 performance of the office, including, but not limited to, the  
557 number of cases assigned and resolved ~~disposed~~, the age of  
558 pending and resolved ~~disposed~~ cases, timeliness of decisions  
559 ~~decisionmaking~~, extraordinary fee awards, and other data  
560 necessary for the judicial nominating commission to review the

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561 performance of judges as required in paragraph (2)(c). The  
 562 ~~workers' compensation rules of procedure approved by the Supreme~~  
 563 ~~Court apply until the rules adopted by the Office of the Judges~~  
 564 ~~of Compensation Claims pursuant to this section become~~  
 565 ~~effective.~~

566 Section 19. Subsection (1) of section 552.40, Florida  
 567 Statutes, is amended to read:

568 552.40 Administrative remedy for alleged damage due to the  
 569 use of explosives in connection with construction materials  
 570 mining activities.—

571 (1) A person may initiate an administrative proceeding to  
 572 recover damages resulting from the use of explosives in  
 573 connection with construction materials mining activities by  
 574 filing a petition with the Division of Administrative Hearings  
 575 by electronic means through the division's website on a form  
 576 provided by it and accompanied by a filing fee of \$100 within  
 577 180 days after the occurrence of the alleged damage. If the  
 578 petitioner submits an affidavit stating that the petitioner's  
 579 annual income is less than 150 percent of the applicable federal  
 580 poverty guideline published in the Federal Register by the  
 581 United States Department of Health and Human Services, the \$100  
 582 filing fee must be waived.

583 Section 20. Paragraph (b) of subsection (4) of section  
 584 553.73, Florida Statutes, is amended to read:

585 553.73 Florida Building Code.—

586 (4)

587 (b) Local governments may, subject to the limitations of  
 588 this section, adopt amendments to the technical provisions of

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the Florida Building Code which apply solely within the jurisdiction of such government and which provide for more stringent requirements than those specified in the Florida Building Code, not more than once every 6 months. A local government may adopt technical amendments that address local needs if:

1. The local governing body determines, following a public hearing which has been advertised in a newspaper of general circulation at least 10 days before the hearing, that there is a need to strengthen the requirements of the Florida Building Code. The determination must be based upon a review of local conditions by the local governing body, which review demonstrates by evidence or data that the geographical jurisdiction governed by the local governing body exhibits a local need to strengthen the Florida Building Code beyond the needs or regional variation addressed by the Florida Building Code, that the local need is addressed by the proposed local amendment, and that the amendment is no more stringent than necessary to address the local need.

2. Such additional requirements are not discriminatory against materials, products, or construction techniques of demonstrated capabilities.

3. Such additional requirements may not introduce a new subject not addressed in the Florida Building Code.

4. The enforcing agency shall make readily available, in a usable format, all amendments adopted pursuant to this section.

5. Any amendment to the Florida Building Code shall be transmitted within 30 days by the adopting local government to

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617 the commission. The commission shall maintain copies of all such  
618 amendments in a format that is usable and obtainable by the  
619 public. Local technical amendments shall not become effective  
620 until 30 days after the amendment has been received and  
621 published by the commission.

622       6. Any amendment to the Florida Building Code adopted by a  
623 local government pursuant to this paragraph shall be effective  
624 only until the adoption by the commission of the new edition of  
625 the Florida Building Code every third year. At such time, the  
626 commission shall review such amendment for consistency with the  
627 criteria in paragraph (8)(a) and adopt such amendment as part of  
628 the Florida Building Code or rescind the amendment. The  
629 commission shall immediately notify the respective local  
630 government of the rescission of any amendment. After receiving  
631 such notice, the respective local government may readopt the  
632 rescinded amendment pursuant to the provisions of this  
633 paragraph.

634       7. Each county and municipality desiring to make local  
635 technical amendments to the Florida Building Code shall by  
636 interlocal agreement establish a countywide compliance review  
637 board to review any amendment to the Florida Building Code,  
638 adopted by a local government within the county pursuant to this  
639 paragraph, that is challenged by any substantially affected  
640 party for purposes of determining the amendment's compliance  
641 with this paragraph. If challenged, the local technical  
642 amendments shall not become effective until time for filing an  
643 appeal pursuant to subparagraph 8. has expired or, if there is  
644 an appeal, until the commission issues its final order

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645 determining the adopted amendment is in compliance with this  
646 subsection.

647       8. If the compliance review board determines such  
648 amendment is not in compliance with this paragraph, the  
649 compliance review board shall notify such local government of  
650 the noncompliance and that the amendment is invalid and  
651 unenforceable until the local government corrects the amendment  
652 to bring it into compliance. The local government may appeal the  
653 decision of the compliance review board to the commission. If  
654 the compliance review board determines such amendment to be in  
655 compliance with this paragraph, any substantially affected party  
656 may appeal such determination to the commission. Any such appeal  
657 shall be filed with the commission within 14 days of the board's  
658 written determination. The commission shall promptly refer the  
659 appeal to the Division of Administrative Hearings by electronic  
660 means through the division's website for the assignment of an  
661 administrative law judge. The administrative law judge shall  
662 conduct the required hearing within 30 days, and shall enter a  
663 recommended order within 30 days of the conclusion of such  
664 hearing. The commission shall enter a final order within 30 days  
665 thereafter. The provisions of chapter 120 and the uniform rules  
666 of procedure shall apply to such proceedings. The local  
667 government adopting the amendment that is subject to challenge  
668 has the burden of proving that the amendment complies with this  
669 paragraph in proceedings before the compliance review board and  
670 the commission, as applicable. Actions of the commission are  
671 subject to judicial review pursuant to s. 120.68. The compliance  
672 review board shall determine whether its decisions apply to a



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673 | respective local jurisdiction or apply countywide.

674 |       9. An amendment adopted under this paragraph shall include  
675 | a fiscal impact statement which documents the costs and benefits  
676 | of the proposed amendment. Criteria for the fiscal impact  
677 | statement shall include the impact to local government relative  
678 | to enforcement, the impact to property and building owners, as  
679 | well as to industry, relative to the cost of compliance. The  
680 | fiscal impact statement may not be used as a basis for  
681 | challenging the amendment for compliance.

682 |       10. In addition to subparagraphs 7. and 9., the commission  
683 | may review any amendments adopted pursuant to this subsection  
684 | and make nonbinding recommendations related to compliance of  
685 | such amendments with this subsection.

686 |       Section 21. Subsection (2) of section 766.305, Florida  
687 | Statutes, is amended to read:

688 |       766.305 Filing of claims and responses; medical  
689 | disciplinary review.—

690 |       (2) The claimant shall furnish the division with as many  
691 | copies of the petition as required for service upon the  
692 | association, any physician and hospital named in the petition,  
693 | and the Division of Medical Quality Assurance, along with a \$15  
694 | filing fee payable to the Division of Administrative Hearings.  
695 | Upon receipt of the petition, the division shall immediately  
696 | ~~serve the association, by service upon the agent designated to~~  
697 | ~~accept service on behalf of the association, by registered or~~  
698 | ~~certified mail, and shall~~ mail copies of the petition, by  
699 | registered or certified mail, to any physician, health care  
700 | provider, and hospital named in the petition, and shall furnish

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701 a copy by electronic means through the division's website or by  
 702 regular mail to the Division of Medical Quality Assurance, and  
 703 the Agency for Health Care Administration, and the association,  
 704 by service upon the agent designated to accept service on behalf  
 705 of the association.

706       Section 22. Subsection (2) of section 766.309, Florida  
 707 Statutes, is amended to read:

708       766.309 Determination of claims; presumption; findings of  
 709 administrative law judge binding on participants.—

710       (2) If the administrative law judge determines that the  
 711 injury alleged is not a birth-related neurological injury or  
 712 that obstetrical services were not delivered by a participating  
 713 physician at the birth, she or he shall enter an order and shall  
 714 cause a copy of such order to be sent immediately to the parties  
 715 by electronic means through the division's website or by regular  
 716 ~~registered or certified~~ mail.

717       Section 23. Subsection (3) of section 766.31, Florida  
 718 Statutes, is amended to read:

719       766.31 Administrative law judge awards for birth-related  
 720 neurological injuries; notice of award.—

721       (3) A copy of the award shall be sent immediately by  
 722 electronic means through the division's website or by regular  
 723 ~~registered or certified~~ mail to each person served with a copy  
 724 of the petition under s. 766.305(2).

725       Section 24. Paragraph (b) of subsection (4) of section  
 726 961.03, Florida Statutes, is amended to read:

727       961.03 Determination of status as a wrongfully  
 728 incarcerated person; determination of eligibility for

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729 compensation.--

730 (4)

731 (b) If the prosecuting authority responds as set forth in  
 732 paragraph (2)(b), and the court determines that the petitioner  
 733 is eligible under the provisions of s. 961.04, but the  
 734 prosecuting authority contests the nature, significance or  
 735 effect of the evidence of actual innocence, or the facts related  
 736 to the petitioner's alleged wrongful incarceration, the court  
 737 shall set forth its findings and transfer the petition by  
 738 electronic means through the division's website to the division  
 739 for findings of fact and a recommended determination of whether  
 740 the petitioner has established that he or she is a wrongfully  
 741 incarcerated person who is eligible for compensation under this  
 742 act.

743 Section 25. Effective upon this act becoming a law, the  
 744 Department of Management Services shall coordinate with all  
 745 state agencies to identify all existing resources within each  
 746 agency related to real estate leasing and facilities operations  
 747 and maintenance. Agencies must submit the information to the  
 748 Department of Management Services no later than August 1, 2010.  
 749 By September 1, 2010, the Department of Management Services  
 750 shall submit a plan to the President of the Senate, the Speaker  
 751 of the House of Representatives, and the Governor and Cabinet  
 752 for centralizing within the department all real estate leasing  
 753 and facilities operations and maintenance. Such information  
 754 shall be included in each agency's legislative budget request  
 755 for the 2011-2012 fiscal year as a transfer to the Department of  
 756 Management Services. This section expires July 1, 2011.

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757        Section 26. (1) The Department of Management Services is  
758 appropriated a lump sum of \$2,185,746 in recurring trust fund  
759 authority, 18 full-time positions, as listed below, and salary  
760 rate of 1,658,961 for the purpose of implementing the provisions  
761 of s. 20.22, Florida Statutes. No later than July 15, 2010, the  
762 department shall submit a budget amendment pursuant to the  
763 provisions of s. 216.181, Florida Statutes, specifying the  
764 allocation of positions by budget entity and trust fund.  
765 Positions authorized in this section shall be filled initially  
766 by majority approval of the Governor and Cabinet, and shall be  
767 subject to Senate confirmation. Incumbents in positions  
768 authorized by this section on March 1, 2011, shall also be  
769 subject to Senate confirmation.

770        (2) Effective July 1, 2010, the following additional Senior  
771 Management Service positions are authorized in the Department of  
772 Management Services:

773            (a) The Executive Director.  
774            (b) The Deputy Executive Director.  
775            (c) The Chief of Staff.  
776            (d) The General Counsel.  
777            (e) The Legislative Affairs Director.  
778            (f) The Inspector General.  
779            (g) The Director of the Division of Facilities Management  
780 and Building Construction.

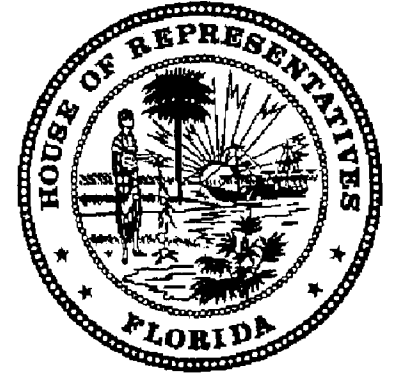
781            (h) The Director of the Division of State Purchasing.  
782            (i) The Public Information Administrator.  
783            (j) The Director of Specialized Services.  
784        (3) Effective July 1, 2010, the following additional

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785 Selected Exempt Service positions are authorized in the  
 786 Department of Management Services:  
 787 (a) The Deputy Director of Facilities Management and  
 788 Building Construction.  
 789 (b) The Chief of Operations and Maintenance - Facilities  
 790 Management.  
 791 (c) The Chief of Real Property - Facilities Management.  
 792 (d) The Projects Management Administrator - Facilities  
 793 Management.  
 794 (e) The Appraiser Administrator - Facilities Management.  
 795 (f) The Deputy Chief of Regional Facilities - Facilities  
 796 Management.  
 797 (g) The Deputy Chief of Tallahassee Facilities - Facilities  
 798 Management.  
 799 (h) The Systems Programming Administrator/Chief Information  
 800 Officer.  
 801 (4) This section shall expire on June 30, 2012.  
 802 Section 27. The Department of Management Services is  
 803 authorized to transfer revenues from the Purchasing Operating  
 804 Trust Fund to the Administrative Trust Fund in the Department of  
 805 Financial Services to support statewide purchasing operations.  
 806 Section 28. Pursuant to s. 11.242, Florida Statutes, the  
 807 Division of Statutory Revision of the Office of Legislative  
 808 Services is directed to prepare a reviser's bill for  
 809 consideration by the 2011 Regular Session of the Legislature to  
 810 conform the Florida Statutes to the provisions of this act.  
 811 Section 29. This act shall take effect July 1, 2010.



## **State Budget Conference Chairs**

**Bump Issues  
Senate Offer #8**

**Monday, April 26, 2010**

**Health and Human Services Appropriations**

**212 Knott Building**

**Webster Hall**

Health Care Appropriations

SENATE		HOUSE BUMP OFFER #1	SENATE BUMP Offer #1
AGENCY FOR HEALTH CARE ADMINISTRATION		AGENCY FOR HEALTH CARE ADMINISTRATION	
1 151 OTHER PERSONAL SERVICES		151 OTHER PERSONAL SERVICES	151 OTHER PERSONAL SERVICES
From the funds in Specific Appropriation 151, \$408,903 in nonrecurring administrative trust funds is provided to assist with the planning and implementation of a Florida Health Information Exchange (HIE) Infrastructure.		NO PROVISIO	NO PROVISIO
		<p>From the Funds in Specific Appropriations * and * the Agency for Health Care Administration (Agency) shall issue an Invitation to Negotiate by July 15, 2010, and enter into an agreement thereafter, with a vendor who can demonstrate the expertise to design and create an infrastructure to facilitate health information exchange across the state, such agreement including a requirement that the vendor execute a subcontract in the amount of \$500,000, within 60 days of the date the vendor executes a contract with the Agency, with a Florida non-profit local provider-driven health information exchange organization (hereafter subcontractor) that has been providing health information exchange for competing healthcare providers across disparate vendor platforms continuously operating in a production environment exchanging clinical data across all community patient populations on or before July 1, 2008, to facilitate further development of provider-driven health information exchange. The Agency shall contract with the vendor for the full funding period of the U.S. Department of Health and Human Services (DHHS), Office of the National Coordinator for Health Information Technology (ONC), State Health Information Exchange Cooperative Agreement Program. The subcontract shall be contingent on approval by the Office of the National Coordinator no later than September 30, 2010.</p> <p>The vendor shall employ an integrated solution leveraging existing local and regional infrastructure and optimize use of federal funding to support "meaningful use" of health information as defined by DHHS, to create an infrastructure that will operate as a network of communicating networks including hospital-anchored networks, regional health information organizations, integrated delivery networks, national laboratories, prescription networks, and provider electronic health record systems. The infrastructure must include open architecture technologies, and give the highest priority to privacy, security and interoperability with existing and future electronic patient health records. The infrastructure must ensure interoperability with National Health Information Network standards.</p> <p>The Agency will require the vendor to coordinate with federally funded Florida regional extension centers and local health information exchange organizations, including Regional Health Information Organizations, to ensure a consistent message is communicated to Florida providers about participation in the Florida Health Information Exchange. The Agency will require the vendor to offer incentives to early participants in the Florida Health Information Exchange taking into account the benefit to other participants and the needs of rural participants or those serving Medicaid or uninsured patients. These incentives may include payment of a portion of interface costs. The Agency will set aside funding out of ONC agreement budget for this purpose.</p>	

## Health Care Appropriations

	SENATE	HOUSE BUMP OFFER #1	SENATE BUMP Offer #1
2	<p>154 CONTRACTED SERVICES</p> <p>From the funds in Specific Appropriation 154, \$10,000,000 from the Administrative Trust Fund is provided for the creation of a Florida Health Information Exchange Infrastructure. The agency shall issue an Invitation to Negotiate by July 15, 2010, and award the contract to a vendor who can demonstrate the expertise to design and create a state infrastructure for Health Information Exchange through an integrated solution leveraging the ongoing federal investments to ensure meaningful use of health information. The infrastructure must ensure interoperability with the established National Health Information Network using national standards as the first step in implementing a Florida Health Information Exchange. The infrastructure must include open source technologies where appropriate, give the highest priority to privacy, security, and interoperability with existing and future electronic patient medical records.</p>	<p>154 CONTRACTED SERVICES</p> <p>NO PROVISIO</p>	<p>154 CONTRACTED SERVICES</p> <p>From the funds in Specific Appropriation 154, \$9,456,329 from the Administrative Trust Fund is provided for the creation of a Florida Health Information Exchange Infrastructure. The agency shall issue an Invitation to Negotiate by July 15, 2010, and award the contract to a vendor who can demonstrate the expertise to design and create a state infrastructure for Health Information Exchange through an integrated solution leveraging the ongoing federal investments to ensure meaningful use of health information. The infrastructure must ensure interoperability with the established National Health Information Network using national standards as the first step in implementing a Florida Health Information Exchange. The infrastructure must include open source technologies where appropriate, give the highest priority to privacy, security, and interoperability with existing and future electronic patient medical records.</p> <p>The agency shall submit a report to the President of the Senate and the Speaker of the House by August 1, 2010, regarding the agency's plan for the use of these funds. Prior to expending any of the funds, the agency shall submit a proposed spending plan to the Legislative Budget Commission for review and approval.</p>
3	<p>157 DATA PROCESSING SERVICES</p> <p>TECHNOLOGY RESOURCE CENTER - DEPARTMENT OF MANAGEMENT SERVICES</p> <p>From the funds in Specific Appropriation 157, the Agency for Health Care Administration shall develop and submit a transition plan by October 1, 2010, to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government &amp; Health Care and Senate Policy and Steering Committee on Ways and Means for the relocation and consolidation of the computing services and associated resources, located in the Fort Knox Center to a state primary data center by June 30, 2012, pursuant to s.282.201(2)(d)1.e., Florida Statutes. The plan shall be in accordance with requirements of the AEIT, consistent with applicable federal guidelines, including a recommendation identifying the state primary data center where the agency proposes to transfer its data center service functions, based upon the results of a cost benefit analysis coordinated with the AEIT.</p> <p>The agency shall work with the AEIT and the state primary data centers in developing the plan that shall, at a minimum, include an inventory of all resources, including but not limited to, all computing equipment; a description of resources for computing services proposed to remain in the department; the budget, full time personnel, and contracted services associated with the costs of its current computing services; the necessary budget adjustments required to accomplish the transfer of computing resources; and a timetable with significant milestones for the completion of the relocation and consolidation.</p> <p>By September 1, 2010, the agency shall execute a service level agreement, pursuant to s. 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the Southwood Shared Resource Center. If the agency is unable to complete and execute a service level agreement by that date, the agency shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government and Health Care and the Senate Policy and Steering Committee on Ways and Means within five working days explaining the specific issues preventing execution, and describing the agency's plan and schedule for resolving those issues.</p>	<p>157 DATA PROCESSING SERVICES</p> <p>TECHNOLOGY RESOURCE CENTER - DEPARTMENT OF MANAGEMENT SERVICES</p> <p>From the funds in Specific Appropriation 157, the Agency for Health Care Administration shall develop and submit a transition plan by October 1, 2010, to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government &amp; Health Care and Senate Policy and Steering Committee on Ways and Means for the relocation and consolidation of the computing services and associated resources, located in the Fort Knox Center to a state primary data center by June 30, 2012, pursuant to s.282.201(2)(d)1.e., Florida Statutes. The plan shall be in accordance with requirements of the AEIT, consistent with applicable federal guidelines, including a recommendation identifying the state primary data center where the agency proposes to transfer its data center service functions, based upon the results of a cost benefit analysis coordinated with the AEIT.</p> <p>The agency shall work with the AEIT and the state primary data centers in developing the plan that shall, at a minimum, include an inventory of all resources, including but not limited to, all computing equipment; a description of resources for computing services proposed to remain in the department; the budget, full time personnel, and contracted services associated with the costs of its current computing services; the necessary budget adjustments required to accomplish the transfer of computing resources; and a timetable with significant milestones for the completion of the relocation and consolidation.</p> <p>By September 1, 2010, the agency shall execute a service level agreement, pursuant to s. 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the Southwood Shared Resource Center. If the agency is unable to complete and execute a service level agreement by that date, the agency shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government and Health Care and the Senate Policy and Steering Committee on Ways and Means within five working days explaining the specific issues preventing execution, and describing the agency's plan and schedule for resolving those issues.</p>	<p>157 DATA PROCESSING SERVICES</p> <p>TECHNOLOGY RESOURCE CENTER - DEPARTMENT OF MANAGEMENT SERVICES</p> <p>From the funds in Specific Appropriation 157, the Agency for Health Care Administration shall develop and submit a transition plan by October 1, 2010, to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government &amp; Health Care and Senate Policy and Steering Committee on Ways and Means for the relocation and consolidation of the computing services and associated resources, located in the Fort Knox Center to a state primary data center by June 30, 2012, pursuant to s.282.201(2)(d)1.e., Florida Statutes. The plan shall be in accordance with requirements of the AEIT, consistent with applicable federal guidelines, including a recommendation identifying the state primary data center where the agency proposes to transfer its data center service functions, based upon the results of a cost benefit analysis coordinated with the AEIT.</p> <p>The agency shall work with the AEIT and the state primary data centers in developing the plan that shall, at a minimum, include an inventory of all resources, including but not limited to, all computing equipment; a description of resources for computing services proposed to remain in the department; the budget, full time personnel, and contracted services associated with the costs of its current computing services; the necessary budget adjustments required to accomplish the transfer of computing resources; and a timetable with significant milestones for the completion of the relocation and consolidation.</p> <p>By September 1, 2010, the agency shall execute a service level agreement, pursuant to s. 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the Southwood Shared Resource Center. If the agency is unable to complete and execute a service level agreement by that date, the agency shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government and Health Care and the Senate Policy and Steering Committee on Ways and Means within five working days explaining the specific issues preventing execution, and describing the agency's plan and schedule for resolving those issues.</p>



Health Care Appropriations

SENATE	HOUSE BUMP OFFER #1	SENATE BUMP Offer #1
<p>4 175 SPECIAL CATEGORIES</p> <p>From the funds in Specific Appropriations 176 through 213, any entity that contracts with the agency on a prepaid or fixed sum bases as a managed care plan as defined in sections 409.9122 (2)(f) or 409.91211, Florida Statutes, shall post a surety bond with the agency equivalent to a one year guaranteed savings amount as specified in the contract. In lieu of a surety bond, the agency may establish an irrevocable account in which the vendor can fund an equivalent amount over a 6 month period. The purpose of the surety bond or account is to protect the agency should the entity terminate its contract with the agency prior to the contract scheduled end date. If the contract is terminated by the vendor for any reason, the agency shall pursue a claim against the surety bond or account for an early termination fee. The early termination fee shall be equal to administrative costs incurred by the state due to early termination and the differential of the guaranteed savings based on the original contract term and the corresponding termination date. The agency shall terminate the contracts of any vendor that does not make payment in full of the early termination fees described above to the state within 30 days.</p> <p>From the funds in Specific Appropriations 176 through 213, the agency shall implement patient centered medical home networks in Agency for Health Care Administration Areas 1 and 2 by October 1, 2010. The projects shall utilize primary care case management centrally managed by a primary care physician, and enhanced by medical home networks that use coordinated evidence based medicine and health information technology for data management and ongoing quality improvement. Each medical home network shall consist of a provider service network; health maintenance organization licensed under chapter 641 Florida Statutes, or other managed care entity authorized by Florida law to assume risk; or a partnership of health providers such as hospitals, county health departments, physicians, federally qualified health centers, and other health care providers in partnership with a managed care entity authorized by Florida law to assume risk, that contracts with the agency to provide medical services to Medicaid patients. No less than 85% of the capitated rate paid to the network by the agency shall be expended for direct patient care and the network shall be required to save the state at least 8 percent compared to the existing fee for service delivery system in agency Areas 1 and 2. Direct patient care shall mean payments to health care providers for the provision of direct medical services to a patient. Providers within the network shall be eligible to receive an enhanced case management fee and other incentives to encourage care coordination. The agency shall transition the existing Medipass patients in Areas 1 and 2 into the medical home networks, as approved by the federal Centers for Medicare and Medicaid Services, within 60 days of giving the patients advance notice of the pending transition. The agency is authorized to seek any necessary state plan amendment or federal waiver to implement this provision. The agency shall evaluate these networks and report on the following measures: the savings to the Medicaid Program, provider participation, patient satisfaction, the percent of the capitation payment spent on direct patient care, and the quality of the medical care provided to Medicaid patients enrolled in the networks. The agency shall issue a report on these measures to the Legislature and the public prior to October 1, 2011, and a final assessment shall be submitted by October 1, 2012.</p> <p>From the funds in Specific Appropriations 176 through 223, the agency</p>	<p>175 SPECIAL CATEGORIES</p> <p>NONE Pending Medicaid Discussion</p> <p>NONE Pending Medicaid Discussion</p>	<p>175 SPECIAL CATEGORIES</p> <p>From the funds in Specific Appropriations 176 through 213, any entity that contracts with the agency on a prepaid or fixed sum bases as a managed care plan as defined in sections 409.9122 (2)(f) or 409.91211, Florida Statutes, shall post a surety bond with the agency equivalent to a one year guaranteed savings amount as specified in the contract. In lieu of a surety bond, the agency may establish an irrevocable account in which the vendor can fund an equivalent amount over a 6 month period. The purpose of the surety bond or account is to protect the agency should the entity terminate its contract with the agency prior to the contract scheduled end date. If the contract is terminated by the vendor for any reason, the agency shall pursue a claim against the surety bond or account for an early termination fee. The early termination fee shall be equal to administrative costs incurred by the state due to early termination and the differential of the guaranteed savings based on the original contract term and the corresponding termination date. The agency shall terminate the contracts of any vendor that does not make payment in full of the early termination fees described above to the state within 30 days.</p> <p>From the funds in Specific Appropriations 176 through 213, the agency shall implement patient centered medical home networks in Agency for Health Care Administration Areas 1 and 2 by October 1, 2010. The projects shall utilize primary care case management centrally managed by a primary care physician, and enhanced by medical home networks that use coordinated evidence based medicine and health information technology for data management and ongoing quality improvement. Each medical home network shall consist of a provider service network; health maintenance organization licensed under chapter 641 Florida Statutes, or other managed care entity authorized by Florida law to assume risk; or a partnership of health providers such as hospitals, county health departments, physicians, federally qualified health centers, and other health care providers in partnership with a managed care entity authorized by Florida law to assume risk, that contracts with the agency to provide medical services to Medicaid patients. No less than 85% of the capitated rate paid to the network by the agency shall be expended for direct patient care and the network shall be required to save the state at least 8 percent compared to the existing fee for service delivery system in agency Areas 1 and 2. Direct patient care shall mean payments to health care providers for the provision of direct medical services to a patient. Providers within the network shall be eligible to receive an enhanced case management fee and other incentives to encourage care coordination. The agency shall transition the existing Medipass patients in Areas 1 and 2 into the medical home networks, as approved by the federal Centers for Medicare and Medicaid Services, within 60 days of giving the patients advance notice of the pending transition. The agency is authorized to seek any necessary state plan amendment or federal waiver to implement this provision. The agency shall evaluate these networks and report on the following measures: the savings to the Medicaid Program, provider participation, patient satisfaction, the percent of the capitation payment spent on direct patient care, and the quality of the medical care provided to Medicaid patients enrolled in the networks. The agency shall issue a report on these measures to the Legislature and the public prior to October 1, 2011, and a final assessment shall be submitted by October 1, 2012.</p> <p>From the funds in Specific Appropriations 176 through 223, the agency</p>

Health Care Appropriations

SENATE		HOUSE BUMP OFFER #1	SENATE BUMP Offer #1
shall prepare a federal Medicaid waiver to permit the state, through legislative enactment, to limit annual spending on the Medicaid program to the amount appropriated in the state budget. The waiver request shall include authorization for the legislature to make changes to optional eligibility groups and services in order to prevent spending more in any fiscal year than is appropriated. In addition, the waiver shall request authority to revise the benefit structure and delivery system to allow Medicaid recipients to be integrated into the private insurance market through the use of state vouchers. The waiver shall include a provision to require Medicaid recipients with higher incomes to participate in program costs through coinsurance and deductibles and to be provided incentives for cost effective utilization of the health care system. The agency shall submit the waiver application to the Legislative Budget Commission for approval by September 30, 2010, before submission to the federal Centers for Medicare and Medicaid Services.		NONE Pending Medicaid Discussion	shall prepare a federal Medicaid waiver to permit the state, through legislative enactment, to limit annual spending on the Medicaid program to the amount appropriated in the state budget. The waiver request shall include authorization for the legislature to make changes to optional eligibility groups and services in order to prevent spending more in any fiscal year than is appropriated. In addition, the waiver shall request authority to revise the benefit structure and delivery system to allow Medicaid recipients to be integrated into the private insurance market through the use of state vouchers. The waiver shall include a provision to require Medicaid recipients with higher incomes to participate in program costs through coinsurance and deductibles and to be provided incentives for cost effective utilization of the health care system. The agency shall submit the waiver application to the Legislative Budget Commission for approval by September 30, 2010, before submission to the federal Centers for Medicare and Medicaid Services.
4A	177 SPECIAL CATEGORIES CASE MANAGEMENT	177 SPECIAL CATEGORIES CASE MANAGEMENT  <u>From the funds in Specific Appropriation 177, \$1,170,047 from the Medical Care Trust Fund is provided for Medicaid reimbursable services that support children enrolled in contracted medical foster care programs under the Department of Health. This funding is contingent upon the availability of state matching funds in the Department of Health in Specific Appropriation 533.</u>	177 SPECIAL CATEGORIES CASE MANAGEMENT  <u>From the funds in Specific Appropriation 177, \$1,170,047 from the Medical Care Trust Fund is provided for Medicaid reimbursable services that support children enrolled in contracted medical foster care programs under the Department of Health. This funding is contingent upon the availability of state matching funds in the Department of Health in Specific Appropriation 533.</u>
5	From funds in Specific Appropriation 187, the agency shall competitively procure a statewide managed disposable incontinence medical supply program in order to maximize efficiencies and savings in the Medicaid program. In developing the competitive solicitation, the agency shall establish three distinct service delivery regions each of which shall contain an equal distribution of the Medicaid State Plan, Medicaid Waiver, and dual eligible beneficiaries. Beneficiaries enrolled in a prepaid, capitated managed care plan shall be excluded from this procurement. A vendor may bid on multiple regions. The contract for these services must be awarded by December 1, 2010. The agency is authorized to establish a fixed statewide rate for these supplies until such time as waiver approval is received and the contracts are established in accordance with the requirements set forth in this paragraph. The agency shall seek any federal Medicaid waivers or authority necessary to implement this provision.	No Proviso	No Proviso
6	189 HOSPITAL INPATIENT SERVICES  Funds in Specific Appropriation 189, reflect a reduction of \$86,622,131 from the General Revenue Fund, \$137,004,315 from the Medical Care Trust Fund, and \$161,942 from the Refugee Assistance Trust Fund as a result of modifying the reimbursement for inpatient hospital rates. The agency shall implement a recurring methodology in the Title XIX Inpatient Hospital Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced	189 HOSPITAL INPATIENT SERVICES  SEE ATTACHED DOCUMENT FOR HOUSE OFFER	189 HOSPITAL INPATIENT SERVICES  SEE ATTACHED DOCUMENT FOR Senate Offer #1

Health Care Appropriations

SENATE	HOUSE BUMP OFFER #1	SENATE BUMP Offer #1
below the unit cost used in establishing the budget.		
From the funds in Specific Appropriation 189, \$59,990,120 from the Grants and Donations Trust Fund and \$95,990,432 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for hospitals whose charity care and Medicaid days, as a percentage of total adjusted hospital days, equal or exceed 11 percent. For any public hospital or any leased public hospital found to have sovereign immunity or hospital with graduate medical education positions that does not qualify for the elimination of the inpatient ceilings under this section of proviso or any other proviso listed, such hospitals shall be exempt from the inpatient reimbursement ceilings contingent on the hospital or local governmental entity providing the required state match. The agency shall use the average of the 2003, 2004 and 2005 audited Disproportionate Share Hospital (DSH) data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
From the funds in Specific Appropriation 189, \$1,822,057 from the Grants and Donation Trust Fund and \$2,915,482 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
From the funds in Specific Appropriation 189, \$45,609,650 from the Grants and Donations Trust Fund and \$72,980,183 from the Medical Care Trust Fund are provided to eliminate the inpatient hospital reimbursement ceilings for hospitals whose Medicaid days as a percentage of total hospital days exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma centers on July 1, 2010, and any hospital that becomes a designated or provisional trauma center during Fiscal Year 2010-2011. Included in these funds are the annualized amounts to offset the reductions taken against certified trauma centers as identified in Section 12, chapter 2007-326, Laws of Florida. The agency shall use the average of the 2003, 2004 and 2005 audited Disproportionate Share Hospital (DSH) data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
Funds in Specific Appropriation 189, are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. In the event the state share provided through grants and donations is not available to fund the removal of inpatient ceilings for hospitals, the Agency for Health Care Administration shall submit a revised hospital reimbursement plan to the Legislative Budget Commission for approval.	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
From the funds in Specific Appropriation 189, \$3,819,847 from the Grants and Donations Trust Fund and \$6,112,153 from the Medical Care	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT



Health Care Appropriations

SENATE	HOUSE BUMP OFFER #1	SENATE BUMP Offer #1
Trust Fund are provided to make Medicaid payments to hospitals. These payments shall be used to pay approved liver transplant facilities a global fee for providing transplant services to Medicaid beneficiaries.		SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
From the funds in Specific Appropriation 189, \$149,682,090 from the Grants and Donations Trust Fund and \$239,506,912 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for teaching, specialty, Community Hospital Education Program hospitals and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the Certificate of Need Program: pediatric bone marrow transplantation, pediatric open heart surgery, pediatric cardiac catheterization and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in section 408.07 (45), Florida Statutes, that are not certified trauma centers, as identified in Section 12, chapter 2007-326, Laws of Florida.	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
From the funds in Specific Appropriation 189, \$19,076,447 from the Grants and Donations Trust Fund, and \$30,524,300 from the Medical Care Trust Fund are provided to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates for the following three categories of hospitals. Of these funds \$31,984,943 is provided to the first category of hospitals, which are those hospitals that are part of a system that operates a provider service network in the following manner: \$18,773,903 is for Jackson Memorial Hospital; \$2,133,277 is for hospitals in Broward Health; \$4,906,684 is for hospitals in the Memorial Healthcare System; and \$760,226 is for Shands Jacksonville and \$5,410,853 is for Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the inpatient rate. Of the above funds, \$12,139,819 shall be used for the second category to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates for those hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. Of the above funds, \$5,475,985 shall be used for the third category to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates to rural hospitals. From the funds in Specific Appropriation 189, in the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. For this section of proviso the agency shall use the 2003, 2004 and 2005 audited Disproportionate Share Data (DSH) data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
From the funds in Specific Appropriation 189, \$72,682,614 from the Grants and Donations Trust Fund and \$116,299,742 from the Medical Care Trust Fund are provided for public hospitals, including any leased public hospital found to have sovereign immunity, teaching hospitals as		

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<p>defined in section 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians and for designated trauma hospitals to buy back the Medicaid inpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid inpatient trend adjustment applied to the individual state mental health hospitals.</p>	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
<p>From the funds in Specific Appropriations 189 and 203, \$2,307,600 from the Grants and Donations Trust Fund and \$3,692,400 from the Medical Care Trust Fund are provided to make Medicaid payments for multi-visceral transplant and intestine transplants in Florida. The agency shall establish a reasonable global fee for these transplant procedures and the payments shall be used to pay approved multi-visceral transplant and intestine transplant facilities a global fee for providing transplant services to Medicaid beneficiaries. Payment of the global fee is contingent upon the non-federal share being provided through grants and donations from state, county or other governmental funds. The agency is authorized to seek any federal waiver or state plan amendment necessary to implement this provision.</p>	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
<p>From the funds in Specific Appropriation 189, \$336,525 from the Grants and Donations Trust Fund and \$538,475 from the Medical Care Trust Fund are provided to adjust the Medicaid rate for any rural hospital that moved into a replacement facility during calendar year 2009 to reflect the Medicaid costs for the period of time from moving into the replacement facility to when the rate would reflect the costs of the replacement facility through the routine rate setting process. To qualify for this adjustment a hospital must have a combined Medicaid and charity care utilization rate of at least 25 percent based on the most recent information reported to the agency prior to moving into the replacement facility. This rate adjustment is contingent upon the non-federal share being provided through grants and donations from state, county, or other governmental funds that do not increase the current requirement for state general revenue or tobacco settlement trust funds.</p>	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
<p>From the funds in Specific Appropriation 189, \$85,622,131 from the Public Medical Assistance Trust Fund and \$137,166,257 from the Medical Care Trust Fund are provided to restore reductions applied to inpatient hospital rates. The agency shall implement a recurring methodology in the Title XIX Inpatient Hospital Reimbursement Plan to achieve this restoration. The agency shall not include the funds described in this paragraph for the restoration of reductions to inpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations.</p>	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
<p>From the funds in Specific Appropriation 189, \$56,590,897 from the Grants and Donations Trust Fund and \$90,551,319 from the Medical Care Trust Fund are provided for hospitals, not previously included in the proviso above, to buy back the Medicaid inpatient trend adjustment applied to the Medicaid inpatient rates and to allow for exemptions from reimbursement limitations for any hospital that has local funds available for IGTs. to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost.</p>	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1

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<p>The payments under this proviso are contingent on the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buy back of reductions to inpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations, unless the required state share for including these funds in the calculation of the capitation rates are provided through grants and donations from county or other local governmental funds.</p> <p>From the funds in Specific Appropriation 189, the agency shall research and develop an efficiency based adjustment method for institutional providers. The method will provide definitions and measures of efficiencies. The agency must receive approval of the methodology from the Centers for Medicare and Medicaid Services prior to implementation and shall notify the Legislature upon receipt of such approval.</p> <p>From the funds in Specific Appropriation 189, the agency shall publish the most current Medicaid inpatient rates for the current rate semester on the agency's web site each month.</p>	<p><u>From the funds in Specific Appropriation 189, the agency shall develop efficiency and outcome measures in order to assess the value for patients including both outcomes and costs over the full cycle of care.</u></p> <p>No Proviso</p>	<p>From the funds in Specific Appropriation 189, the agency shall research and develop an efficiency based adjustment method for institutional providers. The method will provide definitions and measures of efficiencies. The agency must receive approval of the methodology from the Centers for Medicare and Medicaid Services prior to implementation and shall notify the Legislature upon receipt of such approval.</p> <p>No Proviso</p>
7 191 LOW INCOME POOL	191 LOW INCOME POOL	191 LOW INCOME POOL
<p>From the funds in Specific Appropriation 191, \$9,798,198 from the Grants and Donations Trust Fund and \$15,678,137 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to hospitals providing primary care to low-income individuals, hospitals operating as designated or provisional trauma centers, and rural hospitals. Hospitals providing primary care to low-income individuals and participating in the Primary Care Disproportionate Share Hospital (DSH) program in Fiscal Year 2003-2004 shall be paid \$9,831,840 distributed in the same proportion as the Primary Care DSH payments for Fiscal Year 2003-2004, excluding Imperial Point Hospital, Memorial Regional Hospital, and Memorial Hospital Pembroke who will receive individual amounts equal to \$524,596, \$1,584,733, and \$524,596 respectively. Hospitals that are designated or provisional trauma centers shall be paid \$9,468,882. Of that amount, \$4,143,770 shall be distributed equally among hospitals that are a Level I trauma center; \$3,398,516 shall be distributed equally among hospitals that are either a Level II or pediatric trauma center; and \$1,926,596 shall be distributed equally among hospitals that are both a Level II and pediatric trauma center. Rural hospitals participating in the Rural Hospital DSH Program shall be paid \$6,175,613 distributed in the same proportion as the DSH payments.</p> <p>From the funds in Specific Appropriation 191, \$306,648,996 from the Grants and Donations Trust Fund and \$490,670,288 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to hospitals provider access systems. The funding shall be distributed in a two-step allocation process. The first phase of the allocation process shall distribute payments to qualified hospitals based on the amount of local government funding provided for the uninsured and underinsured. Payments to qualified hospitals shall be capped at 114.6 percent of the amount of local government funding it would have received for the uninsured and underinsured without the Low Income Pool program. The second phase of the allocation process is to distribute the remaining</p>	<p>SEE ATTACHED DOCUMENT FOR HOUSE OFFER</p> <p>SEE ATTACHED DOCUMENT FOR HOUSE OFFER</p>	<p>SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1</p> <p>SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1</p>



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<p>funds based on a ratio of a hospital's Medicaid days, charity care days, and 50 percent of bad debt days to the total Medicaid days, charity care days, and 50 percent of bad debt days of all qualifying hospitals. To receive funds in this distribution, the hospital's Medicaid days, charity care days and 50 percent of bad debt days divided by the hospital's total days must equal or exceed 10 percent. Of the funds allocated in the second phase, \$2,419,573 shall be allocated to the rural hospitals and the remaining funds shall be allocated to the remaining hospitals that qualify for a distribution. All hospitals with accepted 2008 Financial Hospital Uniform Reporting System (FHURS) data are eligible for the second phase of the allocation process.</p>																																								
<p>From the funds in Specific Appropriation 191, \$595,307 from the Grants and Donations Trust Fund and \$952,555 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to specialty pediatric facilities. To qualify for a Medicaid low-income pool payment under this section, a hospital must be licensed as a children's specialty hospital and its combined Medicaid managed care and fee-for-service days as a percentage to total inpatient days must equal or exceed 30 percent. The agency shall use the 2003 Financial Hospital Uniform Reporting System (FHURS) data to determine the combined Medicaid managed care and fee-for-service days. The total Medicaid low-income pool payments made shall be distributed equally to the qualifying hospitals.</p>	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1																																						
<p>From the funds in Specific Appropriation 191, \$700,000 from the General Revenue Fund, \$27,832,494 from the Grants and Donations Trust Fund and \$45,254,931 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals that serve as a safety net in providing emergency, specialized pediatric trauma services and inpatient hospital care to low-income individuals. These amounts shall be paid to the following:</p>																																								
<table><tr><td>Jackson Memorial Hospital.....</td><td>2,335,932</td></tr><tr><td>Shands Jacksonville Hospital.....</td><td>32,039,960</td></tr><tr><td>All Children's Hospital.....</td><td>4,835,455</td></tr><tr><td>Shands Teaching Hospital.....</td><td>4,690,372</td></tr><tr><td>Tampa General Hospital.....</td><td>12,702,939</td></tr><tr><td>Orlando Regional Medical Center.....</td><td>4,067,456</td></tr><tr><td>Lee Memorial Hospital/CMS.....</td><td>867,236</td></tr><tr><td>St. Mary's Hospital.....</td><td>191,461</td></tr><tr><td>Miami Children's Hospital.....</td><td>3,924,100</td></tr><tr><td>Broward General Medical Center.....</td><td>141,686</td></tr><tr><td>Tallahassee Memorial Healthcare.....</td><td>40,075</td></tr><tr><td>St. Joseph's Hospital.....</td><td>15,501</td></tr><tr><td>Florida Hospital.....</td><td>40,568</td></tr><tr><td>Baptist Hospital of Pensacola.....</td><td>314,758</td></tr><tr><td>Mt. Sinai Medical Center.....</td><td>6,682,827</td></tr><tr><td>Bayfront Medical Center.....</td><td>142,367</td></tr><tr><td>Sacred Heart Hospital.....</td><td>320,573</td></tr><tr><td>Naples Community Hospital.....</td><td>184,159</td></tr><tr><td>Baptist Medical Center - Jacksonville.....</td><td>250,000</td></tr></table>	Jackson Memorial Hospital.....	2,335,932	Shands Jacksonville Hospital.....	32,039,960	All Children's Hospital.....	4,835,455	Shands Teaching Hospital.....	4,690,372	Tampa General Hospital.....	12,702,939	Orlando Regional Medical Center.....	4,067,456	Lee Memorial Hospital/CMS.....	867,236	St. Mary's Hospital.....	191,461	Miami Children's Hospital.....	3,924,100	Broward General Medical Center.....	141,686	Tallahassee Memorial Healthcare.....	40,075	St. Joseph's Hospital.....	15,501	Florida Hospital.....	40,568	Baptist Hospital of Pensacola.....	314,758	Mt. Sinai Medical Center.....	6,682,827	Bayfront Medical Center.....	142,367	Sacred Heart Hospital.....	320,573	Naples Community Hospital.....	184,159	Baptist Medical Center - Jacksonville.....	250,000	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
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<p>From the funds in Specific Appropriation 191, \$1,220,261 from the General Revenue Fund and \$1,952,544 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals. These payments shall be used, in collaboration with the Department of Health to provide funding for hospitals providing poison control programs.</p>	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1																																						

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<p>From the funds in Specific Appropriation 191, \$11,399,224 from the General Revenue Fund, \$26,655,519 from the Grants and Donations Trust Fund and \$60,891,546 from the Medical Care Trust Fund are provided to increase access to primary care services in the state to reduce and prevent unnecessary emergency room visits and inpatient hospitalizations. In developing a plan to increase access to primary care services and the funding of these primary care services, the agency shall solicit proposals from general acute care hospitals, county health departments, faith based and community clinics, and Federally Qualified Health Centers in order to establish new primary clinics for the uninsured and underinsured. Of the funds provided, the agency shall use \$52,002,080, which includes \$10,000,000 in general revenue and \$10,000,000 in local funding pay for the increased access to primary care services. The use of general revenue is contingent upon an equal amount of local funds being provided in cash. The agency shall develop a plan for expanding primary care services by October 1, 2010, and submit the plan to the Legislative Budget Commission for approval before expending any funding. The agency may use \$46,944,209 of the funds provided in this paragraph, which include \$1,399,224 of general revenue for Federally Qualified Health Centers, to continue the funding for primary care services being provided by Federally Qualified Health Centers, for county health initiatives in conjunction with the Department of Health, hospital based primary care services, other non hospital programs and premium access systems that were funded in Specific Appropriation 190 of Section 3, Chapter 2009-81, Laws of Florida. If the agency determines it would be more beneficial to discontinue any or all of these programs, then the funds from the discontinued program or programs can be included with the \$52,002,080 for increasing access to primary care services.</p>	<p>SEE ATTACHED DOCUMENT FOR HOUSE OFFER</p>	<p>SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1</p>
<p>From the funds in Specific Appropriation 191, in the event that there is federal legislation that extends the federal enhanced matching rate through June 30, 2011, the agency shall submit a plan which will adopt the recommendations of the Low Income Pool Council for state Fiscal Year 2010-2011 to the Legislative Budget Commission. The agency shall submit a plan with proportional adjustments to the Low Income Council recommendations to account for an additional \$52,002,080 for primary care services as described in this section of proviso.</p>	<p>SEE ATTACHED DOCUMENT FOR HOUSE OFFER</p>	<p>SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1</p>
	<p>SEE ATTACHED DOCUMENT FOR HOUSE OFFER</p>	<p>SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1</p>
<p>From the funds in Specific Appropriation 191, the agency is authorized to transfer a hospital's low-income pool payments between the various low-income programs listed in this specific appropriation if it is required to obtain approval of the low-income pool payment methodology from the Centers for Medicare and Medicaid Services. Any transfer of funds, however, is contingent on the hospital's net low-income pool payments under the low-income pool plan remaining unchanged.</p>	<p>SEE ATTACHED DOCUMENT FOR HOUSE OFFER</p>	<p>SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1</p>
<p>From the funds in Specific Appropriation 191, in the event that the amount of approved non-federal share of matching funds is not provided</p>		



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by local governmental entities, the agency may re-allocate low-income pool funds between programs described within this specific appropriation as necessary to ensure sufficient non-federal matching funds. No re-allocation, under this provision, of low-income pool funds may occur if the level of program increase for any provider access system exceeds the amount of the additional increases in the local non-federal share match that their local government transfers to the state Medicaid program, and which the provider access system would have otherwise received.	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
From the funds in Specific Appropriation 191, the agency may make low income pool Medicaid payments to hospitals in an accelerated manner that is more frequent than on a quarterly basis, subject to the availability of state, local, and federal funds.	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
Funds provided in Specific Appropriation 191 are contingent upon the non-federal share being provided through grants and donations from state, county or other governmental funds. In the event the non-federal share provided through grants and donations is not available to fund the Medicaid low-income payments for eligible Medicaid providers, known as provider access systems, the agency shall submit a revised low-income pool plan to the Legislative Budget Commission for approval.	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
Distribution of such funds provided in Specific Appropriation 191 are contingent upon approval from the Centers for Medicare and Medicaid Services.	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
<u>In addition, the agency shall provide \$1,000,000 for the support of existing and expansion of new primary care residency slots, not funded by Medicare, at existing primary care residency programs in the rural area of AHCA District 1 sub-district 2, as defined in Florida Administrative Code section 59C-2.100 Acute Care Sub districts.</u>	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
8 194 HOSPITAL OUTPATIENT SERVICES	194 HOSPITAL OUTPATIENT SERVICES	194 HOSPITAL OUTPATIENT SERVICES
From the funds in Specific Appropriation 194, \$19,653,060 from the Grants and Donations Trust Fund and \$31,446,942 from the Medical Care Trust Fund are appropriated so that the agency may amend its current facility fees and physician services to allow for payments to hospitals providing primary care to low-income individuals and participating in the Primary Care Disproportionate Share Hospital (DSH) program in Fiscal Year 2003-2004 provided such hospital implements an emergency room diversion program so that non-emergency patients are triaged to lesser acute settings; or a public hospital assumed the fiscal and operating responsibilities for one or more primary care centers previously operated by the Florida Department of Health or the local county government. Any payments made to qualifying hospitals because of this change shall be contingent on the state share being provided through grants and donations from counties, local governments, public entities, or taxing districts, and federal matching funds. This provision shall be contingent upon federal approval of a state plan amendment.	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
Funds in Specific Appropriation 194 reflect a reduction of \$22,077,630 from the General Revenue Fund, \$35,490,533 from the Medical Care Trust Fund, and \$102,511 from the Refugee Assistance Trust Fund as a result of implementing a reduction in outpatient hospital reimbursement rates. The agency shall implement a recurring methodology in the Title XIX Outpatient Hospital Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to	SEE ATTACHED DOCUMENT	SEE ATTACHED DOCUMENT

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including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
From the funds in Specific Appropriation 194, \$23,436,079 from the Grants and Donations Trust Fund and \$37,500,164 from the Medical Care Trust Fund are provided to increase the outpatient cap for adults from \$1,000 to \$1,500 per year and to eliminate the outpatient reimbursement ceilings for teaching, specialty, Community Health Education Program hospitals and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the certificate of need program: pediatric bone marrow transplantation, pediatric open heart surgery, pediatric cardiac catheterization and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in section 408.07 (45), Florida Statutes, that are not certified trauma centers, as identified in Section 13, chapter 2007-326, Laws of Florida.	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
From the funds in Specific Appropriation 194, \$4,678,761 from the Grants and Donations Trust Fund and \$7,486,505 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals whose charity care and Medicaid days as a percentage of total adjusted hospital days equals or exceeds 11 percent. For any public hospital or any leased public hospital found to have sovereign immunity or hospital with graduate medical education positions that does not qualify for the elimination of the outpatient ceilings under this provision of proviso or any other proviso listed, such hospitals shall be exempt from the outpatient reimbursement ceilings contingent on the public hospital or local governmental entity providing the required state match. The agency shall use the average of the 2003, 2004 and 2005 audited Disproportionate Share Hospital (DSH) data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
From the funds in Specific Appropriation 194, \$82,610 from the Grants and Donation Trust Fund and \$132,185 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
From the funds in Specific Appropriation 194, \$4,609,114 from the Grants and Donations Trust Fund and \$7,375,061 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals whose Medicaid days, as a percentage of total hospital days, exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma centers on July 1, 2010, or become a	SEE ATTACHED DOCUMENT	SEE ATTACHED DOCUMENT

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<p>designated or provisional trauma center during Fiscal Year 2010-2011. Included in these funds are the annualized amounts to offset the reductions taken against certified trauma centers as identified in section 13, chapter 2007-326, Laws of Florida. The agency shall use the average of the 2003, 2004 and 2005 audited Disproportionate Share Hospital (DSH) data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.</p>	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
<p>Funds provided for the elimination of hospital outpatient ceilings in Specific Appropriation 194 are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. The agency shall submit a revised hospital outpatient reimbursement plan to the Legislative Budget Commission for approval if the state share is not available to fund the removal of hospital outpatient ceilings or if the Centers for Medicare and Medicaid Services does not approve amendments to the Medicaid Hospital Outpatient Reimbursement Plan to eliminate the reimbursement ceilings for certain hospitals.</p>	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
<p>From the funds in Specific Appropriation 194, \$4,702,344 from the Grants and Donations Trust Fund and \$7,524,239 from the Medical Care Trust Fund are provided to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for the following three categories of hospitals. Of these funds \$3,372,389 is provided to the first category of hospitals, which are those hospitals that are part of a system that operate a provider service network in the following manner: \$570,978 is for Jackson Memorial Hospital; \$458,668 is for hospitals in Broward Health; \$840,958 is for hospitals in the Memorial Healthcare System; and \$256,166 to Shands Jacksonville and \$1,245,619 to Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Of the above funds, \$4,221,468 shall be used for the second category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for those hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Of the above funds, \$4,632,729 shall be used for the third category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for rural hospitals. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the outpatient rate for those individual hospitals. For this section of proviso the agency shall use the average of 2003, 2004 and 2005 audited Disproportionate Share Hospital (DSH) data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.</p>	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
<p>From the funds in Specific Appropriation 194, \$12,543,857 from the Grants and Donations Trust Fund and \$20,071,476 from the Medical Care Trust Fund are provided for public hospitals, including any leased</p>		



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<p>public hospital found to have sovereign immunity, teaching hospitals as defined in sections 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians and designated trauma hospitals to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid outpatient trend adjustment applied to the individual state mental health hospitals.</p>	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
<p>From the funds in Specific Appropriation 194, \$22,077,630 from the Public Medical Assistance Trust Fund and \$35,593,044 from the Medical Care Trust Fund are provided to restore reductions applied to outpatient hospital rates. The agency shall implement a recurring methodology in the Title XIX Outpatient Hospital Reimbursement Plan to achieve this restoration. The agency shall not include the funds described in this paragraph for the restoration of reductions to outpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations.</p>	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
<p>From the funds in Specific Appropriation 194, \$15,720,104 from the Grants and Donations Trust Fund and \$25,153,799 from the Medical Care Trust Fund are provided for hospitals, not previously included in the proviso above, to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buy back of reductions to outpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations, unless the required state share for including these funds in the calculation of the capitation rates is provided through grants and donations from county or other local governmental funds.</p>	SEE ATTACHED DOCUMENT FOR HOUSE OFFER	SEE ATTACHED DOCUMENT FOR Senate Bump Offer #1
<p>From the funds in Specific Appropriation 194, the agency shall research and develop an efficiency based adjustment method for institutional providers. The method will provide definitions and measures of efficiencies. The agency must receive approval of the methodology from the Centers for Medicare and Medicaid Services prior to implementation and shall notify the Legislature upon receipt of such approval.</p>	<p><u>From the funds in Specific Appropriation 194, the agency shall develop efficiency and outcome measures in order to assess the value for patients including both outcomes and costs over the full cycle of care.</u></p>	<p>From the funds in Specific Appropriation 194, the agency shall research and develop an efficiency based adjustment method for institutional providers. The method will provide definitions and measures of efficiencies. The agency must receive approval of the methodology from the Centers for Medicare and Medicaid Services prior to implementation and shall notify the Legislature upon receipt of such approval.</p>
<p>From the funds in Specific Appropriation 194, the agency shall publish the most current Medicaid outpatient rates for the current rate semester on the agency's web site each month.</p>	No Proviso	No Proviso
9 203 PHYSICIAN SERVICES	203 PHYSICIAN SERVICES	203 PHYSICIAN SERVICES
	<p>From the funds in Specific Appropriation 203, the agency is authorized to continue the physician lock-in program for recipients who participate in the pharmacy lock-in program.</p> <p>In conducting the hospitalist program as required in section 409.905 (5) (d), Florida Statutes, the agency shall exclude the University of Miami at Cedars Hospital in Miami-Dade County from participation in the</p>	<p>From the funds in Specific Appropriation 203, the agency is authorized to continue the physician lock-in program for recipients who participate in the pharmacy lock-in program.</p> <p>In conducting the hospitalist program as required in section 409.905 (5) (d), Florida Statutes, the agency shall exclude the University of Miami at Cedars Hospital in Miami-Dade County from participation in the</p>

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SENATE		HOUSE BUMP OFFER #1	SENATE BUMP Offer #1
		program. The agency is authorized to modify appropriate contractual arrangements or federal waivers, as necessary, to effect this exclusion.	program. The agency is authorized to modify appropriate contractual arrangements or federal waivers, as necessary, to effect this exclusion.
10	204 PREPAID HEALTH PLANS	204 PREPAID HEALTH PLANS	204 PREPAID HEALTH PLANS
	<p>Funds in Specific Appropriation 204, include reductions of \$762,693 from the General Revenue Fund, \$1,220,388 from the Medical Care Trust Fund, and \$7,794 from the Refugee Assistance Trust Fund to Health Maintenance Organization and Provider Service Network capitation payments as a result of reducing the Medicaid reimbursement rates for clinic services, effective September 1, 2010.</p> <p>From the funds in Specific Appropriation 204, beginning September 1, 2010, for all prepaid capitated contracts with plans for the provision of diagnosis specific specialty care, the agency shall apply a discount factor to the rate equal to 10 percent.</p> <p>From the funds in Specific Appropriation 204, the Agency for Health Care Administration is authorized to contract on a prepaid or fixed-sum basis with appropriately-licensed prepaid dental health plans to provide dental services for a period not to exceed two years. The agency may contract with a single qualified entity to provide dental services on a regional or statewide basis that will result in greater efficiency to the state and will facilitate better access and outcomes for Medicaid beneficiaries. On a quarterly basis, the contracting entity shall report Medicaid beneficiary utilization data and encounter data by Current Dental Terminology (CDT) code to the agency. On an annual basis, the agency shall provide a report comparing the data provided by the contracting entity with available data from the pool of Medicaid recipients from previous years to the Speaker of the House, the Senate President and the Governor. The contract(s) shall be awarded through competitive procurement. The agency shall include in the contract(s), a provision that requires no less than 90% of the contracting fee be used to directly offset the cost of providing direct patient care as opposed to administrative costs. The agency may include in this contract dental services that are provided through the Medicaid fee for service and managed care delivery system, but shall exclude Miami-Dade County. If the agency includes the managed care delivery system, the agency may also include Medicaid reform counties. The agency is authorized to seek any necessary state plan amendments or federal waivers to implement this provision.</p>	<p>Funds in Specific Appropriation 204, include reductions of <u>\$6,441,184</u> <del>6,223,057</del> from the General Revenue Fund, <u>\$10,307,382</u> <del>9,958,348</del> from the Medical Care Trust Fund, and <u>\$64,013</u> <del>63,598</del> from the Refugee Assistance Trust Fund to Health Maintenance Organization and Provider Service Network capitation payments as a result of reducing the Medicaid reimbursement rates for clinic services, effective September 1, 2010.</p> <p>No Proviso</p> <p>From the funds in Specific Appropriation 204, the Agency for Health Care Administration is authorized to contract on a prepaid or fixed-sum basis with appropriately-licensed prepaid dental health plans to provide dental services for a period not to exceed two years. The agency may contract with a single qualified entity to provide dental services on a regional or statewide basis that will result in greater efficiency to the state and will facilitate better access and outcomes for Medicaid beneficiaries. On a quarterly basis, the contracting entity shall report Medicaid beneficiary utilization data and encounter data by Current Dental Terminology (CDT) code to the agency. On an annual basis, the agency shall provide a report comparing the data provided by the contracting entity with available data from the pool of Medicaid recipients from previous years to the Speaker of the House, the Senate President and the Governor. The contract(s) shall be awarded through competitive procurement. The agency shall include in the contract(s), a provision that requires no less than <u>85%</u> <del>90%</del> of the contracting fee be used to directly offset the cost of providing direct patient care as opposed to administrative costs. The agency may include in this contract dental services that are provided through the Medicaid fee for service and managed care delivery system, but shall exclude Miami-Dade County. If the agency includes the managed care delivery system, the agency may also include Medicaid reform counties. The agency is authorized to seek any necessary state plan amendments or federal waivers to implement this provision.</p>	<p>Funds in Specific Appropriation 204, include reductions of <u>\$6,441,184</u> <del>6,223,057</del> from the General Revenue Fund, <u>\$10,307,382</u> <del>9,958,348</del> from the Medical Care Trust Fund, and <u>\$64,013</u> <del>63,598</del> from the Refugee Assistance Trust Fund to Health Maintenance Organization and Provider Service Network capitation payments as a result of reducing the Medicaid reimbursement rates for clinic services, effective September 1, 2010.</p> <p>From the funds in Specific Appropriation 204, beginning September 1, 2010, for all prepaid capitated contracts with plans for the provision of diagnosis specific specialty care, the agency shall apply a discount factor to the rate equal to 10 percent.</p> <p>From the funds in Specific Appropriation 204, the Agency for Health Care Administration is authorized to contract on a prepaid or fixed-sum basis with appropriately-licensed prepaid dental health plans to provide dental services for a period not to exceed two years. The agency may contract with a single qualified entity to provide dental services on a regional or statewide basis that will result in greater efficiency to the state and will facilitate better access and outcomes for Medicaid beneficiaries. On a quarterly basis, the contracting entity shall report Medicaid beneficiary utilization data and encounter data by Current Dental Terminology (CDT) code to the agency. On an annual basis, the agency shall provide a report comparing the data provided by the contracting entity with available data from the pool of Medicaid recipients from previous years to the Speaker of the House, the Senate President and the Governor. The contract(s) shall be awarded through competitive procurement. The agency shall include in the contract(s), a provision that requires no less than <u>85%</u> <del>90%</del> of the contracting fee be used to directly offset the cost of providing direct patient care as opposed to administrative costs. The agency may include in this contract dental services that are provided through the Medicaid fee for service and managed care delivery system, but shall exclude Miami-Dade County. If the agency includes the managed care delivery system, the agency may also include Medicaid reform counties. The agency is authorized to seek any necessary state plan amendments or federal waivers to implement this provision.</p>
10A	205 SPECIAL CATEGORIES PRESCRIBED MEDICINE/DRUGS	205 SPECIAL CATEGORIES PRESCRIBED MEDICINE/DRUGS <u>The agency shall develop and implement a separate program for the statewide mail-order delivery of prescription drugs to Medicaid patients who have various chronic-disease states in order to assist Medicaid patients in securing prescriptions and to reduce program costs.</u>	205 SPECIAL CATEGORIES PRESCRIBED MEDICINE/DRUGS <u>The agency shall develop and implement a separate program for the statewide mail-order delivery of prescription drugs to Medicaid patients who have various chronic-disease states in order to assist Medicaid patients in securing prescriptions and to reduce program costs.</u>
11	212 CLINIC SERVICES	212 CLINIC SERVICES	212 CLINIC SERVICES
	<p>Funds in Specific Appropriation 212 reflect a reduction of \$3,349,398 from the General Revenue Fund, \$5,359,386 from the Medical Care Trust Fund, and \$61,146 from the Refugee Assistance Trust Fund as a result of modifying the reimbursement for county health department rates. The</p>	<p>Funds in Specific Appropriation 212 reflect a reduction of \$15,421,299 from the General Revenue Fund, \$24,676,267 from the Medical Care Trust Fund, and \$281,534 from the Refugee Assistance Trust Fund as a result of modifying the reimbursement for county health department</p>	<p>Funds in Specific Appropriation 212 reflect a reduction of \$15,421,299 from the General Revenue Fund, \$24,676,267 from the Medical Care Trust Fund, and \$281,534 from the Refugee Assistance Trust Fund as a result of modifying the reimbursement for county health department</p>

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<p>agency shall implement a recurring methodology in the Title XIX County Health Department Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.</p> <p>From the funds in Specific Appropriation 212, \$11,073,235 from the Medical Care Trust Fund and \$6,920,322 from the Grants and Donations Trust Fund are provided to buy back legislative rate reductions authorized on or after July 1, 2008, but not to exceed this appropriation. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county, or other governmental funds. <u>In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.</u></p>	<p>rates. The agency shall implement a recurring methodology in the Title XIX County Health Department Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.</p> <p>From the funds in Specific Appropriation 212, \$16,396,032 from the Grants and Donations Trust Fund and \$26,235,356 from the Medical Care Trust Fund are provided to buy back Clinic Services rate adjustments, effective on or after July 1, <u>2008</u> <del>2009</del> and are contingent on the nonfederal share being provided through grants and donations from state, county or other governmental funds. Authority is granted to buy back rate reductions up to, but not higher than the amounts available under the authority appropriated in this line. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.</p>	<p>rates. The agency shall implement a recurring methodology in the Title XIX County Health Department Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.</p> <p>From the funds in Specific Appropriation 212, \$16,396,032 from the Grants and Donations Trust Fund and \$26,235,356 from the Medical Care Trust Fund are provided to buy back Clinic Services rate adjustments, effective on or after July 1, <u>2008</u> <del>2009</del> and are contingent on the nonfederal share being provided through grants and donations from state, county or other governmental funds. Authority is granted to buy back rate reductions up to, but not higher than the amounts available under the authority appropriated in this line. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.</p>
12 218 INTERMEDIATE CARE FACILITIES/DEVELOPMENTALLY DISABLED COMMUNITY	218 INTERMEDIATE CARE FACILITIES/DEVELOPMENTALLY DISABLED COMMUNITY	218 INTERMEDIATE CARE FACILITIES/DEVELOPMENTALLY DISABLED COMMUNITY
<p>Funds in Specific Appropriation 218 reflect a reduction of \$5,330,607 from the General Revenue Fund and \$8,529,524 from the Medical Care Trust Fund as a result of modifying the reimbursement for intermediate care facilities for the developmentally disabled, effective October 1, 2009. The agency shall implement a recurring methodology in the Title XIX Intermediate Care Facility for the Mentally Retarded and Developmentally Disabled for Community Owned and Operated Facilities Reimbursement Plan to achieve this reduction.</p> <p>From the funds in Specific Appropriation 218, the agency shall research and develop an efficiency based adjustment method for institutional providers. The method will provide definitions and measures of efficiencies. The agency must receive approval of the methodology from the Centers for Medicare and Medicaid Services prior to implementation and shall notify the Legislature upon receipt of such approval.</p>	<p>No Proviso</p> <p><u>From the funds in Specific Appropriation 218, the agency shall develop efficiency and outcome measures in order to assess the value for patients including both outcomes and costs over the full cycle of care.</u></p>	<p>No Proviso</p> <p>From the funds in Specific Appropriation 218, the agency shall research and develop an efficiency based adjustment method for institutional providers. The method will provide definitions and measures of efficiencies. The agency must receive approval of the methodology from the Centers for Medicare and Medicaid Services prior to implementation and shall notify the Legislature upon receipt of such approval.</p>
13 219 NURSING HOME CARE	219 NURSING HOME CARE	219 NURSING HOME CARE
<p>From the funds in Specific Appropriation 219, the agency shall research and develop an efficiency based adjustment method for institutional providers. The method will provide definitions and measures of efficiencies. The agency must receive approval of the methodology from the Centers for Medicare and Medicaid Services prior to implementation and shall notify the Legislature upon receipt of such approval.</p>	<p><u>From the funds in Specific Appropriation 219, the agency shall develop efficiency and outcome measures in order to assess the value for patients including both outcomes and costs over the full cycle of care.</u></p>	<p>From the funds in Specific Appropriation 219, the agency shall research and develop an efficiency based adjustment method for institutional providers. The method will provide definitions and measures of efficiencies. The agency must receive approval of the methodology from the Centers for Medicare and Medicaid Services prior to implementation and shall notify the Legislature upon receipt of such approval.</p>

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SENATE	HOUSE BUMP OFFER #1	SENATE BUMP Offer #1
<b>AGENCY FOR PERSONS WITH DISABILITIES</b>		
14 238 GRANT AND AID INDIVIDUAL AND FAMILY SUPPORTS	238 GRANT AND AID INDIVIDUAL AND FAMILY SUPPORTS	238 GRANT AND AID INDIVIDUAL AND FAMILY SUPPORTS
Funds in Specific Appropriation 242 reflect a reduction of <del>\$26,963,403</del> <u>\$13,481,701</u> from the General Revenue Fund and <del>\$43,144,248</del> and <u>\$21,572,124</u> from the Operations and Maintenance Trust Fund as a result of reducing provider rates by 5 percent, effective July 1,2010. Personal Care Assistance, transportation, waiver support coordination, durable medical equipment, consumable medical supplies, and environmental and home accessibility services are specifically excluded from this reduction target. The agency shall amend provider contracts, cost plans and rules as necessary to achieve this recurring reduction.	Funds in Specific Appropriation 242 reflect a reduction of <u>\$6,465,891</u> from the General Revenue Fund and <u>\$10,346,098</u> from the Operations and Maintenance Trust Fund as a result of reducing provider rates by <u>2.5</u> percent, effective July 1,2010. Personal Care Assistance, transportation, waiver support coordination, durable medical equipment, consumable medical supplies, and environmental and home accessibility services are specifically excluded from this reduction target. The agency shall amend provider contracts, cost plans and rules as necessary to achieve this recurring reduction.	Funds in Specific Appropriation 242 reflect a reduction of <u>\$6,465,891</u> from the General Revenue Fund and <u>\$10,346,098</u> from the Operations and Maintenance Trust Fund as a result of reducing provider rates by <u>2.5</u> percent, effective July 1,2010. Personal Care Assistance, transportation, waiver support coordination, durable medical equipment, consumable medical supplies, and environmental and home accessibility services are specifically excluded from this reduction target. The agency shall amend provider contracts, cost plans and rules as necessary to achieve this recurring reduction.
PROGRAM MANAGEMENT AND COMPLIANCE From the funds in Specific Appropriations 245 through 258, by September 1, 2010, the Agency for Persons with Disabilities shall execute service level agreements, pursuant to section 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the Northwood Shared Resource Center (NSRC) and the Southwood Shared Resource Center (SSRC). If the agency is unable to complete and execute a service level agreement by that date, the agency shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government & Health Care and Senate Policy and Steering Committee on Ways and Means within five working days, explaining the specific issues preventing execution and describing the agency's plan and schedule for resolving those issues.	PROGRAM MANAGEMENT AND COMPLIANCE From the funds in Specific Appropriations 245 through 258, by September 1, 2010, the Agency for Persons with Disabilities shall execute service level agreements, pursuant to section 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the Northwood Shared Resource Center (NSRC) and the Southwood Shared Resource Center (SSRC). If the agency is unable to complete and execute a service level agreement by that date, the agency shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government & Health Care and Senate Policy and Steering Committee on Ways and Means within five working days, explaining the specific issues preventing execution and describing the agency's plan and schedule for resolving those issues.	PROGRAM MANAGEMENT AND COMPLIANCE From the funds in Specific Appropriations 245 through 258, by September 1, 2010, the Agency for Persons with Disabilities shall execute service level agreements, pursuant to section 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the Northwood Shared Resource Center (NSRC) and the Southwood Shared Resource Center (SSRC). If the agency is unable to complete and execute a service level agreement by that date, the agency shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government & Health Care and Senate Policy and Steering Committee on Ways and Means within five working days, explaining the specific issues preventing execution and describing the agency's plan and schedule for resolving those issues.



**Health Care Appropriations**

SENATE	HOUSE BUMP OFFER #1	SENATE BUMP Offer #1
<b>CHILDREN &amp; FAMILY SERVICES, DEPARTMENT OF</b>		
<p>15 The Agency for Health Care Administration in conjunction with the Department of Children and Families shall address Medicaid applicant and recipient fraud and abuse by implementing a Medicaid eligibility screening solution that will tap into and consolidate third party data broker information that will identify unreported income and resources that are withheld by applicants during the Medicaid application process. DCF eligibility worker timely access to external data sources like bank accounts, credit reports and other third party public data sources will improve the quality of the Medicaid application process and ensure that Medicaid benefits are provided only for eligible Florida residents.</p>		
<p>16 INFORMATION TECHNOLOGY</p> <p>From the funds in Specific Appropriations 288 through 293 the Department of Children and Family Services shall develop and submit a transition plan by October 1, 2010, to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government &amp; Health Care and Senate Policy and Steering Committee on Ways and Means for the relocation and consolidation of its computing services and associated resources, located at the Winewood Office Complex, to the Northwood Share Resource Center (NSRC) by July 1, 2011, pursuant to s.282.201(2)(d)1.e., Florida Statutes.</p> <p>From the funds in Specific Appropriations 288 through 293, the department shall work with the Agency for Enterprise Information Technology (AEIT) and the NSRC in developing the plan that shall, at a minimum, include an inventory of all resources, including but not limited to, all computing equipment; a description of resources for computing services proposed to remain in the department; the budget, full time personnel, and contracted services associated with the costs of its current computing services; the necessary budget adjustments required to accomplish the transfer of computing resources; and a timetable with significant milestones for the completion of the relocation.</p> <p>From the funds in Specific Appropriations 288 through 293, by September 1, 2010, the department shall execute service level agreements, pursuant to section 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the NSRC and the Southwood Shared Resource Center (SSRC). If the department is unable to complete and execute a service level agreement by that date, the department shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government &amp; Health Care and Senate Policy and Steering Committee on Ways and Means within five working days, explaining the specific issues preventing execution and describing the department's plan and schedule for resolving those issues.</p>	<p>INFORMATION TECHNOLOGY</p> <p>From the funds in Specific Appropriations 288 through 293 the Department of Children and Family Services shall develop and submit a transition plan by October 1, 2010, to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government &amp; Health Care and Senate Policy and Steering Committee on Ways and Means for the relocation and consolidation of its computing services and associated resources, located at the Winewood Office Complex, to the Northwood Share Resource Center (NSRC) by July 1, 2011, pursuant to s.282.201(2)(d)1.e., Florida Statutes.</p> <p>From the funds in Specific Appropriations 288 through 293, the department shall work with the Agency for Enterprise Information Technology (AEIT) and the NSRC in developing the plan that shall, at a minimum, include an inventory of all resources, including but not limited to, all computing equipment; a description of resources for computing services proposed to remain in the department; the budget, full time personnel, and contracted services associated with the costs of its current computing services; the necessary budget adjustments required to accomplish the transfer of computing resources; and a timetable with significant milestones for the completion of the relocation.</p> <p>From the funds in Specific Appropriations 288 through 293, by September 1, 2010, the department shall execute service level agreements, pursuant to section 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the NSRC and the Southwood Shared Resource Center (SSRC). If the department is unable to complete and execute a service level agreement by that date, the department shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government &amp; Health Care and Senate Policy and Steering Committee on Ways and Means within five working days, explaining the specific issues preventing execution and describing the department's plan and schedule for resolving those issues.</p>	<p>INFORMATION TECHNOLOGY</p> <p>From the funds in Specific Appropriations 288 through 293 the Department of Children and Family Services shall develop and submit a transition plan by October 1, 2010, to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government &amp; Health Care and Senate Policy and Steering Committee on Ways and Means for the relocation and consolidation of its computing services and associated resources, located at the Winewood Office Complex, to the Northwood Share Resource Center (NSRC) by July 1, 2011, pursuant to s.282.201(2)(d)1.e., Florida Statutes.</p> <p>From the funds in Specific Appropriations 288 through 293, the department shall work with the Agency for Enterprise Information Technology (AEIT) and the NSRC in developing the plan that shall, at a minimum, include an inventory of all resources, including but not limited to, all computing equipment; a description of resources for computing services proposed to remain in the department; the budget, full time personnel, and contracted services associated with the costs of its current computing services; the necessary budget adjustments required to accomplish the transfer of computing resources; and a timetable with significant milestones for the completion of the relocation.</p> <p>From the funds in Specific Appropriations 288 through 293, by September 1, 2010, the department shall execute service level agreements, pursuant to section 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the NSRC and the Southwood Shared Resource Center (SSRC). If the department is unable to complete and execute a service level agreement by that date, the department shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government &amp; Health Care and Senate Policy and Steering Committee on Ways and Means within five working days, explaining the specific issues preventing execution and describing the department's plan and schedule for resolving those issues.</p>



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	<b>SENATE</b>	<b>HOUSE BUMP OFFER #1</b>	<b>SENATE BUMP Offer #1</b>
16A	<p>QEC - SACWIS Solutions</p>	<p>QEC - SACWIS Solutions</p> <p><u>The Department of Children and Family Services shall establish the necessary user accounts and access privileges required to enable authorized personnel in the Children's Legal Services program and the judicial branch to utilize the Florida Safe Families Network system within 12 months of the system completing its federal certification requirements. System users shall be responsible for furnishing any required personal computer hardware and software and telecommunications connectivity required for system access. The department is authorized to recover any additional costs associated with providing and maintaining such access, contingent upon receipt of required federal approvals. The department is responsible for ensuring the network maintains compliance with all federal requirements for Statewide Automated Child Welfare Information Systems.</u></p>	<p>QEC - SACWIS Solutions</p> <p><u>The Department of Children and Family Services shall establish the necessary user accounts and access privileges required to enable authorized personnel in the Children's Legal Services program and the judicial branch to utilize the Florida Safe Families Network system within 12 months of the system completing its federal certification requirements. System users shall be responsible for furnishing any required personal computer hardware and software and telecommunications connectivity required for system access. The department is authorized to recover any additional costs associated with providing and maintaining such access, contingent upon receipt of required federal approvals. The department is responsible for ensuring the network maintains compliance with all federal requirements for Statewide Automated Child Welfare Information Systems.</u></p>
17	<p>NORTHWOOD SHARED RESOURCE CENTER (NSRC)</p> <p>From the funds in Specific Appropriations 294 through 298A, the Northwood Shared Resource Center (NSRC) shall develop a transition plan for absorbing the transfer of customer agency data center resources to the center based upon the timetables for transition as provided in the transferring agency's data center consolidation transition plan. The plan shall include Fiscal Year 2011-2012 legislative budget request adjustments submitted from each customer agency transferring resources, as well as budget adjustments required by the NSRC to accomplish the efficient transfer of the data center service resources. The plan shall describe and make recommendations relating to issues which must be resolved to accomplish the transfer. The plan shall be submitted to the Agency for Enterprise Information Technology (AEIT), Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government &amp; Health Care and Senate Policy and Steering Committee on Ways and Means by November 15, 2010.</p> <p>From the funds in Specific Appropriations 294 through 298A, the NSRC, in coordination with the AEIT, shall work with the agencies that are required to develop and submit data center consolidation transition plans to transfer computing resources to the state primary data center, pursuant to section 282.201(2)(d) i.e., Florida Statutes.</p> <p>From the funds in Specific Appropriations 294 through 298A, the NSRC shall also work with the AEIT and the agencies required to develop comparative cost benefit analyses for the purpose of determining the most cost effective center to provide their data center service functions.</p> <p>From the funds in Specific Appropriations 294 through 298A, in filling positions, the NSRC is to give priority consideration to state employees whose jobs have been adversely affected by workforce reductions in the agencies from where agency data center services are being transferred. Every reasonable effort is to be made to identify vacant positions and to match the adversely affected employees' skills with the requirements of available vacant positions in the data center.</p> <p>From the funds in Specific Appropriations 294 through 298A, beginning July 1, 2010, the Department of Juvenile Justice, Department of Business and Professional Regulation and the Department of Corrections shall each have one trustee with one vote each on the NSRC Board of Trustees in Fiscal Year 2010-11 to facilitate proposed data center consolidations during Fiscal Years 2010-2011 and 2011-2012.</p>	<p>NORTHWOOD SHARED RESOURCE CENTER (NSRC)</p> <p>From the funds in Specific Appropriations 294 through 298A, the Northwood Shared Resource Center (NSRC) shall develop a transition plan for absorbing the transfer of customer agency data center resources to the center based upon the timetables for transition as provided in the transferring agency's data center consolidation transition plan. The plan shall include Fiscal Year 2011-2012 legislative budget request adjustments submitted from each customer agency transferring resources, as well as budget adjustments required by the NSRC to accomplish the efficient transfer of the data center service resources. The plan shall describe and make recommendations relating to issues which must be resolved to accomplish the transfer. The plan shall be submitted to the Agency for Enterprise Information Technology (AEIT), Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government &amp; Health Care and Senate Policy and Steering Committee on Ways and Means by November 15, 2010.</p> <p>From the funds in Specific Appropriations 294 through 298A, the NSRC, in coordination with the AEIT, shall work with the agencies that are required to develop and submit data center consolidation transition plans to transfer computing resources to the state primary data center, pursuant to section 282.201(2)(d) i.e., Florida Statutes.</p> <p>From the funds in Specific Appropriations 294 through 298A, the NSRC shall also work with the AEIT and the agencies required to develop comparative cost benefit analyses for the purpose of determining the most cost effective center to provide their data center service functions.</p> <p>From the funds in Specific Appropriations 294 through 298A, in filling positions, the NSRC is to give priority consideration to state employees whose jobs have been adversely affected by workforce reductions in the agencies from where agency data center services are being transferred. Every reasonable effort is to be made to identify vacant positions and to match the adversely affected employees' skills with the requirements of available vacant positions in the data center.</p> <p>From the funds in Specific Appropriations 294 through 298A, beginning July 1, 2010, the Department of Juvenile Justice, Department of Business and Professional Regulation and the Department of Corrections shall each have one trustee with one vote each on the NSRC Board of Trustees in Fiscal Year 2010-11 to facilitate proposed data center consolidations during Fiscal Years 2010-2011 and 2011-2012.</p>	<p>NORTHWOOD SHARED RESOURCE CENTER (NSRC)</p> <p>From the funds in Specific Appropriations 294 through 298A, the Northwood Shared Resource Center (NSRC) shall develop a transition plan for absorbing the transfer of customer agency data center resources to the center based upon the timetables for transition as provided in the transferring agency's data center consolidation transition plan. The plan shall include Fiscal Year 2011-2012 legislative budget request adjustments submitted from each customer agency transferring resources, as well as budget adjustments required by the NSRC to accomplish the efficient transfer of the data center service resources. The plan shall describe and make recommendations relating to issues which must be resolved to accomplish the transfer. The plan shall be submitted to the Agency for Enterprise Information Technology (AEIT), Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government &amp; Health Care and Senate Policy and Steering Committee on Ways and Means by November 15, 2010.</p> <p>From the funds in Specific Appropriations 294 through 298A, the NSRC, in coordination with the AEIT, shall work with the agencies that are required to develop and submit data center consolidation transition plans to transfer computing resources to the state primary data center, pursuant to section 282.201(2)(d) i.e., Florida Statutes.</p> <p>From the funds in Specific Appropriations 294 through 298A, the NSRC shall also work with the AEIT and the agencies required to develop comparative cost benefit analyses for the purpose of determining the most cost effective center to provide their data center service functions.</p> <p>From the funds in Specific Appropriations 294 through 298A, in filling positions, the NSRC is to give priority consideration to state employees whose jobs have been adversely affected by workforce reductions in the agencies from where agency data center services are being transferred. Every reasonable effort is to be made to identify vacant positions and to match the adversely affected employees' skills with the requirements of available vacant positions in the data center.</p> <p>From the funds in Specific Appropriations 294 through 298A, beginning July 1, 2010, the Department of Juvenile Justice, Department of Business and Professional Regulation and the Department of Corrections shall each have one trustee with one vote each on the NSRC Board of Trustees in Fiscal Year 2010-11 to facilitate proposed data center consolidations during Fiscal Years 2010-2011 and 2011-2012.</p>

## Health Care Appropriations

	SENATE	HOUSE BUMP OFFER #1	SENATE BUMP Offer #1
18		DOMESTIC VIOLENCE PROGRAM From the funds in Specific Appropriation 309, \$3,762,050 million from the General Revenue Fund is provided to the Florida Coalition Against Domestic Violence to distribute to Florida's certified domestic violence centers.	DOMESTIC VIOLENCE PROGRAM From the funds in Specific Appropriation 309, \$3,762,050 million from the General Revenue Fund is provided to the Florida Coalition Against Domestic Violence to distribute to Florida's certified domestic violence centers.
19	312 GRANTS AND AIDS - CHILD PROTECTION From the funds in Specific Appropriation 312, the nonrecurring sum of \$500,000 is appropriated from the Welfare Transition Trust Fund for a program to empower families and promote healthy marriages in Florida.	312 GRANTS AND AIDS - CHILD PROTECTION  From the funds in Specific Appropriation 312, the nonrecurring sum of \$500,000 is appropriated from the Welfare Transition Trust Fund for a — <del>program to empower families and promote healthy marriages in Florida— the Marriage Education Grant Program. These funds shall be used to provide grants to organizations that provide programs that prepare for, strengthen, and restore healthy marriages in amounts not to exceed \$50,000 per organization. In awarding these grants, preference shall be given to programs that are research-based and skills-based and have or include certifications. Grant recipients may use grant funds for providing direct services to participants, enlarging program capacity, or paying other program and operational expenses, including provider training and technical assistance. The Department of Children and Family Services shall use no more than 5 percent of the funds appropriated for this program to contract with a Florida public college or university to establish a process for evaluating the programs receiving grants through these appropriations. Evaluation criteria shall be based on best practices and program outcomes.</del>  From the funds in Specific Appropriation 312, the recurring sum of \$250,000 from the General Revenue Fund is appropriated for the Salvation Army Children's Village.	312 GRANTS AND AIDS - CHILD PROTECTION  From the funds in Specific Appropriation 312, the nonrecurring sum of \$500,000 is appropriated from the Welfare Transition Trust Fund for a — <del>program to empower families and promote healthy marriages in Florida— the Marriage Education Grant Program. These funds shall be used to provide grants to organizations that provide programs that prepare for, strengthen, and restore healthy marriages in amounts not to exceed \$50,000 per organization. In awarding these grants, preference shall be given to programs that are research-based and skills-based and have or include certifications. Grant recipients may use grant funds for providing direct services to participants, enlarging program capacity, or paying other program and operational expenses, including provider training and technical assistance. The Department of Children and Family Services shall use no more than 5 percent of the funds appropriated for this program to contract with a Florida public college or university to establish a process for evaluating the programs receiving grants through these appropriations. Evaluation criteria shall be based on best practices and program outcomes.</del>  From the funds in Specific Appropriation 312, the nonrecurring sum of \$250,000 from the General Revenue Fund is appropriated for the Salvation Army Children's Village.
20	From the funds in Specific Appropriation 361A, the non-recurring sum of \$250,000 from the General Revenue Fund is provided for services to prevent or eliminate homelessness.  From the funds in Specific Appropriation 363, the non-recurring sum of \$100,000 from the Welfare Transition Trust Fund is provided to the Richmond Heights Homeowners Association for crisis intervention and support services to low-income persons.  From the funds in Specific Appropriation 363, the non-recurring sum of \$100,000 from the Welfare Transition Trust Fund is provided to the Goulds Coalition of Ministries and Lay People, Inc., for information and referral services to low-income families.	From the funds in Specific Appropriation 361A, the nonrecurring sum of \$250,000 from the General Revenue Fund is provided for services to prevent or eliminate homelessness.  From the funds in Specific Appropriation 363, the nonrecurring sum of \$100,000 from the Welfare Transition Trust Fund is provided to the Richmond Heights Homeowners Association for crisis intervention and support services to low-income persons.  From the funds in Specific Appropriation 363, the nonrecurring sum of \$100,000 from the Welfare Transition Trust Fund is provided to the Goulds Coalition of Ministries and Lay People, Inc., for information and referral services to low-income families.	From the funds in Specific Appropriation 361A, the non-recurring sum of \$250,000 from the General Revenue Fund is provided for services to prevent or eliminate homelessness.  From the funds in Specific Appropriation 363, the non-recurring sum of \$100,000 from the Welfare Transition Trust Fund is provided to the Richmond Heights Homeowners Association for crisis intervention and support services to low-income persons.  From the funds in Specific Appropriation 363, the non-recurring sum of \$100,000 from the Welfare Transition Trust Fund is provided to the Goulds Coalition of Ministries and Lay People, Inc., for information and referral services to low-income families.
	<b>ELDER AFFAIRS, DEPARTMENT OF</b>		
21	401A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY GRANTS AND AIDS - SENIOR CITIZEN CENTERS Funds in Specific Appropriation 401A are provided to complete construction of the Charles and Rae Kane Senior Center.  EXECUTIVE DIRECTION AND SUPPORT SERVICES From the funds in Specific Appropriation 402 through 410, by September 1, 2010, the Department of Elder Affairs shall execute a service level agreement, pursuant to s. 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the Southwood Shared Resource Center (SSRC). If the department is unable to complete	401A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY GRANTS AND AIDS - SENIOR CITIZEN CENTERS Funds in Specific Appropriation 401A are provided to complete construction of the Charles and Rae Kane Senior Center.  EXECUTIVE DIRECTION AND SUPPORT SERVICES From the funds in Specific Appropriation 402 through 410, by September 1, 2010, the Department of Elder Affairs shall execute a service level agreement, pursuant to s. 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the Southwood Shared Resource Center (SSRC). If the department is unable to complete	401A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY GRANTS AND AIDS - SENIOR CITIZEN CENTERS Funds in Specific Appropriation 401A are provided to complete construction of the Charles and Rae Kane Senior Center.  EXECUTIVE DIRECTION AND SUPPORT SERVICES From the funds in Specific Appropriation 402 through 410, by September 1, 2010, the Department of Elder Affairs shall execute a service level agreement, pursuant to s. 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the Southwood Shared Resource Center (SSRC). If the department is unable to complete



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and execute the service level agreements by that date, the department shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government & Health Care and Senate Policy and Steering Committee on Ways and Means within five working days, explaining the specific issues preventing execution and describing the department's plan and schedule for resolving those issues.	and execute the service level agreements by that date, the department shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government & Health Care and Senate Policy and Steering Committee on Ways and Means within five working days, explaining the specific issues preventing execution and describing the department's plan and schedule for resolving those issues.	and execute the service level agreements by that date, the department shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government & Health Care and Senate Policy and Steering Committee on Ways and Means within five working days, explaining the specific issues preventing execution and describing the department's plan and schedule for resolving those issues.
<b>HEALTH, DEPARTMENT OF</b>		
22 <b>PROGRAM: EXECUTIVE DIRECTION AND SUPPORT</b> INFORMATION TECHNOLOGY  From the funds in Specific Appropriations 428 through 437, by September 1, 2010, the Department of Health shall execute service level agreements, pursuant to section 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the Northwood Shared Resource Center (NSRC) and Southwood Shared Resource Center (SSRC). If the department is unable to complete and execute a service level agreement by that date, the department shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government & Health Care and Senate Policy and Steering Committee on Ways and Means within five working days, explaining the specific issues preventing execution and describing the department's plan and schedule for resolving those issues.	<b>PROGRAM: EXECUTIVE DIRECTION AND SUPPORT</b> INFORMATION TECHNOLOGY  From the funds in Specific Appropriations 428 through 437, by September 1, 2010, the Department of Health shall execute service level agreements, pursuant to section 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the Northwood Shared Resource Center (NSRC) and Southwood Shared Resource Center (SSRC). If the department is unable to complete and execute a service level agreement by that date, the department shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government & Health Care and Senate Policy and Steering Committee on Ways and Means within five working days, explaining the specific issues preventing execution and describing the department's plan and schedule for resolving those issues.	<b>PROGRAM: EXECUTIVE DIRECTION AND SUPPORT</b> INFORMATION TECHNOLOGY  From the funds in Specific Appropriations 428 through 437, by September 1, 2010, the Department of Health shall execute service level agreements, pursuant to section 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the Northwood Shared Resource Center (NSRC) and Southwood Shared Resource Center (SSRC). If the department is unable to complete and execute a service level agreement by that date, the department shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government & Health Care and Senate Policy and Steering Committee on Ways and Means within five working days, explaining the specific issues preventing execution and describing the department's plan and schedule for resolving those issues.
23 <b>445A AID TO LOCAL GOVERNMENTS</b> <b>GRANTS AND AIDS-RURAL DIVERSITY MINORITY HEALTH CARE</b> From the funds in Specific Appropriation 445A, \$10,257,386 is provided for the Department of Health to contract with the Florida Agricultural and Mechanical University to continue a project, first funded in Fiscal Year 2008-2009, to address some of the chronic health disparities found in rural and underserved communities. One hundred percent of the funds in this appropriation shall be provided to the university, and the university shall use one hundred percent of the funds received in this contract to train health care professionals committed to serving in rural or under served areas of the state and to provide direct services to residents.  From the funds in Specific Appropriation 445A, \$1,000,000 is provided for comprehensive primary and preventive dental and medical services to the uninsured and under-insured population in Lake Wales and surrounding communities.	<b>445A AID TO LOCAL GOVERNMENTS</b> <b>GRANTS AND AIDS-RURAL DIVERSITY MINORITY HEALTH CARE</b>  From the funds in Specific Appropriations 445A, \$500,000 is provided from the General Revenue Fund to the AGAPE Community Health Center for a mobile dental until to serve underserved areas of Duval County.  From the funds in Specific Appropriation 445A, \$1,000,000 is provided for comprehensive primary and preventive dental and medical services to the uninsured and under-insured population in Lake Wales and surrounding communities.	<b>445A AID TO LOCAL GOVERNMENTS</b> <b>GRANTS AND AIDS-RURAL DIVERSITY MINORITY HEALTH CARE</b> From the funds in Specific Appropriation 445A, <u>\$8,800,000</u> is provided for the Department of Health to contract with the Florida Agricultural and Mechanical University to continue a project, first funded in Fiscal Year 2008-2009, to address some of the chronic health disparities found in rural and underserved communities. One hundred percent of the funds in this appropriation shall be provided to the university, and the university shall use one hundred percent of the funds received in this contract to train health care professionals committed to serving in rural or under served areas of the state and to provide direct services to residents.  From the funds in Specific Appropriation 445A, \$1,000,000 is provided for comprehensive primary and preventive dental and medical services to the uninsured and under-insured population in Lake Wales and surrounding communities.
24 <b>449 GRANTS AND AIDS - CRISIS COUNSELING</b>  <del>From the funds in Specific Appropriation 449, 85 percent of all monies spent shall be spent on overall direct client service providers, option line call center, and website maintenance, a minimum of 85 percent shall be spent on direct client services, website maintenance and Option Line and no more than \$400 shall be spent per month per direct service provider on contract management. The 85 percent shall be divided between contract management providers based on the number of 2009-2010 fiscal year maximum allowed direct service providers (70 percent/30 percent). To ensure program transparency and efficiency each contract management provider shall cross-monitor the five highest 2009-2010 contract year program utilizers of the other contract management provider.</del>	<b>449 GRANTS AND AIDS - CRISIS COUNSELING</b>  <del>From the funds in Specific Appropriation 449, 85 percent of all monies spent shall be spent on overall direct client service providers, option line call center, and website maintenance, a minimum of 85 percent shall be spent on direct client services, website maintenance and Option Line and no more than \$400 shall be spent per month per direct service provider on contract management. The 85 percent shall be divided between contract management providers based on the number of 2009-2010 fiscal year maximum allowed direct service providers (70 percent/30 percent). To ensure program transparency and efficiency each contract management provider shall cross-monitor the five highest 2009-2010 contract year program utilizers of the other contract management provider.</del>	<del>From the funds in Specific Appropriation 449, 85 percent of all monies spent shall be spent on overall direct client service providers, option line call center, and website maintenance, a minimum of 85 percent shall be spent on direct client services, website maintenance and Option Line and no more than \$400 shall be spent per month per direct service provider on contract management. The 85 percent shall be divided between contract management providers based on the number of 2009-2010 fiscal year maximum allowed direct service providers (70 percent/30 percent). To ensure program transparency and efficiency each contract management provider shall cross-monitor the five highest 2009-2010 contract year program utilizers of the other contract management provider.</del>
25 <b>451 GRANTS AND AIDS - CONTRACTED SERVICES</b> From the funds in Specific Appropriation 451, \$139,000 from the	<b>451 GRANTS AND AIDS - CONTRACTED SERVICES</b>	<b>451 GRANTS AND AIDS - CONTRACTED SERVICES</b> From the funds in Specific Appropriation 451, \$139,000 from the

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General Revenue Fund is provided to the current contract provider of vision examinations and prescription glasses for students in the Miami-Dade County Public Schools who have failed the state-mandated, school vision screening.		NO PROVISIO	General Revenue Fund is provided to the current contract provider of vision examinations and prescription glasses for students in the Miami-Dade County Public Schools who have failed the state-mandated, school vision screening.																				
26	<p>507 FIXED CAPITAL OUTLAY CONSTRUCTION, RENOVATION, AND EQUIPMENT - COUNTY HEALTH DEPARTMENTS</p> <p>From the funds in Specific Appropriation 507, the following projects are funded from nonrecurring funds in the County Health Department Trust Fund:</p> <table><tr><td>Polk County Health Department.....</td><td>6,876,200</td></tr><tr><td>Bay County Health Department.....</td><td>2,379,000</td></tr><tr><td>Baker County Health Department.....</td><td>600,000</td></tr><tr><td>Miami-Dade Health Department for the Liberty City Health Center Planning, Design, and Construction.....</td><td>1,500,000</td></tr></table>	Polk County Health Department.....	6,876,200	Bay County Health Department.....	2,379,000	Baker County Health Department.....	600,000	Miami-Dade Health Department for the Liberty City Health Center Planning, Design, and Construction.....	1,500,000	<p>507 FIXED CAPITAL OUTLAY CONSTRUCTION, RENOVATION, AND EQUIPMENT - COUNTY HEALTH DEPARTMENTS</p> <p>From the funds in Specific Appropriation 507, the following projects are funded from nonrecurring funds in the County Health Department Trust Fund:</p> <table><tr><td>Polk County Health Department.....</td><td>6,876,200</td></tr><tr><td>Bay County Health Department.....</td><td>2,379,000</td></tr><tr><td>Baker County Health Department.....</td><td>600,000</td></tr></table> <p><u>From the funds in Specific Appropriation 507, the following projects are funded from nonrecurring funds in the General Revenue:</u></p> <p><u>Miami-Dade Health Department for the Liberty City Health Center Planning, Design, and Construction.....</u> 1,500,000</p>	Polk County Health Department.....	6,876,200	Bay County Health Department.....	2,379,000	Baker County Health Department.....	600,000	<p>507 FIXED CAPITAL OUTLAY CONSTRUCTION, RENOVATION, AND EQUIPMENT - COUNTY HEALTH DEPARTMENTS</p> <p>From the funds in Specific Appropriation 507, the following projects are funded from nonrecurring funds in the County Health Department Trust Fund:</p> <table><tr><td>Polk County Health Department.....</td><td>6,876,200</td></tr><tr><td>Bay County Health Department.....</td><td>2,379,000</td></tr><tr><td>Baker County Health Department.....</td><td>600,000</td></tr></table> <p><u>From the funds in Specific Appropriation 507, the following projects are funded from nonrecurring funds in the General Revenue:</u></p> <p><u>Miami-Dade Health Department for the Liberty City Health Center Planning, Design, and Construction.....</u> 1,500,000</p>	Polk County Health Department.....	6,876,200	Bay County Health Department.....	2,379,000	Baker County Health Department.....	600,000
Polk County Health Department.....	6,876,200																						
Bay County Health Department.....	2,379,000																						
Baker County Health Department.....	600,000																						
Miami-Dade Health Department for the Liberty City Health Center Planning, Design, and Construction.....	1,500,000																						
Polk County Health Department.....	6,876,200																						
Bay County Health Department.....	2,379,000																						
Baker County Health Department.....	600,000																						
Polk County Health Department.....	6,876,200																						
Bay County Health Department.....	2,379,000																						
Baker County Health Department.....	600,000																						
27	<p>518 SPECIAL CATEGORIES JAMES AND ESTHER KING BIOMEDICAL RESEARCH PROGRAM Funds in Specific Appropriations 518 and 519 from the Biomedical Research Trust Fund are contingent upon Senate Bill 620, related to biomedical research programs, or similar legislation becoming law.</p>	<p>518 SPECIAL CATEGORIES JAMES AND ESTHER KING BIOMEDICAL RESEARCH PROGRAM From the funds in Specific Appropriation 518, up to \$50,000 shall be used for collaborative biomedical research projects within the state’s historically black colleges and universities.</p>	<p>518 SPECIAL CATEGORIES JAMES AND ESTHER KING BIOMEDICAL RESEARCH PROGRAM From the funds in Specific Appropriation 518, up to \$50,000 shall be used for collaborative biomedical research projects within the state’s historically black colleges and universities.</p>																				
28	<p>519 SPECIAL CATEGORIES WILLIAM G. "BILL" BANKHEAD, JR., AND DAVID COLEY CANCER RESEARCH PROGRAM From the funds provided in Specific Appropriation 519, \$500,000 is provided to maintain the statewide Brain Tumor Registry Program at the McKnight Brain Institute. Funds are contingent upon Senate Bill 620, related to biomedical research programs, or similar legislation becoming law.</p>	<p>519 SPECIAL CATEGORIES WILLIAM G. "BILL" BANKHEAD, JR., AND DAVID COLEY CANCER RESEARCH PROGRAM From the funds provided in Specific Appropriation 519, \$500,000 is provided to maintain the statewide Brain Tumor Registry Program at the McKnight Brain Institute. Funds are contingent upon Senate Bill 620, related to biomedical research programs, or similar legislation becoming law.</p>	<p>519 SPECIAL CATEGORIES WILLIAM G. "BILL" BANKHEAD, JR., AND DAVID COLEY CANCER RESEARCH PROGRAM From the funds provided in Specific Appropriation 519, \$500,000 is provided to maintain the statewide Brain Tumor Registry Program at the McKnight Brain Institute. Funds are contingent upon Senate Bill 620, related to biomedical research programs, or similar legislation becoming law.</p>																				
28A	<p>533 SPECIAL CATEGORIES GRANTS AND AIDS - CHILDREN'S MEDICAL SERVICES NETWORK</p>	<p>533 SPECIAL CATEGORIES GRANTS AND AIDS - CHILDREN'S MEDICAL SERVICES NETWORK</p> <p><u>From the funds in Specific Appropriation 533, the department shall transfer an amount not to exceed \$450,000 from the General Revenue Fund to the Agency for Health Care Administration for Medicaid reimbursable services that support children enrolled in contracted medical foster care programs.</u></p>	<p>533 SPECIAL CATEGORIES GRANTS AND AIDS - CHILDREN'S MEDICAL SERVICES NETWORK</p> <p><u>From the funds in Specific Appropriation 533, the department shall transfer an amount not to exceed \$450,000 from the General Revenue Fund to the Agency for Health Care Administration for Medicaid reimbursable services that support children enrolled in contracted medical foster care programs.</u></p>																				
29	<p>565 PURCHASED CLIENT SERVICES</p>	<p>565 PURCHASED CLIENT SERVICES Funds provided in Specific Appropriation 565 shall be used to continue services and contracts with the Brain Injury Association of Florida and the Florida Alliance for Assistive Services and Technology at levels in effect on July 1, 2009.</p>	<p>565 PURCHASED CLIENT SERVICES</p>																				
30	<p>568 COMPREHENSIVE STATEWIDE TOBACCO PREVENTION AND EDUCATION PROGRAM</p> <p>Funds in Specific Appropriation 568 shall be used to implement the Comprehensive Statewide Tobacco Education and Prevention Program in</p>	<p>568 COMPREHENSIVE STATEWIDE TOBACCO PREVENTION AND EDUCATION PROGRAM</p> <p>Funds in Specific Appropriation 568 shall be used to implement the Comprehensive Statewide Tobacco Education and Prevention Program in</p>	<p>568 COMPREHENSIVE STATEWIDE TOBACCO PREVENTION AND EDUCATION PROGRAM</p> <p>Funds in Specific Appropriation 568 shall be used to implement the Comprehensive Statewide Tobacco Education and Prevention Program in</p>																				

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SENATE	HOUSE BUMP OFFER #1	SENATE BUMP Offer #1
accordance with Section 27, Article X of the State Constitution as adjusted annually for inflation, using the Consumer Price Index as published by the United States Department of Labor. The appropriation shall be allocated as follows:	accordance with Section 27, Article X of the State Constitution as adjusted annually for inflation, using the Consumer Price Index as published by the United States Department of Labor. The appropriation shall be allocated as follows:	accordance with Section 27, Article X of the State Constitution as adjusted annually for inflation, using the Consumer Price Index as published by the United States Department of Labor. The appropriation shall be allocated as follows:
State & Community Interventions..... 10,679,950 State & Community Interventions - AHEC..... 6,000,000 Health Communications Interventions..... 20,613,744 Cessation Interventions ..... 11,831,565 Cessation Interventions - AHEC..... 4,000,000 Surveillance & Evaluation ..... 5,376,317 Administration & Management..... 2,791,478	State and Community Interventions..... 10 __,860,519 <del>State and Community Interventions - Community Mental Health..... 9,000,000</del> State and Community Interventions - AHEC..... 6,000,000 Health Communications Interventions..... 20,532,122 Cessation Interventions..... 11,768,879 Cessation Interventions - AHEC..... 4,000,000 Surveillance & Evaluation..... 5,355,029 Administration & Management..... 2,776,505  The department may use nicotine replacements and other treatments approved by the Federal Food and Drug Administration as part of smoking cessation interventions.	State and Community Interventions..... 10 __,860,519 <del>State and Community Interventions - Community Mental Health..... 9,000,000</del> State and Community Interventions - AHEC..... 6,000,000 Health Communications Interventions..... 20,532,122 Cessation Interventions..... 11,768,879 Cessation Interventions - AHEC..... 4,000,000 Surveillance & Evaluation..... 5,355,029 Administration & Management..... 2,776,505  The department may use nicotine replacements and other treatments approved by the Federal Food and Drug Administration as part of smoking cessation interventions.
31	GRANTS AND AIDS - HEALTHY START COALITIONS Of the funds in Specific Appropriation 420, the department is directed to authorize Healthy Start Coalitions to seek and receive grants as authorized by statute. If the department determines such activities cannot be reimbursed because of federal restrictions, then the department is directed to seek a waiver of those federal requirements, and to issue a written report on the matter, including a report on options the state might have, to the chair of the House Full Appropriations Council on General Government & Health Care and the chair of the Senate Policy and Steering Committee on Ways and Means no later than October 1, 2010.	GRANTS AND AIDS - HEALTHY START COALITIONS Of the funds in Specific Appropriation 420, the department is directed to authorize Healthy Start Coalitions to seek and receive grants as authorized by statute. If the department determines such activities cannot be reimbursed because of federal restrictions, then the department is directed to seek a waiver of those federal requirements, and to issue a written report on the matter, including a report on options the state might have, to the chair of the House Full Appropriations Council on General Government & Health Care and the chair of the Senate Policy and Steering Committee on Ways and Means no later than October 1, 2010.

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SENATE	HOUSE BUMP OFFER #1	SENATE BUMP Offer #1
<b>VETERANS' AFFAIRS, DEPARTMENT OF</b>		
32 PROGRAM: SERVICES TO VETERANS' PROGRAM EXECUTIVE DIRECTION AND SUPPORT SERVICES From the funds in Specific Appropriation 588 through 595, by September 1, 2010, the Department of Veterans Affairs shall execute a service level agreement, pursuant to s. 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the Southwood Shared Resource Center (SSRC). If the department is unable to complete and execute a service level agreement by that date, the department shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government & Health Care and Senate Policy and Steering Committee on Ways and Means within five working days, explaining the specific issues preventing execution, and describing the department's plan and schedule for resolving those issues.	PROGRAM: SERVICES TO VETERANS' PROGRAM EXECUTIVE DIRECTION AND SUPPORT SERVICES From the funds in Specific Appropriation 588 through 595, by September 1, 2010, the Department of Veterans Affairs shall execute a service level agreement, pursuant to s. 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the Southwood Shared Resource Center (SSRC). If the department is unable to complete and execute a service level agreement by that date, the department shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government & Health Care and Senate Policy and Steering Committee on Ways and Means within five working days, explaining the specific issues preventing execution, and describing the department's plan and schedule for resolving those issues.	PROGRAM: SERVICES TO VETERANS' PROGRAM EXECUTIVE DIRECTION AND SUPPORT SERVICES From the funds in Specific Appropriation 588 through 595, by September 1, 2010, the Department of Veterans Affairs shall execute a service level agreement, pursuant to s. 282.203(1)(g), Florida Statutes, to specify the services and levels of services it is to receive from the Southwood Shared Resource Center (SSRC). If the department is unable to complete and execute a service level agreement by that date, the department shall submit a report to the Executive Office of the Governor and to the chairs of the Full Appropriations Council on General Government & Health Care and Senate Policy and Steering Committee on Ways and Means within five working days, explaining the specific issues preventing execution, and describing the department's plan and schedule for resolving those issues.

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SENATE	HOUSE BUMP OFFER #1	SENATE BUMP Offer #1
<b>BACK OF THE BILL</b>		
<p>33 SECTION 14. There is hereby appropriated the sum of \$222,371,554 in nonrecurring general revenue, \$9,600,000 from the unreserved cash balance of the Medical Care Trust Fund, and \$899,837,794 in nonrecurring Medical Care Trust Fund to the Agency for Health Care Administration for Fiscal Year 2009-2010 Medicaid program costs. This section shall take effect upon the General Appropriations Act becoming law.</p>	<p>SECTION 62. There is hereby appropriated <del>\$239,271,553</del> <u>255,839,873</u> in nonrecurring funds from the General Revenue Fund, <del>and</del> <u>\$899,837,794</u> in nonrecurring funds from the Medical Care Trust Fund, <del>and \$12,281,452 in nonrecurring funds from the Refugee Assistance Trust Fund</del> to the Agency for Health Care Administration to cover Fiscal Year 2009-10 Medicaid Program costs. This section shall take effect upon the General Appropriations Act becoming law.</p>	<p>SECTION 62. There is hereby appropriated <del>\$239,271,553</del> <u>255,839,873</u> in nonrecurring funds from the General Revenue Fund, <del>and</del> <u>\$899,837,794</u> in nonrecurring funds from the Medical Care Trust Fund, <del>and \$12,281,452 in nonrecurring funds from the Refugee Assistance Trust Fund</del> to the Agency for Health Care Administration to cover Fiscal Year 2009-10 Medicaid Program costs. This section shall take effect upon the General Appropriations Act becoming law.</p>
<p>SECTION 15. (1) The appropriations and reductions in appropriations contained in this section are from the named funds for the 2009-2010 fiscal year to the state agency indicated. These appropriations and reductions in appropriations shall be reflected as adjustments to the approved operating budgets, as previously adjusted for lawful budget amendments, of the state agencies. These amounts represent adjustments to the Children and Families Data Center and the Northwood Shared Resource Center data processing categories to reflect estimated billings by the center to its user agencies, including the federal share of depreciation expense. These adjustments are in accordance with Sections 11 and 15, 2 CFR, Part 225, Attachment B, Code of Federal Regulations. This section shall take effect upon becoming a law.</p>	<p>SECTION 15. (1) The appropriations and reductions in appropriations contained in this section are from the named funds for the 2009-2010 fiscal year to the state agency indicated. These appropriations and reductions in appropriations shall be reflected as adjustments to the approved operating budgets, as previously adjusted for lawful budget amendments, of the state agencies. These amounts represent adjustments to the Children and Families Data Center and the Northwood Shared Resource Center data processing categories to reflect estimated billings by the center to its user agencies, including the federal share of depreciation expense. These adjustments are in accordance with Sections 11 and 15, 2 CFR, Part 225, Attachment B, Code of Federal Regulations. This section shall take effect upon becoming a law.</p>	<p>SECTION 15. (1) The appropriations and reductions in appropriations contained in this section are from the named funds for the 2009-2010 fiscal year to the state agency indicated. These appropriations and reductions in appropriations shall be reflected as adjustments to the approved operating budgets, as previously adjusted for lawful budget amendments, of the state agencies. These amounts represent adjustments to the Children and Families Data Center and the Northwood Shared Resource Center data processing categories to reflect estimated billings by the center to its user agencies, including the federal share of depreciation expense. These adjustments are in accordance with Sections 11 and 15, 2 CFR, Part 225, Attachment B, Code of Federal Regulations. This section shall take effect upon becoming a law.</p>
<p>(2) Data Processing Services Children and Families Data Center Department of State From General Revenue Fund..... -160,000 From Grants and Donations Trust Fund..... -40,000 Department of Children and Family Services From General Revenue Fund..... -3,310,974 From Federal Grants Trust Fund..... 170,069 Department of Health From Administrative Trust Fund..... -570,560 Agency for Persons with Disabilities From the General Revenue Fund..... -224,686 Department of Revenue From General Revenue Fund..... 261,408 From Federal Grants Trust Fund..... 1,218,825</p>	<p>(2) Data Processing Services Children and Families Data Center Department of State From General Revenue Fund..... -160,000 From Grants and Donations Trust Fund..... -40,000 Department of Children and Family Services From General Revenue Fund..... -3,310,974 From Federal Grants Trust Fund..... 170,069 <del>From Working Capital Trust Fund..... -571,060</del> Department of Health From Administrative Trust Fund..... -570,560 Agency for Persons with Disabilities From the General Revenue Fund..... -224,686 Department of Revenue From General Revenue Fund..... 261,408 From Federal Grants Trust Fund..... 1,218,825</p>	<p>(2) Data Processing Services Children and Families Data Center Department of State From General Revenue Fund..... -160,000 From Grants and Donations Trust Fund..... -40,000 Department of Children and Family Services From General Revenue Fund..... -3,310,974 From Federal Grants Trust Fund..... 170,069 <del>From Working Capital Trust Fund..... -571,060</del> Department of Health From Administrative Trust Fund..... -570,560 Agency for Persons with Disabilities From the General Revenue Fund..... -224,686 Department of Revenue From General Revenue Fund..... 261,408 From Federal Grants Trust Fund..... 1,218,825</p>
<p>(3) Data Processing Services Northwood Shared Resource Center Department of State From General Revenue Fund..... 397,304 From Grants and Donations Trust Fund..... 40,000 Department of Education From General Revenue Fund..... 28,443 Department of Children and Family Services From General Revenue Fund..... 3,635,667 From Federal Grants Trust Fund..... 3,362,075 Department of Health From Administrative Trust Fund..... -410,035 Agency for Persons with Disabilities From General Revenue Fund..... 956,459 Department of Revenue From General Revenue Fund..... -1,583,621 From Federal Grants Trust Fund..... -3,770,374</p>	<p>(3) Data Processing Services Northwood Shared Resource Center Department of State From General Revenue Fund..... 397,304 From Grants and Donations Trust Fund..... 40,000 Department of Education From General Revenue Fund..... 28,443 Department of Children and Family Services From General Revenue Fund..... 3,635,667 From Federal Grants Trust Fund..... 3,362,075 <del>From Working Capital Trust Fund..... 571,060</del> Department of Health From Administrative Trust Fund..... -410,035 Agency for Persons with Disabilities From General Revenue Fund..... 956,459 Department of Revenue From General Revenue Fund..... -1,583,621</p>	<p>(3) Data Processing Services Northwood Shared Resource Center Department of State From General Revenue Fund..... 397,304 From Grants and Donations Trust Fund..... 40,000 Department of Education From General Revenue Fund..... 28,443 Department of Children and Family Services From General Revenue Fund..... 3,635,667 From Federal Grants Trust Fund..... 3,362,075 <del>From Working Capital Trust Fund..... 571,060</del> Department of Health From Administrative Trust Fund..... -410,035 Agency for Persons with Disabilities From General Revenue Fund..... 956,459 Department of Revenue From General Revenue Fund..... -1,583,621</p>



**Health Care Appropriations**

SENATE	HOUSE BUMP OFFER #1	SENATE BUMP Offer #1
<p>(4) NSRC Depreciation  Department of Children and Family Services  From the Federal Grants Trust Fund..... 363,236  Department of Health  From the Administrative Trust Fund..... 17,011  Department of Revenue  From the Federal Grants Trust Fund..... 188,787</p> <p>SECTION 16. The Northwood Shared Resource Center is authorized to execute a non-operating transfer of up to \$2,084,858 from the Working Capital Trust Fund to reimburse the Department of Children and Family Services Office of Information Technology for administrative support provided by this office. The center shall bill its user agencies pursuant to Sections 11 and 15, 2 CFR, Part 225, Attachment B, Code of Federal Regulations.</p>	<p>From Federal Grants Trust Fund..... -3,770,374</p> <p>(4) NSRC Depreciation  Department of Children and Family Services  From Federal Grants Trust Fund..... 363,236  From Working Capital Trust Fund..... 569,034  Department of Health  From Administrative Trust Fund..... 17,011  Department of Revenue  From Federal Grants Trust Fund..... 188,787</p> <p>SECTION 16. The Northwood Shared Resource Center is authorized to execute a non-operating transfer of up to \$2,084,858 from the Working Capital Trust Fund in fiscal year 2009-2010 to reimburse the Department of Children and Family Services Office of Information Technology for administrative support provided by this office. The center shall bill its user agencies pursuant to Sections 11 and 15, 2 CFR, Part 225, Attachment B, Code of Federal Regulations.</p>	<p>From Federal Grants Trust Fund..... -3,770,374</p> <p>(4) NSRC Depreciation  Department of Children and Family Services  From Federal Grants Trust Fund..... 363,236  From Working Capital Trust Fund..... 569,034  Department of Health  From Administrative Trust Fund..... 17,011  Department of Revenue  From Federal Grants Trust Fund..... 188,787</p> <p>SECTION 16. The Northwood Shared Resource Center is authorized to execute a non-operating transfer of up to \$2,084,858 from the Working Capital Trust Fund in fiscal year 2009-2010 to reimburse the Department of Children and Family Services Office of Information Technology for administrative support provided by this office. The center shall bill its user agencies pursuant to Sections 11 and 15, 2 CFR, Part 225, Attachment B, Code of Federal Regulations.</p>
<p>34 SECTION 90. Pursuant to section 215.32(2)(b)4.a., Florida Statutes, \$40,450,000 from unobligated cash balance amounts specified from the following trust funds shall be transferred to the General Revenue Fund for Fiscal Year 2010-11:</p> <p>AGENCY FOR HEALTH CARE ADMINISTRATION  Health Care Trust Fund..... 10,700,000  Quality Long-Term Care Trust Fund..... 3,000,000  DEPARTMENT OF HEALTH  Radiation Protection Trust Fund..... 500,000  Donations Trust Fund..... 750,000  Federal Grants Trust Fund..... 10,000,000  Grants and Donations Trust Fund..... 1,000,000  Florida Drug, Device and Cosmetic Trust Fund..... 3,000,000  Medical Quality Assurance Trust Fund..... 10,000,000  Radiation Protection Trust Fund..... 1,500,000</p>	<p>SECTION 83. Pursuant to section 215.32(2)(b)4.a., Florida Statutes, \$54,500,000 from unobligated cash balance amounts specified from the following trust funds shall be transferred to the General Revenue Fund for Fiscal Year 2010-11:</p> <p>AGENCY FOR HEALTH CARE ADMINISTRATION  Health Care Trust Fund..... 14,500,000  Medical Care Trust Fund..... 9,500,000  Quality Long-Term Care Trust Fund..... 3,000,000  AGENCY FOR PERSONS WITH DISABILITIES  Social Services Block Grant Trust Fund..... 4,000,000  Operations and Maintenance Trust Fund..... 1,000,000  DEPARTMENT OF HEALTH  Florida Drug, Device and Cosmetic Trust Fund..... 3,000,000  Federal Grants Trust Fund..... 6,000,000  Grants and Donations Trust Fund..... 1,900,000  Medical Quality Assurance Trust Fund..... 10,000,000  Planning and Evaluation Trust Fund..... 1,500,000  Radiation Protection Trust Fund..... 1,000,000</p>	<p>SECTION 83. Pursuant to section 215.32(2)(b)4.a., Florida Statutes, \$54,500,000 from unobligated cash balance amounts specified from the following trust funds shall be transferred to the General Revenue Fund for Fiscal Year 2010-11:</p> <p>AGENCY FOR HEALTH CARE ADMINISTRATION  Health Care Trust Fund..... 14,500,000  Medical Care Trust Fund..... 9,500,000  Quality Long-Term Care Trust Fund..... 3,000,000  AGENCY FOR PERSONS WITH DISABILITIES  Social Services Block Grant Trust Fund..... 4,000,000  Operations and Maintenance Trust Fund..... 1,000,000  DEPARTMENT OF HEALTH  Florida Drug, Device and Cosmetic Trust Fund..... 3,000,000  Federal Grants Trust Fund..... 6,000,000  Grants and Donations Trust Fund..... 1,900,000  Medical Quality Assurance Trust Fund..... 10,000,000  Planning and Evaluation Trust Fund..... 1,500,000  Radiation Protection Trust Fund..... 1,000,000</p>
<p>35</p>	<p align="center">SEE ATTACHED DOCUMENT</p>	<p align="center">SEE ATTACHED DOCUMENT</p>
<p>36</p>	<p>The unexpended balance of \$250,000 appropriated in Specific Appropriation 190 of chapter 2009-81, Laws of Florida, to the Miami-Dade Premium Assistance Program shall revert immediately and is reappropriated for the 2010-2011 fiscal year for the same purpose.</p>	<p>The unexpended balance of \$250,000 appropriated in Specific Appropriation 190 of chapter 2009-81, Laws of Florida, to the Miami-Dade Premium Assistance Program shall revert immediately and is reappropriated for the 2010-2011 fiscal year for the same purpose.</p>
<p>37</p>	<p>The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B0658 as submitted on April 24, 2010, by the Governor on behalf of the Agency for Health Care Administration for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2009-2010 consistent with the amendment. This section shall become effective upon becoming law.</p>	<p>The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B0658 as submitted on April 24, 2010, by the Governor on behalf of the Agency for Health Care Administration for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2009-2010 consistent with the amendment. This section shall become effective upon becoming law.</p>



[illegible]

SENATE	HOUSE BUMP OFFER #1	SENATE BUMP Offer #1
	The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B0537 as submitted on April 24, 2010, by the Governor on behalf of the Department of Veterans' Affairs for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2009-2010 consistent with the amendment. This section shall become effective upon becoming law.	The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B0537 as submitted on April 24, 2010, by the Governor on behalf of the Department of Veterans' Affairs for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2009-2010 consistent with the amendment. This section shall become effective upon becoming law.



Senate Bump Offer #1 to  
House of Representatives-Low Income Pool Offer

Accept both models with the below revisions contingent upon Senate Jackson Memorial Hospital proviso and conforming bill language.

Conference Assumptions: Six Month Enhanced FMAP House Proposal

- Assumes six months enhanced FMAP.
- Uses Senate proposal as the base.
- Provides an additional \$26 million for non-hospital primary care issues (funded with \$5 million GR).
- \$1 million for Rural Residency Primary Care.
- \$5 million GR maintained in Hospital Inpatient Service to fund Hospital Exempt Rates.
- Includes \$1.2 million for Emergency Room Diversion Project funded with \$461,520 in GR.
- Concurs with Senate proposal to eliminate \$13.7 million of GR for Community Hospital Education Program (CHEP) hospitals.
- Allocation factor set at 14.8%.

Conference Assumptions: Twelve Month Enhanced FMAP House Proposal

- Assumes twelve months enhanced FMAP.
- Leverages \$30 million in nonrecurring GR (\$25 million for Jackson Memorial and \$5 million for Shands Hospital) contingent upon change in federal FMAP such that:
  - Jackson Memorial Hold Harmless payment increased by \$52.3 million to obtain a net increase of payments over Fiscal Year 2009-10 of \$50 million; and
  - \$5 million of nonrecurring GR used to buy back rates for Shands Gainesville to buy back a total of \$15.5 million..
- Concurs with Senate proposal to eliminate \$13.7 million of GR for CHEP hospitals.
- Provides an additional \$50 million for non-hospital primary care issues (funded with \$5 million GR).
  - Includes \$10 million in payments to primary care hospitals;
  - Includes \$40 million in ~~non-hospital~~ primary care issues'
  - Uses \$5 million GR as match with remaining match coming from other local sources; and
  - Includes \$1 million for Rural Residency Primary Care.
- \$5 million GR maintained in Hospital Inpatient Service to fund Hospital Exempt Rates.

Senate Bump Offer #1 to  
House of Representatives-Low Income Pool Offer

- Established a new Safety Net category established with distributions based on Medicaid and charity care days – Total \$10.5 million, 14 hospitals.
- Includes Hold Harmless payments for public and children's hospitals of \$7.3 million to maintain Fiscal Year 2009-2010 level funding.
- Includes buy back of historical rate reductions for trauma hospitals of \$141 million.
- Allocation factor of 14.6% due to FMAP change.

Senate Bump Offer #1 to  
House of Representatives  
Low Income Pool-Six Month Enhanced FMAP Model Proviso

**189 SPECIAL CATEGORIES**  
**HOSPITAL INPATIENT SERVICES**

From the funds in Specific Appropriation 189, \$61,382,891 from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to fund services for children in the Statewide Inpatient Psychiatric Program. The program shall be designed to permit limits on services, prior authorization of services, and selective provider enrollment. The program must also include monitoring and quality assurance, as well as discharge planning and continuing stay reviews, of all children admitted to the program. The funding is contingent upon the availability of state matching funds in the Department of Children and Family Services in Specific Appropriations 315 and 340.

From the funds in Specific Appropriation 189, \$168,300 from the General Revenue Fund is provided to Lee Memorial Hospital for the Regional Perinatal Intensive Care Center (RPICC) Program.

Funds in Specific Appropriation 189, reflect a reduction of \$89,249,983 from the General Revenue Fund, \$142,971,624 from the Medical Care Trust Fund, and \$162,370 from the Refugee Assistance Trust Fund as a result of modifying the reimbursement for inpatient hospital rates. The agency shall implement a recurring methodology in the Title XIX Inpatient Hospital Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget. Hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent and rural hospitals as defined in section 395.602, Florida Statutes are excluded from this reduction.

From the funds in Specific Appropriation 189, \$2,636,826 from the General Revenue Fund and \$4,219,196 from the Medical Care Trust Fund are provided to restore inpatient hospital rates for hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent.

From the funds in Specific Appropriation 189, \$59,990,120 from the Grants and Donations Trust Fund and \$95,990,432 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for hospitals whose charity care and Medicaid days, as a percentage of total adjusted hospital days, equal or exceed 11 percent. For any public hospital or any leased public hospital found to have sovereign immunity or hospital with graduate medical education positions that does not qualify for the elimination of the inpatient ceilings under this section of proviso or any other proviso listed, such hospitals shall be exempt from the inpatient reimbursement ceilings contingent on the hospital or local governmental entity providing the required state match. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available. Any hospital that was exempt from the inpatient reimbursement ceiling in the prior state fiscal year, due to their charity care and Medicaid days as a percentage to total adjusted hospital days equaling or exceeding 11 percent, but no longer meet the 11 percent threshold, because of updated audited DSH data shall remain exempt from the inpatient reimbursement ceilings for a period of two years.

Senate Bump Offer #1 to  
House of Representatives

Low Income Pool-Six Month Enhanced FMAP Model Proviso

From the funds in Specific Appropriation 189, \$1,822,057 from the Grants and Donation Trust Fund and \$2,915,482 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.

From the funds in Specific Appropriation 189, \$45,609,650 from the Grants and Donations Trust Fund and \$72,980,183 from the Medical Care Trust Fund are provided to eliminate the inpatient hospital reimbursement ceilings for hospitals whose Medicaid days as a percentage of total hospital days exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma centers on July 1, 2010 and any hospitals that becomes a designated or provisional trauma center during Fiscal Year 2010-2011. Included in these funds are the annualized amounts to offset the reductions taken against certified trauma centers as identified in Section 12, chapter 2007-326, Laws of Florida. The agency shall use the average of the 2003, 2004 and 2005 audited Disproportionate Share Hospital (DSH) data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited Disproportionate Share Hospital (DSH) data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

Funds in Specific Appropriation 189 are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. In the event the state share provided through grants and donations is not available to fund the removal of inpatient ceilings for hospitals, the Agency for Health Care Administration shall submit a revised hospital reimbursement plan to the Legislative Budget Commission for approval.

From the funds in Specific Appropriation 189, \$3,819,847 from the Grants and Donations Trust Fund and \$6,112,153 from the Medical Care Trust Fund are provided to make Medicaid payments to hospitals. These payments shall be used to pay approved liver transplant facilities a global fee for providing transplant services to Medicaid beneficiaries.

From the funds in Specific Appropriation 189, \$5,000,000 from the General Revenue Fund, \$144,682,090 from the Grants and Donations Trust Fund and \$239,506,912 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for teaching, specialty, Community Hospital Education Program hospitals and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the Certificate of Need Program: pediatric bone marrow transplantation, pediatric open heart surgery, pediatric cardiac catheterization and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in section 408.07 (45), Florida Statutes, that are not certified trauma centers, as identified in Section 12, chapter 2007-326, Laws of Florida.

From the funds in Specific Appropriation 189, \$19,076,447 from the Grants and Donations Trust Fund, and \$30,524,300 from the Medical Care Trust Fund are provided to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates for the following three categories of hospitals. Of these funds \$31,984,943 is provided to the first category of hospitals, which are those hospitals that are part of a system that operates a provider service network in the following manner: \$18,773,903 is for Jackson Memorial Hospital; \$2,133,277 is for hospitals in Broward Health; \$4,906,684 is for hospitals in the Memorial Healthcare System; and \$760,226 is for Shands Jacksonville and \$5,410,853 is for Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the inpatient rate. Of the above funds, \$12,139,819 shall be used for the second category to buy back the Medicaid trend adjustment that is

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being applied against the Medicaid inpatient rates for those hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. Of the above funds, \$5,475,984 shall be used for the third category to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates to rural hospitals. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. For this section of proviso the agency shall use the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

From the funds in Specific Appropriation 189, \$136,410,282 from the Grants and Donations Trust Fund and \$218,270,639 from the Medical Care Trust Fund are provided for public hospitals, including any leased public hospital found to have sovereign immunity, teaching hospitals as defined in section 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians, hospitals with graduate medical education positions that do not otherwise qualify, and for designated trauma hospitals to buy back the Medicaid inpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid inpatient trend adjustment applied to the individual state mental health hospitals.

From the funds in Specific Appropriation 189, \$98,894,128 from the Grants and Donations Trust Fund and \$158,240,891 from the Medical Care Trust Fund are provided for hospitals, not previously included in the proviso above, to buy back the Medicaid inpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buyback of reductions to inpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid inpatient trend adjustment applied to the individual state mental health hospitals.

From the funds in Specific Appropriation 189, \$15,200,000 from the Grants and Donations Trust Fund and \$24,800,000 from the Medical Care Trust Fund are provided for hospitals not previously included in the proviso above to allow for exemptions from inpatient reimbursement limitations for any hospital that has local funds available for intergovernmental transfers. The payments under this proviso are contingent upon the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buyback of exemptions to inpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds.

From the funds in Specific Appropriations 189 and 203, \$2,307,600 from the Grants and Donations Trust Fund and \$3,692,400 from the Medical Care Trust Fund are provided to make Medicaid payments for multi-visceral transplant and intestine transplants in Florida. The agency shall establish a reasonable global fee for these transplant procedures and the payments shall be used to



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pay approved multi-visceral transplant and intestine transplant facilities a global fee for providing transplant services to Medicaid beneficiaries. Payment of the global fee is contingent upon the nonfederal share being provided through grants and donations from state, county or other governmental funds. The agency is authorized to seek any federal waiver or state plan amendment necessary to implement this provision.

From the funds in Specific Appropriation 189, \$336,525 from the Grants and Donation Trust Fund and \$538,475 from the Medical Care Trust Fund are provided to adjust the Medicaid rate for any rural hospital that moved into a replacement facility during calendar year 2009 to reflect Medicaid costs for the period of time from moving into the replacement facility to when the rate would reflect the costs of the replacement facility through the routine rate setting process. To qualify for this adjustment a hospital must have a combined Medicaid and charity care utilization rate of at least 25 percent based on the most recent information reported to the Agency for Health Care Administration prior to moving into the replacement facility. This rate adjustment is contingent upon the nonfederal share being provided through grants and donations from state, county or other governmental funds that do not increase the current requirement for state general revenue or tobacco settlement trust funds.

190 SPECIAL CATEGORIES  
REGULAR DISPROPORTIONATE SHARE

Funds in Specific Appropriation 190 shall be used for a Disproportionate Share Hospital Program as provided in sections 409.911, 409.9113, and 409.9119, Florida Statutes, and is contingent on the state share being provided through grants and donations from state, county, or other government entities.

From the funds in Specific Appropriation 190, \$69,151,938 from the Grants and Donations Trust Fund and \$86,071,267 from the Medical Care Trust Fund are provided for payments to public hospitals.

From the funds in Specific Appropriation 190, \$29,461,437 from the Grants and Donations Trust Fund and \$36,669,735 from the Medical Care Trust Fund are provided for payments to defined statutory teaching hospitals. Prior to the distribution of these funds to the statutorily defined teaching hospitals, \$6,487,220 shall be allocated to Shands Jacksonville Hospital, \$2,660,440 shall be allocated to Tampa General Hospital, and \$1,083,512 shall be allocated to Shands Teaching Hospital.

From the funds in Specific Appropriation 190, \$891,000 from the Grants and Donations Trust Fund and \$1,109,000 from the Medical Care Trust Fund are provided for payments to hospitals participating in graduate medical education initiatives, specifically consortiums engaged in developing new graduate medical education positions and programs. Consortiums shall consist of a combination of statutory teaching hospitals, statutory rural hospitals, hospitals with existing accredited graduate medical education positions, medical schools, Department of Health clinics, federally qualified health centers, and where possible, the Department of Veterans' Affairs clinics. Ideally, each consortium will have at least five residents per training year. Each consortium must include primary care providers and at least one hospital, and consortium residents shall rotate between participating primary care sites and hospitals. All consortiums that were selected and funded in state Fiscal Year 2009-2010 shall continue to receive funding under this section of proviso for state Fiscal Year 2010-2011. All consortium-initiated residency programs and positions shall be reviewed by the Community Hospital Education Council, which shall report all findings to the Executive Office of the Governor, the chair of the Senate Policy and Steering Committee on Ways and Means, and the chair of the House Full Appropriations Council on General Government and Health Care.

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From the funds in Specific Appropriation 190, \$750,000 from the General Revenue Fund, \$5,130,600 from the Grants and Donations Trust Fund, and \$7,319,400 from the Medical Care Trust Fund are provided for payments to family practice teaching hospitals.

From the funds in Specific Appropriation 190, \$356,400 from the Grants and Donations Trust Fund and \$443,600 from the Medical Care Trust Fund are provided for payments to hospitals licensed as specialty children's hospitals. The funds shall be distributed equally among the hospitals that qualify.

From the funds in Specific Appropriation 190, \$4,105,817 from the Grants and Donations Trust Fund and \$5,110,383 from the Medical Care Trust Fund are provided for payments to Provider Service Networks. Distributions are made to qualifying Provider Service Network hospitals or systems proportionally based on Fiscal Year 2006-2007 Provider Service Network patient days from qualifying Provider Service Network hospitals or systems. For purposes of this section of proviso, the Provider Service Network inpatient days used in distributing these funds shall be based on the utilization for the following individual hospitals or hospital systems only: Jackson Memorial Hospital - 15,464 days; Broward Health - 18,109 days; Memorial Healthcare System - 12,047 days; Shands Teaching - Gainesville - 1,581 days; and Shands Teaching - Jacksonville - 13,227 days.

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**191 SPECIAL CATEGORIES**  
**LOW INCOME POOL**

From the funds in Specific Appropriation 191, \$9,893,684 from the Grants and Donations Trust Fund and \$15,830,923 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to hospitals providing primary care to low-income individuals, hospitals operating as designated or provisional trauma centers, and rural hospitals. Hospitals providing primary care to low-income individuals and participating in the Primary Care Disproportionate Share Hospital (DSH) program in Fiscal Year 2003-2004 shall be paid \$9,927,653 distributed in the same proportion as the Primary Care DSH payments for Fiscal Year 2003-2004, excluding Imperial Point Hospital, Memorial Regional Hospital, and Memorial Hospital Pembroke who will receive individual amounts equal to \$529,709, \$1,600,177, and \$529,709 respectively. Hospitals that are designated or provisional trauma centers shall be paid \$9,561,158. Of that amount, \$4,184,152 shall be distributed equally among hospitals that are a Level I trauma center; \$3,431,635 shall be distributed equally among hospitals that are either a Level II or pediatric trauma center; and \$1,945,371 shall be distributed equally among hospitals that are both a Level II and pediatric trauma center. Rural hospitals participating in the Rural Hospital DSH Program shall be paid \$6,235,796 distributed in the same proportion as the DSH payments.

From the funds in Specific Appropriation 191, \$315,810,570 from the Grants and Donations Trust Fund and \$505,329,757 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to hospitals provider access systems. The funding shall be distributed in a two-step allocation process. The first phase of the allocation process shall distribute payments to qualified hospitals based on the amount of local government funding provided for the uninsured and underinsured. Payments to qualified hospitals shall be capped at 114.8 percent of the amount of local government funding it would have received for the uninsured and underinsured without the Low Income Pool program. The second phase of the allocation process is to distribute the remaining funds based on a hospital's Medicaid days, charity care days, and 50 percent of bad debt days to the total Medicaid days, charity care days, and 50 percent of bad debt days of all qualifying hospitals. To receive funds in this distribution, the hospital's Medicaid days, charity care days and 50 percent of bad debt days divided by the hospital's total days must equal or exceed 10 percent. Of the funds allocated in the second phase, \$2,419,573 shall be allocated to the rural hospitals and the remaining funds shall be allocated to the remaining hospitals that qualify for a distribution. All hospitals with accepted 2008 Financial Hospital Uniform Reporting System (FHURS) data are eligible for the second phase of the allocation process.

From the funds in Specific Appropriation 191, \$601,109 from the Grants and Donations Trust Fund and \$961,837 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to specialty pediatric facilities. To qualify for a Medicaid low-income pool payment under this section, a hospital must be licensed as a children's specialty hospital and its combined Medicaid managed care and fee-for-service days as a percentage to total inpatient days must equal or exceed 30 percent. The agency shall use the 2003 Financial Hospital Uniform Reporting System (FHURS) data to determine the combined Medicaid managed care and fee-for-service days. The total Medicaid low-income pool payments made shall be distributed equally to the qualifying hospitals.

From the funds in Specific Appropriation 191, \$700,000 from the General Revenue Fund, \$28,108,111 from the Grants and Donations Trust Fund and \$45,695,949 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals that serve as a safety net in providing emergency, specialized pediatric trauma services and inpatient hospital care to low-income individuals. These amounts shall be paid to the following:

Jackson Memorial Hospital..... 2,358,694

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Shands Jacksonville Hospital.....	32,352,196
All Children's Hospital.....	4,882,578
Shands Teaching Hospital.....	4,736,082
Tampa General Hospital.....	12,826,731
Orlando Regional Medical Center.....	4,107,094
Lee Memorial Hospital/CMS.....	875,687
St. Mary's Hospital.....	193,326
Miami Children's Hospital.....	3,962,341
Broward General Medical Center.....	143,067
Tallahassee Memorial Healthcare.....	40,465
St. Joseph's Hospital.....	15,652
Florida Hospital.....	40,964
Baptist Hospital of Pensacola.....	317,826
Mt. Sinai Medical Center.....	6,747,952
Bayfront Medical Center.....	143,754
Sacred Heart Hospital.....	323,697
Naples Community Hospital.....	185,954
Baptist Medical Center - Jacksonville.....	250,000

From the funds in Specific Appropriation 191, \$1,399,224 from the General Revenue Fund, \$5,629,824 from the Grants and Donations Trust Fund and \$11,247,208 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to Federally Qualified Health Centers. These payments may be used to provide funding for Federally Qualified Health Centers supporting primary care services in medically underserved areas.

From the funds in Specific Appropriation 191, \$3,673,291 from the Grants and Donations Trust Fund and \$5,877,648 from the Medical Care Trust Fund are provided for county health initiatives emphasizing the expansion of primary care services, and rural health networks. The Department of Health will develop the funding criteria processes, which include assessing statewide benefits, sustainability, access to primary care improvements, ER diversion potential, and health care innovations that are replicable and with a three-year limit on low-income pool funding. The total low-income pool payments provided in this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds.

From the funds in Specific Appropriation 191, \$1,153,800 from the Grants and Donations Trust Fund and \$1,846,200 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals. These payments shall be used, in collaboration with the Department of Health to provide funding for hospitals with hospital based primary care initiatives.

From the funds in Specific Appropriation 191, \$96,150 from the Grants and Donations Trust Fund and \$153,850 from the Medical Care Trust Fund are provided to make health insurance premium payments for low-income residents enrolled in the Miami-Dade Premium Assistance Program. These funds are contingent on a local government contribution of \$96,150.

From the funds in Specific Appropriation 191, \$6,102,454, from the Grants and Donations Trust Fund and \$9,764,560 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments for premium assistance programs operated by the Palm Beach County Health Care District. These funds are contingent on a local government contribution from the Palm Beach Health Care District in the amount of \$13,367,014.

From the funds in Specific Appropriation 191, \$1,220,261 from the General Revenue Fund and \$1,952,544 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals. These payments shall be used, in collaboration with the Department of Health to provide funding for hospitals providing poison control programs.

From the funds in Specific Appropriation 191, \$461,520 from the General Revenue Fund and \$738,480 from the Medical Care Trust Fund are provided to

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continue the primary care and emergency room diversion program in Manatee, Sarasota and DeSoto counties.

From the funds in Specific Appropriation 191, \$384,600 from the General Revenue Fund, \$615,400 from the Medical Care Trust Fund are provided for the support of existing and expansion of new primary care residency slots, not funded by Medicare, at existing primary care residency programs in the rural area of AHCA District 1 sub-district 2 as defined in Florida Administrative Code section 59C-2.100 Acute Care Sub districts.

From the funds in Specific Appropriation 191, \$4,615,400 from the General Revenue Fund, \$5,000,000 from the Grants and Donations Trust Fund and \$15,385,640 from the Medical Care Trust Fund are provided to increase access to primary care services in the state to reduce and prevent unnecessary emergency room visits and inpatient hospitalizations. In developing a plan to increase access to primary care services and the funding of these primary care services, the agency shall solicit proposals from general acute care hospitals, county health departments, faith based and community clinics, and Federally Qualified Health Centers in order to establish new primary clinics for the uninsured and underinsured. Of the funds provided, the agency shall use \$25,001,040, which includes \$4,615,400 in general revenue and \$5,000,000 in local funding pay for the increased access to primary care services. The use of general revenue is contingent upon an equal amount of local funds being provided in cash. The agency shall award grants to those programs most capable of reducing health spending and improving the health status of uninsured and underinsured persons in their community and meeting the requirements of this section. The programs receiving these grants shall reduce unnecessary emergency room visits and preventable hospitalizations by providing disease management; improving patient compliance; and coordinating services. The agency shall contract ~~with a unit of the state university system~~ with an entity having experience in evaluating the Medicaid program to develop reporting requirements for grant recipients and to measure the effectiveness of the grant-funded programs. The specific reporting requirements shall be incorporated into the competitive solicitation which will also identify the evaluation methodology and establish a time-table for publishing results. The agency shall develop a plan for expanding primary care services by October 1, 2010, and submit the plan to the Legislative Budget Commission for approval before expending any grant funding.

The agency is authorized to transfer a hospital's low-income pool payments between the various low-income programs listed in this specific appropriation if it is required to obtain approval of the low-income pool payment methodology from the Centers for Medicare and Medicaid Services. Any transfer of funds, however, is contingent on the hospital's net low-income pool payments under the low-income pool plan remaining unchanged.

In the event that the amount of approved nonfederal share of matching funds is not provided by local governmental entities, the agency may re-allocate low-income pool funds between programs described within this specific appropriation as necessary to ensure sufficient nonfederal matching funds. No re-allocation, under this provision, of low-income pool funds may occur if the level of program increase for any provider access system exceeds the amount of the additional increases in the local nonfederal share match that their local governments transfer to the state Medicaid program, and for which the provider access system would have otherwise received.

The agency may make low-income pool Medicaid payments to hospitals in an accelerated manner that is more frequent than on a quarterly basis subject to the availability of state, local and federal funds.

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Funds provided in Specific Appropriation 191 are contingent upon the nonfederal share being provided through grants and donations from state, county or other governmental funds. In the event the nonfederal share provided through grants and donations is not available to fund the Medicaid low-income payments for eligible Medicaid providers, known as provider access systems, the agency shall submit a revised low-income pool plan to the Legislative Budget Commission for approval. Distribution of such funds provided in Specific Appropriation 191 is contingent upon approval from the Centers for Medicare and Medicaid Services.

**194 SPECIAL CATEGORIES**  
**HOSPITAL OUTPATIENT SERVICES**

From the funds in Specific Appropriation 194, \$19,653,060 from the Grants and Donations Trust Fund and \$31,446,942 from the Medical Care Trust Fund are appropriated so that the agency may amend its current facility fees and physician services to allow for payments to hospitals providing primary care to low-income individuals and participating in the Primary Care Disproportionate Share Hospital (DSH) program in Fiscal Year 2003-2004 provided such hospital implements an emergency room diversion program so that non-emergent patients are triaged to lesser acute settings; or a public hospital assumed the fiscal and operating responsibilities for one or more primary care centers previously operated by the Florida Department of Health or the local county government. Any payments made to qualifying hospitals because of this change shall be contingent on the state share being provided through grants and donations from counties, local governments, public entities, or taxing districts, and federal matching funds. This provision shall be contingent upon federal approval of a state plan amendment.

Funds in Specific Appropriation 194, reflect a reduction of \$20,969,114 from the General Revenue Fund, \$33,822,275 from the Medical Care Trust Fund, and \$103,655 from the Refugee Assistance Trust Fund as a result of implementing a reduction in outpatient hospital reimbursement rates. The agency shall implement a recurring methodology in the Title XIX Outpatient Hospital Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget. Hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent and rural hospitals as defined in s. 395.602, Florida Statutes are excluded from this reduction.

From the funds in Specific Appropriation 194, \$24,789,981 from the Grants and Donations Trust Fund and \$39,666,548 from the Medical Care Trust Fund are provided to increase the outpatient cap for adults from \$1,000 to \$1,500 per year and to eliminate the outpatient reimbursement ceilings for teaching, specialty, Community Health Education Program hospitals and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the certificate of need program: pediatric bone marrow transplantation, pediatric open heart surgery, pediatric cardiac catheterization and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in section 408.07 (45), Florida Statutes, that are not certified trauma centers, as identified in Section 13, chapter 2007-326, Laws of Florida.

From the funds in Specific Appropriation 194, \$4,678,761 from the Grants and Donations Trust Fund and \$7,486,505 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals

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whose charity care and Medicaid days as a percentage of total adjusted hospital days equals or exceeds 11 percent. For any public hospital or any leased public hospital found to have sovereign immunity or hospital with graduate medical education positions that does not qualify for the elimination of the outpatient ceilings under this provision of proviso or any other proviso listed, such hospitals shall be exempt from the outpatient reimbursement ceilings contingent on the public hospital or local governmental entity providing the required state match. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available. Any hospital that was exempt from the outpatient reimbursement ceiling in the prior state fiscal year, due to their charity care and Medicaid days as a percentage to total adjusted hospital days equaling or exceeding 11 percent, but no longer meet the 11 percent threshold, because of updated audited DSH data shall remain exempt from the outpatient reimbursement ceilings for a period of two years.

From the funds in Specific Appropriation 194, \$82,610 from the Grants and Donation Trust Fund and \$132,185 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.

From the funds in Specific Appropriation 194, \$4,609,114 from the Grants and Donations Trust Fund and \$7,375,061 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals whose Medicaid days, as a percentage of total hospital days, exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma centers on July 1, 2010 or become a designated or provisional trauma center during Fiscal Year 2010-2011. Included in these funds are the annualized amounts to offset the reductions taken against certified trauma centers as identified in section 13, chapter 2007-326, Laws of Florida. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

Funds provided for the elimination of hospital outpatient ceilings in Specific Appropriation 194 are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. The agency shall submit a revised hospital outpatient reimbursement plan to the Legislative Budget Commission for approval if the state share is not available to fund the removal of hospital outpatient ceilings or if the Centers for Medicare and Medicaid Services does not approve amendments to the Medicaid Hospital Outpatient Reimbursement Plan to eliminate the reimbursement ceilings for certain hospitals.

From the funds in Specific Appropriation 194, \$4,702,344 from the Grants and Donations Trust Fund and \$7,524,239 from the Medical Care Trust Fund are provided to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for the following three categories of hospitals. Of these funds \$3,372,389 is provided to the first category of hospitals, which are those hospitals that are part of a system that operate a provider service network in the following manner: \$570,978 is for Jackson Memorial Hospital; \$458,668 is for hospitals in Broward Health; \$840,958 is for hospitals in the Memorial Healthcare System; and \$256,166 to Shands Jacksonville and \$1,245,619 to Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Of the above funds, \$4,221,468 shall be used for the second category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for those hospitals that

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are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Of the above funds, \$4,632,726 shall be used for the third category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for rural hospitals. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the outpatient rate for those individual hospitals. For this section of proviso the agency shall use the average of 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

From the funds in Specific Appropriation 194, \$25,505,883 from the Grants and Donations Trust Fund and \$40,812,066 from the Medical Care Trust Fund are provided for public hospitals, including any leased public hospital found to have sovereign immunity, teaching hospitals as defined in sections 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians, hospitals with graduate medical education positions that do not otherwise qualify, and designated trauma hospitals to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid outpatient trend adjustment applied to the individual state mental health hospitals.

From the funds in Specific Appropriation 194, \$31,138,172 from the Grants and Donations Trust Fund and \$49,824,313 from the Medical Care Trust Fund are provided for hospitals, not previously included in the proviso above, to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buyback of reductions to outpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid outpatient trend adjustment applied to the individual state mental health hospitals.

From the funds in Specific Appropriation 189, \$5,769,000 from the Grants and Donations Trust Fund and \$9,231,000 from the Medical Care Trust Fund are provided for hospitals not previously included in the proviso above to allow for exemptions from outpatient reimbursement limitations for any hospital that has local funds available for intergovernmental transfers. The payments under this proviso are contingent upon the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buyback of exemptions to outpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds.



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**Section XX.** If Florida is eligible to receive federal funds, based on the state's federal medical assistance percentage (FMAP), in excess of the February 2010 official Social Services Estimating Conference estimate on Medicaid services:

(1) Each affected agency shall realign its associated budget authority provided in this Act, and any subsequent amendments thereto. The affected agencies shall submit budget amendments in accordance with the provisions of Chapter 216, Florida Statutes, within 30 days of such a federal change becoming law. The amendments shall reduce the state's reliance on general revenue within the respective programs by realigning associated budget authority provided in this Act, and any subsequent amendments thereto for the receipt of the additional federal funds, while preserving the total funding level anticipated within this Act, and any subsequent amendments thereto. In the event an affected agency does not have sufficient trust fund budget authority to implement the provisions of this section, the affected agency is directed to include the request for increased trust fund authority in its budget amendments.

(2) If budget amendments offered pursuant to subsection ~~paragraph~~ (1) are approved pursuant to the provisions of Chapter 216, Florida Statutes:

(a) The provisos following specific appropriations 189, 191, and 194 are repealed and the following provisos shall apply to those specific appropriations respectively:

**189 SPECIAL CATEGORIES**  
**HOSPITAL INPATIENT SERVICES**

From the funds in Specific Appropriation 189, \$61,382,891 from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to fund services for children in the Statewide Inpatient Psychiatric Program. The program shall be designed to permit limits on services, prior authorization of services, and selective provider enrollment. The program must also include monitoring and quality assurance, as well as discharge planning and continuing stay reviews, of all children admitted to the program. The funding is contingent upon the availability of state matching funds in the Department of Children and Family Services in Specific Appropriations 315 and 340.

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From the funds in Specific Appropriation 189, \$168,300 from the General Revenue Fund is provided to Lee Memorial Hospital for the Regional Perinatal Intensive Care Center (RPICC) Program.

Funds in Specific Appropriation 189, reflect a reduction of \$89,249,983 from the General Revenue Fund, \$142,971,624 from the Medical Care Trust Fund, and \$162,370 from the Refugee Assistance Trust Fund as a result of modifying the reimbursement for inpatient hospital rates. The agency shall implement a recurring methodology in the Title XIX Inpatient Hospital Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget. Hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent and rural hospitals as defined in section 395.602, Florida Statutes are excluded from this reduction.

From the funds in Specific Appropriation 189, \$50,475,307 from the Grants and Donations Trust Fund and \$105,505,245 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for hospitals whose charity care and Medicaid days, as a percentage of total adjusted hospital days, equal or exceed 11 percent. For any public hospital or any leased public hospital found to have sovereign immunity or hospital with graduate medical education positions that does not qualify for the elimination of the inpatient ceilings under this section of proviso or any other proviso listed, such hospitals shall be exempt from the inpatient reimbursement ceilings contingent on the hospital or local governmental entity providing the required state match. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available. Any hospital that was exempt from the inpatient reimbursement ceiling in the prior state fiscal year, due to their charity care and Medicaid days as a percentage to total adjusted hospital days equaling or exceeding

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11 percent, but no longer meet the 11 percent threshold, because of updated audited DSH data shall remain exempt from the inpatient reimbursement ceilings for a period of two years.

From the funds in Specific Appropriation 189, \$1,533,068 from the Grants and Donation Trust Fund and \$3,204,471 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.

From the funds in Specific Appropriation 189, \$38,375,670 from the Grants and Donations Trust Fund and \$80,214,163 from the Medical Care Trust Fund are provided to eliminate the inpatient hospital reimbursement ceilings for hospitals whose Medicaid days as a percentage of total hospital days exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma centers on July 1, 2010 and any hospitals that becomes a designated or provisional trauma center during Fiscal Year 2010-2011. Included in these funds are the annualized amounts to offset the reductions taken against certified trauma centers as identified in Section 12, chapter 2007-326, Laws of Florida. The agency shall use the average of the 2003, 2004 and 2005 audited Disproportionate Share Hospital (DSH) data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited Disproportionate Share Hospital (DSH) data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

Funds in Specific Appropriation 189 are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. In the event the state share provided through grants and donations is not available to fund the removal of inpatient ceilings for hospitals, the Agency for Health Care Administration shall submit a revised hospital reimbursement plan to the Legislative Budget Commission for approval.

From the funds in Specific Appropriation 189, \$3,213,995 from the Grants and Donations Trust Fund and \$6,718,005 from the Medical Care Trust Fund are provided to make Medicaid payments to hospitals. These payments shall be used to pay approved liver transplant facilities a global fee for providing transplant services to Medicaid beneficiaries.

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From the funds in Specific Appropriation 189, \$5,000,000 from the General Revenue Fund, \$120,941,561 from the Grants and Donations Trust Fund and \$263,247,441 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for teaching, specialty, Community Hospital Education Program hospitals and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the Certificate of Need Program: pediatric bone marrow transplantation, pediatric open heart surgery, pediatric cardiac catheterization and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in section 408.07 (45), Florida Statutes, that are not certified trauma centers, as identified in Section 12, chapter 2007-326, Laws of Florida.

From the funds in Specific Appropriation 189, \$4,197,807 from non-recurring General Revenue funds, \$56,506,260 from the Grants and Donations Trust Fund, and \$126,885,758 from the Medical Care Trust Fund are provided to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates for the following four categories of hospitals. Of these funds \$48,128,343 is provided to the first category of hospitals, which are those hospitals that are part of a system that operates a provider service network in the following manner: \$18,773,903 is for Jackson Memorial Hospital; \$3,293,203 is for hospitals in Broward Health as follows: Broward General \$629,439, Coral Springs \$1,389,685, Imperial Point \$705,060, and North Broward \$569,019; \$6,917,948 is for hospitals in the Memorial Healthcare System as follows: Memorial Hospital \$3,285,744, Memorial Hospital Pembroke \$555,753, Memorial Hospital Miramar \$1,091,940, and Memorial Hospital West \$1,984,511; \$760,226 is for Shands Jacksonville and \$18,383,063 is for Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the inpatient rate. Of the above funds, \$12,139,819 shall be used for the second category to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates for those hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. Of the above funds, \$5,475,985 shall be used for the

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third category to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates to rural hospitals. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. Of the above funds, \$121,845,676 shall be used for the fourth category to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates to teaching hospitals as defined in section 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians and for designated trauma hospitals on or before February 1, 2010. . In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. For this section of proviso the agency shall use the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. For this section of proviso the agency shall use the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

From the funds in Specific Appropriation 189, \$70,121,480 from the Grants and Donations Trust Fund and \$146,570,363 from the Medical Care Trust Fund are provided for public hospitals, including any leased public hospital found to have sovereign immunity, teaching hospitals as defined in section 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians, hospitals with graduate medical education positions that do not otherwise qualify, and for designated trauma hospitals to buy back the Medicaid inpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of

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the Medicaid inpatient trend adjustment applied to the individual state mental health hospitals.

From the funds in Specific Appropriation 189, \$83,208,892 from the Grants and Donations Trust Fund and \$173,926,127 from the Medical Care Trust Fund are provided for hospitals, not previously included in the proviso above, to buy back the Medicaid inpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buyback of reductions to inpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid inpatient trend adjustment applied to the individual state mental health hospitals.

From the funds in Specific Appropriation 189, \$12,944,000 from the Grants and Donations Trust Fund and \$27,056,000 from the Medical Care Trust Fund are provided for hospitals not previously included in the proviso above to allow for exemptions from inpatient reimbursement limitations for any hospital that has local funds available for IGTs. The payments under this proviso are contingent upon the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buyback of exemptions to inpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds.

From the funds in Specific Appropriations 189 and 203, \$1,941,600 from the Grants and Donations Trust Fund and \$4,058,400 from the Medical Care Trust Fund are provided to make Medicaid payments for multi-visceral transplant and intestine transplants in Florida. The agency shall establish a reasonable global fee for these transplant procedures and the payments shall be used to pay approved multi-visceral transplant and intestine transplant facilities a global fee for providing transplant services to Medicaid beneficiaries. Payment of the global fee is contingent upon the non-federal share being provided through grants and donations from state, county or

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other governmental funds. The agency is authorized to seek any federal waiver or state plan amendment necessary to implement this provision.

From the funds in Specific Appropriation 189, \$283,150 from the Grants and Donation Trust Fund and \$591,850 from the Medical Care Trust Fund are provided to adjust the Medicaid rate for any rural hospital that moved into a replacement facility during calendar year 2009 to reflect Medicaid costs for the period of time from moving into the replacement facility to when the rate would reflect the costs of the replacement facility through the routine rate setting process. To qualify for this adjustment a hospital must have a combined Medicaid and charity care utilization rate of at least 25 percent based on the most recent information reported to the Agency for Health Care Administration prior to moving into the replacement facility. This rate adjustment is contingent upon the nonfederal share being provided through grants and donations from state, county or other governmental funds that do not increase the current requirement for state general revenue or tobacco settlement trust funds.

**191 SPECIAL CATEGORIES**

**LOW INCOME POOL**

From the funds in Specific Appropriation 191, \$5,052,235 from the Grants and Donations Trust Fund and \$10,560,360 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to hospitals operating as designated or provisional trauma centers and rural hospitals. Hospitals that are designated or provisional trauma centers shall be paid \$9,449,574. Of that amount, \$4,135,321 shall be distributed equally among hospitals that are a Level I trauma center; \$3,391,586 shall be distributed equally among hospitals that are either a Level II or pediatric trauma center; and \$1,922,667 shall be distributed equally among hospitals that are both a Level II and pediatric trauma center. Rural hospitals participating in the Rural Hospital DSH Program shall be paid \$6,163,021 distributed in the same proportion as the DSH payments.

From the funds in Specific Appropriation 191, \$25,000,000 from non-recurring general revenue funds, \$212,882,282 from the Grants and Donations Trust Fund and \$497,229,839 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to hospitals provider access systems. The funding



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shall be distributed in a two-step allocation process. The first phase of the allocation process shall distribute payments to qualified hospitals based on the amount of local government funding provided for the uninsured and underinsured. Payments to qualified hospitals shall be capped at 114.6 percent of the amount of local government funding it would have received for the uninsured and underinsured without the Low Income Pool program. The second phase of the allocation process is to distribute the remaining funds based on a hospital's Medicaid days, charity care days, and 50 percent of bad debt days to the total Medicaid days, charity care days, and 50 percent of bad debt days of all qualifying hospitals. To receive funds in this distribution, the hospital's Medicaid days, charity care days and 50 percent of bad debt days divided by the hospital's total days must equal or exceed 10 percent. Of the funds allocated in the second phase, \$2,419,573 shall be allocated to the rural hospitals and the remaining funds shall be allocated to the remaining hospitals that qualify for a distribution. All hospitals with accepted 2008 Financial Hospital Uniform Reporting System (FHURS) data are eligible for the second phase of the allocation process.

From the funds in Specific Appropriation 191, \$499,867 from the Grants and Donations Trust Fund and \$1,044,839 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to specialty pediatric facilities. To qualify for a Medicaid low-income pool payment under this section, a hospital must be licensed as a children's specialty hospital and its combined Medicaid managed care and fee-for-service days as a percentage to total inpatient days must equal or exceed 30 percent. The agency shall use the 2003 Financial Hospital Uniform Reporting System (FHURS) data to determine the combined Medicaid managed care and fee-for-service days. The total Medicaid low-income pool payments made shall be distributed equally to the qualifying hospitals.

From the funds in Specific Appropriation 191, \$700,000 from the General Revenue Fund, \$43,337,646 from the Grants and Donations Trust Fund and \$92,049,025 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals that serve as a safety net in providing emergency, specialized pediatric trauma services and inpatient hospital care to low-income individuals. These amounts shall be paid to the following:

Jackson Memorial Hospital.....	55,695,470
Shands Hospital Jacksonville.....	31,974,629

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All Children's Hospital.....	6,335,483
Shands Teaching Hospital.....	4,680,810
Tampa General Hospital.....	12,677,037
Orlando Regional Medical Center.....	4,059,162
Lee Memorial Hospital/CMS.....	865,467
St. Mary's Hospital.....	191,070
Miami Children's Hospital.....	5,674,550
Broward General Medical Center.....	2,528,454
Tallahassee Memorial Healthcare.....	39,993
St. Joseph's Hospital.....	15,469
Florida Hospital.....	40,486
Baptist Hospital of Pensacola.....	314,117
Mt. Sinai Medical Center.....	6,669,200
Bayfront Medical Center.....	142,076
Sacred Heart Hospital.....	319,919
Naples Community Hospital.....	183,784
Baptist Medical Center - Jacksonville.....	250,000
Bay Medical.....	958,726
Cape Coral Hospital.....	376,479
Gulf Coast Hospital - Ft Myers.....	271,000
Health Central.....	188,085
Imperial Point Hospital.....	58,864
Memorial Hospital - Sarasota.....	837,325
North Broward Medical Center.....	267,561
Parrish Medical Center.....	365,511
SW Florida Regional Medical Center.....	105,944

From the funds in Specific Appropriation 191, \$3,422,008 from the Grants and Donations Trust Fund and \$7,152,799 from the Medical Care Trust Funds are provided to make Low Income Pool payments to hospitals meeting the criteria set forth below. Hospitals with Medicaid days divided by total days exceeding thirty five percent shall receive \$4,574,807. These funds shall be distributed equally among the qualifying hospitals, but the amount received when added to the net Low Income Pool, exemption, disproportionate share and funded buy back payments for state Fiscal Year 2009-2010 shall not exceed \$20,000,000. Any payments limited by the \$20,000,000 cap will be redistributed to the remaining qualified hospitals. The following two categories of hospitals shall participate in the allocation of the remaining \$6,000,000. The first category of hospitals are those with Medicaid days divided by total days between fifteen and twenty five percent and whose charity care days divided by total days equals or exceeds five percent and who received less than \$10,000,000 dollars in net Medicaid Low Income Pool, exemption, disproportionate share and funded buy back payments in state Fiscal Year 2009-2010. The second

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category of hospitals are those hospitals that qualify as a 340B hospital under federal guidelines and whose Medicaid days divided by total days are greater than or exceed ten percent and charity care days divided by total days equals or exceeds seven and one-half percent and who received less than \$10,000,000 dollars in net Medicaid Low Income Pool, exemption, disproportionate share and funded buy back payments in state Fiscal Year 2009-2010. Payments will be based on each hospital's proportional share of Medicaid and charity care days to the total Medicaid and charity days for the qualifying hospitals. Medicaid, charity care and total days shall be from the 2008 Florida Hospital Uniform Reporting System (FHURS). The net state fiscal year Low Income Pool payments shall not include any payments made due to the approval of the amendment to the Florida 1115 Medicaid reform waiver. Specialty, rural, statutory teaching and state owned and/or operated hospitals do not qualify for payments under this section of proviso. For state Fiscal Year 2010-2011, the following hospitals meet the qualifications described above, and are funded in the following manner. No additional hospitals shall be funded for state Fiscal Year 2010-11 under this section of proviso.

Bethesda Memorial Hospital.....	945,320
Brandon Regional Medical Center.....	726,938
Brooksville Regional Hospital.....	486,896
Columbia Hospital.....	374,133
Florida Hospital Deland.....	324,581
Health Central.....	391,290
Homestead Hospital.....	755,124
Lower Keys Hospital.....	184,008
Manatee Memorial Hospital.....	747,172
Memorial Hospital Miramar.....	244,899
Plantation General Hospital.....	3,285,125
St. Mary's Hospital.....	1,289,682
Wellington Regional Medical Center.....	312,834
Winter Haven Hospital.....	506,805

From the funds in Specific Appropriation 191, \$1,177,298 from the General Revenue Fund, \$4,736,898 from the Grants and Donations Trust Fund and \$12,362,060 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to Federally Qualified Health Centers. These payments may be used to provide funding for Federally Qualified Health Centers supporting primary care services in medically underserved areas.

From the funds in Specific Appropriation 191, \$3,090,684 from the Grants and Donations Trust Fund and \$6,460,255 from the

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Medical Care Trust Fund are provided for county health initiatives emphasizing the expansion of primary care services, and rural health networks. The Department of Health will develop the funding criteria processes, which include assessing statewide benefits, sustainability, access to primary care improvements, ER diversion potential, and health care innovations that are replicable and with a three-year limit on low-income pool funding. The total low-income pool payments provided in this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds.

From the funds in Specific Appropriation 191, \$970,800 from the Grants and Donations Trust Fund and \$2,029,200 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals. These payments shall be used, in collaboration with the Department of Health to provide funding for hospitals with hospital based primary care initiatives.

From the funds in Specific Appropriation 191, \$80,900 from the Grants and Donations Trust Fund and \$169,100 from the Medical Care Trust Fund are provided to make health insurance premium payments for low-income residents enrolled in the Miami-Dade Premium Assistance Program. These funds are contingent on a local government contribution of \$80,900.

From the funds in Specific Appropriation 191, \$5,134,566, from the Grants and Donations Trust Fund and \$10,732,448 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments for premium assistance programs operated by the Palm Beach County Health Care District. These funds are contingent on a local government contribution from the Palm Beach Health Care District in the amount of \$13,367,014.

From the funds in Specific Appropriation 191, \$1,026,720 from the General Revenue Fund and \$2,146,085 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals. These payments shall be used, in collaboration with the Department of Health to provide funding for hospitals providing poison control programs.

From the funds in Specific Appropriation 191, \$388,320 from the General Revenue Fund and \$811,680 from the Medical Care Trust Fund are provided to continue the primary care and emergency room diversion program in Manatee, Sarasota and DeSoto counties.

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From the funds in Specific Appropriation 191, \$323,600 from the General Revenue Fund, \$676,400 from the Medical Care Trust Fund are provided for the support of existing and expansion of new primary care residency slots, not funded by Medicare, at existing primary care residency programs in the rural area of AHCA District 1 sub-district 2 as defined in the Florida Administrative Code section 59C-2.100 Acute care Sub Districts.

From the funds in Specific Appropriation 191, \$4,676,400 from the General Revenue Fund, \$11,180,673 from the Grants and Donations Trust Fund and \$33,145,007 from the Medical Care Trust Fund are provided to increase access to primary care services in the state to reduce and prevent unnecessary emergency room visits and inpatient hospitalizations. In developing a plan to increase access to primary care services and the funding of these primary care services, the agency shall solicit proposals from general acute care hospitals, county health departments, faith based and community clinics, and Federally Qualified Health Centers in order to establish new primary clinics for the uninsured and underinsured. Of the funds provided, the agency shall use \$38,947,353, which includes \$4,676,400 in general revenue and \$7,926,963 in local funding pay for the increased access to primary care services. The use of general revenue is contingent upon an equal amount of local funds being provided in cash. The agency shall award grants to those programs most capable of reducing health spending and improving the health status of uninsured and underinsured persons in their community and meeting the requirements of this section. The programs receiving these grants shall reduce unnecessary emergency room visits and preventable hospitalizations by providing disease management; improving patient compliance; and coordinating services. The agency shall contract with ~~a unit of the state university system~~ with an entity having experience in evaluating the Medicaid program to develop reporting requirements for grant recipients and to measure the effectiveness of the grant-funded programs. The specific reporting requirements shall be incorporated into the competitive solicitation which will also identify the evaluation methodology and establish a time-table for publishing results. The agency shall develop a plan for expanding primary care services by October 1, 2010, and submit the plan to the Legislative Budget Commission for approval before expending any funding. The agency shall use \$10,054,727 of these funds for hospitals providing primary care to low-income individuals and participating in the Primary Care Disproportionate Share Hospital (DSH) program in Fiscal Year 2003-2004 shall be paid \$10,054,727 distributed in the same proportion as the Primary Care DSH payments for Fiscal Year

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2003-2004, excluding Imperial Point Hospital, Memorial Regional Hospital, and Memorial Hospital Pembroke who will receive individual amounts equal to \$536,489, \$1,620,659, and \$536,489 respectively. These funds are contingent on the state share being provided through grants and donations from counties, local governments, public entities, or taxing districts.

The agency is authorized to transfer a hospital's low-income pool payments between the various low-income programs listed in this specific appropriation if it is required to obtain approval of the low-income pool payment methodology from the Centers for Medicare and Medicaid Services. Any transfer of funds, however, is contingent on the hospital's net low-income pool payments under the low-income pool plan remaining unchanged.

In the event that the amount of approved non-federal share of matching funds is not provided by local governmental entities, the agency may re-allocate low-income pool funds between programs described within this specific appropriation as necessary to ensure sufficient non-federal matching funds. No re-allocation, under this provision, of low-income pool funds may occur if the level of program increase for any provider access system exceeds the amount of the additional increases in the local non-federal share match that their local governments transfer to the state Medicaid program, and for which the provider access system would have otherwise received.

Funds provided in Specific Appropriation 191 are contingent upon the non-federal share being provided through grants and donations from state, county or other governmental funds. In the event the non-federal share provided through grants and donations is not available to fund the Medicaid low-income payments for eligible Medicaid providers, known as provider access systems, the agency shall submit a revised low-income pool plan to the Legislative Budget Commission for approval. Distribution of such funds provided in Specific Appropriation 191 is contingent upon approval from the Centers for Medicare and Medicaid.

~~From the Fund in Specific Appropriation 191, \$25,000,000 from the General Revenue Fund and \$25,000,000 from the Medical Care Trust Fund provided to Jackson Memorial Hospital is contingent upon submission of a joint resolution of the Board of the Jackson Memorial Public Health Trust and the Miami Dade County Commission to establish and carry out a management review process for county oversight of the hospital's financial condition; the county's documentation of compliance with s.~~

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~~901.35, Florida Statutes, and the hospital's development of a comprehensive plan for containing costs and reducing expenditures including, but not limited to use of electronic negotiation and reverse auction technology to secure best prices for durable medical equipment, supplies, drugs, and other acquisitions.~~

Pending Senate Counteroffer

**194 SPECIAL CATEGORIES**

**HOSPITAL OUTPATIENT SERVICES**

From the funds in Specific Appropriation 194, \$16,535,960 from the Grants and Donations Trust Fund and \$34,564,042 from the Medical Care Trust Fund are appropriated so that the agency may amend its current facility fees and physician services to allow for payments to hospitals providing primary care to low-income individuals and participating in the Primary Care Disproportionate Share Hospital (DSH) program in Fiscal Year 2003-2004 provided such hospital implements an emergency room diversion program so that non-emergent patients are triaged to lesser acute settings; or a public hospital assumed the fiscal and operating responsibilities for one or more primary care centers previously operated by the Florida Department of Health or the local county government. Any payments made to qualifying hospitals because of this change shall be contingent on the state share being provided through grants and donations from counties, local governments, public entities, or taxing districts, and federal matching funds. This provision shall be contingent upon federal approval of a state plan amendment.

Funds in Specific Appropriation 194, reflect a reduction of \$20,969,114 from the General Revenue Fund, \$33,822,275 from the Medical Care Trust Fund, and \$103,655 from the Refugee Assistance Trust Fund as a result of implementing a reduction in outpatient hospital reimbursement rates. The agency shall implement a recurring methodology in the Title XIX Outpatient Hospital Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget. Hospitals that are licensed as a children's specialty hospital



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and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent and rural hospitals as defined in s. 395.602, Florida Statutes are excluded from this reduction.

From the funds in Specific Appropriation 194, \$20,858,133 from the Grants and Donations Trust Fund and \$43,598,396 from the Medical Care Trust Fund are provided to increase the outpatient cap for adults from \$1,000 to \$1,500 per year and to eliminate the outpatient reimbursement ceilings for teaching, specialty, Community Health Education Program hospitals and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the certificate of need program: pediatric bone marrow transplantation, pediatric open heart surgery, pediatric cardiac catheterization and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in section 408.07 (45), Florida Statutes, that are not certified trauma centers, as identified in Section 13, chapter 2007-326, Laws of Florida.

From the funds in Specific Appropriation 194, \$3,936,680 from the Grants and Donations Trust Fund and \$8,228,586 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals whose charity care and Medicaid days as a percentage of total adjusted hospital days equals or exceeds 11 percent. For any public hospital or any leased public hospital found to have sovereign immunity or hospital with graduate medical education positions that does not qualify for the elimination of the outpatient ceilings under this provision of proviso or any other proviso listed, such hospitals shall be exempt from the outpatient reimbursement ceilings contingent on the public hospital or local governmental entity providing the required state match. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available. Any hospital that was exempt from the outpatient reimbursement ceiling in the prior state fiscal year, due to their charity care and Medicaid days as a percentage to total adjusted hospital days equaling or exceeding 11 percent, but no longer meet the 11 percent threshold, because of updated audited DSH data shall remain exempt from the outpatient reimbursement ceilings for a period of two years.

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From the funds in Specific Appropriation 194, \$69,508 from the Grants and Donation Trust Fund and \$145,287 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.

From the funds in Specific Appropriation 194, \$3,878,079 from the Grants and Donations Trust Fund and \$8,106,096 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals whose Medicaid days, as a percentage of total hospital days, exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma centers on July 1, 2010 or become a designated or provisional trauma center during Fiscal Year 2010-2011. Included in these funds are the annualized amounts to offset the reductions taken against certified trauma centers as identified in section 13, chapter 2007-326, Laws of Florida. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

Funds provided for the elimination of hospital outpatient ceilings in Specific Appropriation 194 are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. The agency shall submit a revised hospital outpatient reimbursement plan to the Legislative Budget Commission for approval if the state share is not available to fund the removal of hospital outpatient ceilings or if the Centers for Medicare and Medicaid Services does not approve amendments to the Medicaid Hospital Outpatient Reimbursement Plan to eliminate the reimbursement ceilings for certain hospitals.

From the funds in Specific Appropriation 194, \$802,193 from non recurring General Revenue, \$10,757,143 from the Grants and Donations Trust Fund and \$24,161,727 from the Medical Care Trust Fund are provided to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for the following four categories of hospitals. Of these funds \$6,966,724 is provided to the first category of hospitals, which are those hospitals that are part of a system that operate a provider service network in the following manner: \$570,975 is for Jackson Memorial Hospital; \$749,964 is for hospitals in

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Broward Health as follows Broward General \$145,860, Coral Springs \$412,974, Imperial Point \$92,319, and North Broward \$98,811; \$1,665,035 is for hospitals in the Memorial Healthcare System as follows Memorial Hospital \$235,557, Memorial Hospital Pembroke \$286,093, Memorial Hospital Miramar \$383,272, and Memorial Hospital West \$760,113; and \$256,166 to Shands Jacksonville and \$3,724,584 to Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Of the above funds, \$4,221,468 shall be used for the second category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for those hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Of the above funds, \$4,632,729 shall be used for the third category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for rural hospitals. Of the above funds, \$19,900,141 shall be used for the fourth category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates to teaching hospitals as defined in section 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians and for designated trauma hospitals on or before February 1, 2010. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the outpatient rate for those individual hospitals. For this section of proviso the agency shall use the average of 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

From the funds in Specific Appropriation 194, \$13,857,675 from the Grants and Donations Trust Fund and \$28,965,796 from the Medical Care Trust Fund are provided for public hospitals, including any leased public hospital found to have sovereign immunity, teaching hospitals as defined in sections 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians, hospitals with graduate

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medical education positions that do not otherwise qualify, and designated trauma hospitals to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid outpatient trend adjustment applied to the individual state mental health hospitals.

From the funds in Specific Appropriation 194, \$26,199,460 from the Grants and Donations Trust Fund and \$54,763,025 from the Medical Care Trust Fund are provided for hospitals, not previously included in the proviso above, to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buyback of reductions to outpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid outpatient trend adjustment applied to the individual state mental health hospitals.

From the funds in Specific Appropriation 189, \$4,854,000 from the Grants and Donations Trust Fund and \$10,146,000 from the Medical Care Trust Fund are provided for hospitals not previously included in the proviso above to allow for exemptions from outpatient reimbursement limitations for any hospital that has local funds available for IGTs. The payments under this proviso are contingent upon the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buyback of exemptions to outpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds.

(b) \$25,000,000 of nonrecurring funds from the General Revenue Fund is appropriated to the Agency for Health Care

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Administration to provide funds in addition to those appropriated in Specific Appropriation 191 of this Act for the Low Income Pool;

(c) \$4,197,807 of nonrecurring funds from the General Revenue Fund is appropriated to the Agency for Health Care Administration to provide funds in addition to those appropriated in Specific Appropriation 189 for Hospital Inpatient Services;

(d) \$802,193 of nonrecurring funds from the General Revenue Fund is appropriated to the Agency for Health Care Administration to provide funds in addition to those appropriated in Specific Appropriation 194 for Hospital Outpatient Services;

(e) \$9,500,000 of nonrecurring funds from the General Revenue Fund is appropriated to the Department of Health for the Sylvester Cancer Center at the University of Miami; and

(e) \$9,500,000 of non-recurring funds from the General Revenue Fund is appropriated to the Department of Health for the Shands Cancer Hospital.

(f) \$1,000,000 of nonrecurring funds from the General Revenue Fund is appropriated to Braman Family Breast Cancer Institute at Sylvester.

**Health Care Appropriations/Health and Human Services Appropriations  
Fiscal Year 2010-2011  
Implementing Bill**

<b>HB 5003 House Bump Issues</b>	<b>Comments</b>	<b>SB 2702 Senate Bump Issues</b>
<b>Section 9.</b> (s. 215.5602, F.S.) Suspends funding for the 2010-11 FY relating to research of tobacco-related or cancer related illnesses within the James and Esther King Biomedical Research Program. Deletes outdated statutory language.	House Concurs with Senate Closed	
<b>Section 10.</b> (s. 381.922, F.S.) Deletes outdated statutory language related to the funds appropriated to the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program.	House Concurs with Senate Closed	
<b>Section 11.</b> <u>In order to implement Specific Appropriation 486 of the 2010-2011 General Appropriations Act, and for the 2010-2011 fiscal year only, the following requirements will govern Phase 2 of the of the Department of Health's Florida Onsite Sewage Nitrogen Reduction Strategies Study: (1) the underlying contract for which the study was let shall remain in full force and effect with the Department of Health and funding the contract for Phase 2 of the study will be through the Department of Health; (2) the Department of Health, and the Department of Health's Research Review and Advisory Committee, and the Department of Environmental Protection shall work together in providing the necessary technical oversight of Phase 2 of the project, with the Department of Environmental Protection having maximum technical input; (3) management and oversight of Phase 2 shall be consistent with the terms of the existing contract; however, the main focus and priority for work to be completed for Phase 2 shall be in developing, testing and recommending cost-effective passive technology design criteria for nitrogen reduction; and (4) the systems installed at actual home sites are experimental in nature and will be installed with significant field-testing and monitoring. The Department of Health is specifically authorized to allow installation of these</u>	Senate Offer	<u>In order to implement Specific Appropriation 486 of the 2010-2011 General Appropriations Act, and for the 2010-2011 fiscal year only, the following requirements will govern Phase 2 of the of the Department of Health's Florida Onsite Sewage Nitrogen Reduction Strategies Study: (1) the underlying contract for which the study was let shall remain in full force and effect with the Department of Health and funding the contract for Phase 2 of the study will be through the Department of Health; (2) the Department of Health, and the Department of Health's Research Review and Advisory Committee, and the Department of Environmental Protection shall work together in providing the necessary technical oversight of Phase 2 of the project, with the Department of Environmental Protection having maximum technical input; (3) management and oversight of Phase 2 shall be consistent with the terms of the existing contract; however, the main focus and priority for work to be completed for Phase 2 shall be in developing, testing and recommending cost-effective passive technology design criteria for nitrogen reduction; and (4) the systems installed at actual home sites are experimental in nature and will be installed with significant field-testing and monitoring. The Department of Health is specifically authorized to allow installation of these</u>

**Health Care Appropriations/Health and Human Services Appropriations  
Fiscal Year 2010-2011  
Implementing Bill**

<b>HB 5003 House Bump Issues</b>	<b>Comments</b>	<b>SB 2702 Senate Bump Issues</b>
<p><u>experimental systems. In addition, before Phase 2 of the study is completed and notwithstanding any law to the contrary, a state agency may not adopt or implement a rule or policy that: (a) mandates, establishes or implements any new nitrogen reduction limits or standards that apply to existing or new onsite sewage treatment systems or modification of such systems; (b) increases the cost of treatment for nitrogen reduction from onsite sewage treatment systems, or (c) directly requires or has the indirect effect of requiring the use of performance-based treatment systems or any similar technology; provided the Department of Environmental Protection administrative orders recognizing onsite system modifications, developed through a basin management action plan adopted pursuant to section 403.067, Florida Statutes, are not subject to the above restrictions where implementation of onsite system modifications are phased in after completion of Phase 2, except that no onsite system modification developed in a basin management action plan shall directly or indirectly require the installation of performance-based treatment systems.</u></p>		<p><u>experimental systems. In addition, before Phase 2 of the study is completed and notwithstanding any law to the contrary, a state agency may not adopt or implement a rule or policy that: (a) mandates, establishes or implements any new nitrogen reduction <del>limits or</del> standards that apply to existing or new onsite sewage treatment systems or modification of such systems; (b) increases the cost of treatment for nitrogen reduction from onsite sewage treatment systems, or (c) directly requires or has the indirect effect of requiring, <del>for nitrogen reduction,</del> the use of performance-based treatment systems or any similar technology; provided the Department of Environmental Protection administrative orders recognizing onsite system modifications, developed through a basin management action plan adopted pursuant to section 403.067, Florida Statutes, are not subject to the above restrictions where implementation of onsite system modifications are phased in after completion of Phase 2, except that no onsite system modification developed in a basin management action plan shall directly or indirectly require the installation of performance-based treatment systems.</u></p>
<p>Section XX. Effective June 29, 2010, in order to implement Specific Appropriation 270 through 375 of the 2010-2011 General Appropriations Act, subsection (3) of section 1 of chapter 2007-174, Laws of Florida, is amended to read:</p> <p>Section I. Flexibility for the Department of Children and Family Services.—</p> <p>(3) This section expires <u>July 1, 2011</u> <del>June 30, 2008</del>.</p>	<p>Senate Concurs with House Offer</p>	



**Health Care Appropriations/Health and Human Services Appropriations  
Fiscal Year 2010-2011  
Medicaid Services**

<b>HB 5301- House Bump Issues</b>	<b>Comments</b>	<b>CS/CS/SB 1464 Senate Bump Offer #1</b>
	<b>Concur - House</b>	<b>Section 11.</b> Creates an undesignated section of law to require Medicaid managed care plans and provider service networks to include in their provider network any pharmacy, which is located in a rural county willing to accept the reimbursement terms and conditions established by the managed care plan. Rural county is defined as any county with a population of less than 200,000 according to the 2000 official census.

**Amended or New Provisions**

<b>HB 5301- House Bump Issues</b>	<b>Comments</b>	<b>CS/CS/SB 1464 Senate Bump Issues</b>
<u>(s. 400.179, F.S.) By March 31 of each year, the agency shall assess the cumulative fees collected under this subparagraph, minus any amounts used to repay nursing home Medicaid overpayments and amounts transferred to contribute to the General Revenue Fund pursuant to s. 215.20. If the net cumulative collections, minus amounts utilized to repay nursing home Medicaid overpayments, exceed \$25 million, the provisions of this paragraph shall not apply for the subsequent fiscal year.</u>	<b>Concur - House</b>	
<b><u>Undesignated Section of Statute</u></b>  <u>Notwithstanding s. 430.707, Florida Statutes, and subject to federal approval of the application to be a site for the Program of All Inclusive Care for the Elderly, the Agency for Health Care Administration shall contract with one private health care organization, the sole member of which is a private, not-for-profit corporation that owns and manages health care organizations which provide comprehensive services, including hospice and palliative care services, to frail and elderly persons residing in Polk, Highlands, Hardee, and Hillsborough counties. Such an entity shall be exempt from the requirements of chapter</u>	<b>Concur - House</b>	

**Health Care Appropriations/Health and Human Services Appropriations  
Fiscal Year 2010-2011  
Medicaid Services**

<b>HB 5301- House Bump Issues</b>	<b>Comments</b>	<b>CS/CS/SB 1464 Senate Bump Issues</b>
<u>641, Florida Statutes. The agency, in consultation with the Department of Elder Affairs and subject to appropriation, shall approve up to 150 initial enrollees in the Program of All Inclusive Care for the Elderly established by this organization to serve persons in Polk, Highlands, and Hardee counties.</u>		
<p><b><u>Undesignated Section Statute</u></b></p> <p><u>Notwithstanding s. 430.707, Florida Statutes, and subject to federal approval of an application for expansion to a new site, the Agency for Health Care Administration shall contract with an Organized Health Care Delivery System (OHCDS) in Dade County that currently offers benefits pursuant to the Program to All-inclusive Care for the Elderly, to provide comprehensive services to frail and elderly persons residing in Southwest Miami-Dade County. Such an entity shall be exempt from the requirements of chapter 641, Florida Statutes. The agency, in consultation with the Department of Elder Affairs and subject to appropriation, shall approve up to 50 initial enrollees in the Program of All-inclusive Care for the Elderly established by this organization to serve persons in Southwest Miami-Dade Counties.</u></p>	<b>Concur - House</b>	

**Health Care Appropriations/Health and Human Services Appropriations  
Fiscal Year 2010-2011  
Medicaid Services**

<b>HB 5301- House Bump Issues</b>	<b>Comments</b>	<b>CS/CS/SB 1464 Senate Bump Issues</b>
	Offer Senate	Low Income Pool Funds/Jackson Memorial Hospital – Language Pending

**Health Care Appropriations/Health and Human Services Appropriations  
Fiscal Year 2010-2011  
Agency for Persons with Disabilities**

HB 5303 House Bump Issues	Comments	CS/CS/SB 1468 Senate Bump Issues
	Senate Offer	<b>Section 2.</b> (s. 393.0662, F.S.) Creates section 393.0662, Florida Statutes, relating to individual budgets or iBudgets to improve the financial management of waiver services.
<b>Section 4.</b> (s. 393.125, F.S.) Specifies conditions for requesting APD Medicaid fair hearings and requires these hearings to be provided by the Department of Children and Families.	Accept House Offer	

### Amended or New Provisions

[illegible]

**Health Care Appropriations/Health and Human Services Appropriations  
Fiscal Year 2010-2011  
Agency for Persons with Disabilities**

<b>HB 5303 House Bump Issues</b>	<b>Comments</b>	<b>CS/CS/SB 1468 Senate Bump Issues</b>
	Senate Offer	<p>environmental modifications, durable medical equipment, services to address the temporary loss of support from a caregiver, or special services or treatment for a serious temporary condition when the service or treatment is expected to ameliorate the underlying condition. As used in this subparagraph, the term "temporary" means a period of fewer than 12 continuous months. <u>However, the presence of such significant need for one-time or temporary supports or services alone does not warrant an increase in the amount of funds allocated to a client's iBudget as determined by the algorithm.</u></p> <p>Amend: Subparagraph 3. paragraph (b), subsection (1), section 393.0662, Florida Statutes</p> <p>3. A significant increase in the need for services after the beginning of the service plan year that would place the health and safety of the client, the client's caregiver, or the public in serious jeopardy because of substantial changes in the client's circumstances, including, but not limited to, permanent or long-term loss or incapacity of a caregiver, loss of services authorized under the state Medicaid plan due to a change in age, or a significant change in medical or functional status which requires the provision of additional services on a permanent or long-term basis that cannot be accommodated within the client's current iBudget. As used in this subparagraph, the term "long-term" means a period of 12 or more continuous months. <u>However, such significant increase in need for services of a permanent or long-term nature alone does not warrant an increase in the amount of funds allocated to a client's iBudget as determined by the algorithm.</u></p>

**Health Care Appropriations/Health and Human Services Appropriations  
Fiscal Year 2010-2011  
Agency for Persons with Disabilities**

HB 5303 House Bump Issues	Comments	CS/CS/SB 1468 Senate Bump Issues
	Senate Offer	<p>Amend: Subparagraph 3. paragraph (c), subsection (1), section 393.0662, Florida Statutes</p> <p>(b) A client's iBudget shall be the total of the amount determined by the algorithm and any additional funding provided pursuant to paragraph (b). A client's annual expenditures for home and community-based services Medicaid waiver services may not exceed the limits of his or her iBudget. The total of <u>all clients'</u> projected annual iBudget expenditures may not exceed the agency's appropriation for waiver services.</p> <p>Add: Subsection (5), section 393.0662, Florida Statutes <u>(5) The service limitation in s. 393.0661(3) (f) 1. 2., and 3. shall not apply to the iBudget system.</u></p>
	Senate Offer	<p>Section XX. Services for Children with Developmental Disabilities Task Force.—The Services for Children with Developmental Disabilities Task Force is created to make recommendations and develop a plan for the creation of, and enrollment in, the Developmental Disabilities Savings Program.</p> <p>(1) The task force shall consist of the following members:</p> <p>(a) A member of the House of Representatives appointed by the Speaker of the House of Representatives.</p> <p>(b) A member of the Senate appointed by the President of the Senate.</p> <p>(c) The director of the Agency for Persons with Disabilities.</p> <p>(d) The director of the Division of Vocational Rehabilitation.</p> <p>(e) The executive director of the State Board of Administration.</p>

**Health Care Appropriations/Health and Human Services Appropriations  
Fiscal Year 2010-2011  
Agency for Persons with Disabilities**

<b>HB 5303 House Bump Issues</b>	<b>Comments</b>	<b>CS/CS/SB 1468 Senate Bump Issues</b>
		<p>(f) The Commissioner of Education.  (g) The executive director of The Arc of Florida.  (h) An Arc of Florida family board member appointed by the executive director of The Arc of Florida.  (i) The chair of the Family Care Council Florida.  (j) A parent representative from the Family Care Council Florida appointed by the chair of the Family Care Council Florida.</p> <p>(2) The Agency for Persons with Disabilities shall provide administrative support to the task force.</p> <p>(3) Members of the task force shall serve without compensation but are entitled to reimbursement for per diem and travel expenses as provided in s. 112.061, Florida Statutes.</p> <p>(4) The task force shall submit its recommendations and plan to the President of the Senate and the Speaker of the House of Representatives when it has completed its task or April 2, 2012, whichever occurs first.</p> <p>(5) The task force shall continue until enrollment in the Developmental Disabilities Savings Program has commenced, at which time the task force is abolished or June 31, 2013, whichever occurs first.</p>

**House Bill 7225 (Section 1.)**

(9)(a) The agency, in consultation with the Agency for Health Care Administration, shall establish an individual budget, referred to as an iBudget, demonstration project for each individual served through the Medicaid waiver program in Escambia, Okaloosa, Santa Rosa, and Walton Counties, which comprise area one of the agency. For the purpose of this subsection, the Medicaid waiver program includes the four-tiered waiver system established in subsection (3) or the Consumer Directed Care Plus Medicaid waiver program. The funds appropriated to the agency and used for Medicaid waiver program services to individuals in the demonstration project area shall be allocated through the iBudget system to eligible, Medicaid-enrolled clients. The iBudget system shall be designed to provide for enhanced client



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choice within a specified service package, appropriate assessment strategies, an efficient consumer budgeting and billing process that includes reconciliation and monitoring components, a redefined role for support coordinators that avoids potential conflicts of interest, a flexible and streamlined service review process, and a methodology and process that ensure the equitable allocation of available funds to each client based on the client's level of need, as determined by the variables in the allocation algorithm.

1. In developing each client's iBudget, the agency shall use an allocation algorithm and methodology. The algorithm shall use variables that have been determined by the agency to have a statistically validated relationship to the client's level of need for services provided through the Medicaid waiver program. The algorithm and methodology may consider individual characteristics, including, but not limited to, a client's age and living situation, information from a formal assessment instrument that the agency determines is valid and reliable, and information from other assessment processes.

2. The allocation methodology shall provide the algorithm that determines the amount of funds allocated to a client's iBudget. The agency may approve an increase in the amount of funds allocated, as determined by the algorithm, based on the client's having one or more of the following needs that cannot be accommodated within the funding as determined by the algorithm and having no other resources, supports, or services available to meet those needs:

a. An extraordinary need that would place the health and safety of the client, the client's caregiver, or the public in immediate, serious jeopardy unless the increase is approved. An extraordinary need may include, but is not limited to:

(I) A documented history of significant, potentially life-threatening behaviors, such as recent attempts at suicide, arson, nonconsensual sexual behavior, or self-injurious behavior requiring medical attention;

(II) A complex medical condition that requires active intervention by a licensed nurse on an ongoing basis that cannot be taught or delegated to a nonlicensed person;

(III) A chronic co-morbid condition. As used in this sub-sub-subparagraph, the term "co-morbid condition" means a medical condition existing simultaneously with but independently of another medical condition in a patient; or

**Health Care Appropriations/Health and Human Services Appropriations**  
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(IV) A need for total physical assistance with activities such as eating, bathing, toileting, grooming, and personal hygiene.

However, the presence of an extraordinary need alone does not warrant an increase in the amount of funds allocated to a client's iBudget as determined by the algorithm.

b. A significant need for one-time or temporary support or services that, if not provided, would place the health and safety of the client, the client's caregiver, or the public in serious jeopardy unless the increase is approved. A significant need may include, but is not limited to, the provision of environmental modifications, durable medical equipment, services to address the temporary loss of support from a caregiver, or special services or treatment for a serious temporary condition when the service or treatment is expected to ameliorate the underlying condition. As used in this sub-subparagraph, the term "temporary" means lasting for a period of less than 12 consecutive months. However, the presence of such significant need for one-time or temporary support or services alone does not warrant an increase in the amount of funds allocated to a client's iBudget as determined by the algorithm.

c. A significant increase in the need for services after the beginning of the service plan year that would place the health and safety of the client, the client's caregiver, or the public in serious jeopardy because of substantial changes in the client's circumstances, including, but not limited to, permanent or long-term loss or incapacity of a caregiver, loss of services authorized under the state Medicaid plan due to a change in age, or a significant change in medical or functional status that requires the provision of additional services on a permanent or long-term basis that cannot be accommodated within the client's current iBudget. As used in this sub-subparagraph, the term "long-term" means lasting for a period of more than 12 continuous months. However, such significant increase in need for services of a permanent or long-term nature alone does not warrant an increase in the amount of funds allocated to a client's iBudget as determined by the algorithm.

The agency shall reserve portions of the appropriation for the home and community-based services Medicaid waiver program for adjustments required pursuant to this subparagraph and may use the services of an independent actuary in determining the amount of the portions to be reserved.

3. A client's iBudget shall be the total of the amount determined by the algorithm and any additional funding provided under subparagraph 2. A client's annual expenditures for Medicaid waiver services may not exceed the limits of his or her iBudget.

**Health Care Appropriations/Health and Human Services Appropriations  
Fiscal Year 2010-2011  
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(b) The Agency for Health Care Administration, in consultation with the agency, shall seek federal approval for the iBudget demonstration project and amend current waivers, request a new waiver if appropriate, and amend contracts as necessary to implement the iBudget system to serve eligible, enrolled clients in the demonstration project area through the Medicaid waiver program.

(c) The agency shall transition all eligible, enrolled clients in the demonstration project area to the iBudget system. The agency may gradually phase in the iBudget system with full implementation by January 1, 2013.

1. The agency shall design the phase-in process to ensure that a client does not experience more than one-half of any expected overall increase or decrease to his or her existing annualized cost plan during the first year that the client is provided an iBudget due solely to the transition to the iBudget system. However, all iBudgets in the demonstration project area must be fully phased in by January 1, 2013.

(d) A client must use all available services authorized under the state Medicaid plan, school-based services, private insurance and other benefits, and any other resources that may be available to the client before using funds from his or her iBudget to pay for support and services.

(e) The service limitations in subparagraphs(3)(f)1., 2., and 3. shall not apply to the iBudget system.

(f) Rates for any or all services established under rules of the agency shall be designated as the maximum rather than a fixed amount for individuals who receive an iBudget, except for services specifically identified in those rules that the agency determines are not appropriate for negotiation, which may include, but are not limited to, residential habilitation services.

(g) The agency shall ensure that clients and caregivers in the demonstration project area have access to training and education to inform them about the iBudget system and enhance their ability for self-direction. Such training shall be offered in a variety of formats and, at a minimum, shall address the policies and processes of the iBudget system; the roles and responsibilities of consumers, caregivers, waiver support coordinators, providers, and the agency; information available to help the client make decisions regarding the iBudget system; and examples of support and resources available in the community.

**Health Care Appropriations/Health and Human Services Appropriations**  
**Fiscal Year 2010-2011**  
**Agency for Persons with Disabilities**

(h)1. The agency, in consultation with the Agency for Health Care Administration, shall prepare a design plan for the purchase of an evaluation by an independent contractor. The design plan to evaluate the iBudget demonstration project shall be submitted to the President of the Senate and the Speaker of the House of Representatives for approval not later than December 31, 2010.

2. The agency shall prepare an evaluation that shall include, at a minimum, an analysis of cost savings, cost containment, and budget predictability. In addition, the evaluation shall review the demonstration with regard to consumer education, quality of care, affects on choice of and access to services, and satisfaction of demonstration project participants. The agency shall submit the evaluation report to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than December 31, 2013.

(i) The agency shall adopt rules specifying the allocation algorithm and methodology; criteria and processes for clients to access reserved funds for extraordinary needs, temporarily or permanently changed needs, and one-time needs; and processes and requirements for selection and review of services, development of support and cost plans, and management of the iBudget system as needed to administer this subsection.

**Health Care Appropriations/Health and Human Services Appropriations**  
**Fiscal Year 2010-2011**  
**Child Welfare**

<b>HB 5305</b> <b>House Bump Issues</b>	<b>Comments</b>	<b>CS/CS/SB 1466</b> <b>Senate Bump Issues</b>
	BUMP	<b>Section 2.</b> (s. 39.301, F.S.) <u>Allows Mandates</u> DCF to develop and operate a pilot program related to family needs assistance referrals to be located in circuit where child protection investigation unit and community-based care lead agency agree to participate within existing resources; requires a report to the Legislature by January 31, 2011, which contains the results of the pilot program and recommendations for continuing, expanding or modifying program.
<b>Section 4.</b> (s. 409.1663, F.S.) Repeals adoption benefit for qualifying adopting employees of state agencies.	CONCUR WITH HOUSE CLOSED	<b>Section 4.</b> (s. 409.1663, F.S.) Repeals adoption benefit for qualifying adopting employees of state agencies.
	CONCUR WITH HOUSE CLOSED	<b>Section 5.</b> (s. 394.655, F.S.) Repeals the Substance Abuse and Mental Health Corporation.
<b>Section 6.</b> (s. 409.166, F.S.) Conforming change to s. 409.1663, F.S., repeal.	CONCUR WITH HOUSE CLOSED	<b>Section 6.</b> (s. 409.166, F.S.) Conforming change to s. 409.1663, F.S., repeal.

**Health Care Appropriations/Heath and Human Services Appropriations  
Fiscal Year 2010-2011  
Mental Health and Substance Abuse**

<b>HB 5307 House Bump Issues</b>	<b>Comments</b>	<b>CS/CS/SB 1466 Senate Bump Issues</b>
<b>Section 1.</b> (s. 394.655, F.S.) Repeals the Substance Abuse and Mental Health Corporation.	BUMP	<b>Section 5.</b> (s. 394.655, F.S.) Repeals the Substance Abuse and Mental Health Corporation.
<b>Section 2.</b> (s. 14.20195, F.S.) Revises membership of the Suicide Prevention Coordinating Council from 28 to 27 to remove representative of the Substance Abuse and Mental Health Corporation.	BUMP	
<b>Section 3.</b> (s. 394.656, F.S.) Replaces the Substance Abuse and Mental Health Corporation with the Department and Children and Families for the purpose of establishing the Criminal Justice, Mental Health and Substance Abuse Statewide Grant Review Committee; removes five members of the corporation from the committee.	BUMP	
<b>Section 4.</b> (s. 394.657, F.S.) Replaces the Substance Abuse and Mental Health Corporation with the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee for the purpose of receiving the Criminal Justice, Mental Health, and Substance Reinvestment Grant applications.	BUMP	
<b>Section 5.</b> (s. 394.658, F.S.) Replaces the Substance Abuse and Mental Health Corporation with the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee for the purpose of establishing grant review criteria.	BUMP	
<b>Section 6.</b> (s. 394.659, F.S.) Removes the Substance Abuse and Mental Health Corporation from annual reporting requirement.	BUMP	



## **State Budget Conference Chairs**

**Bump Issues  
Senate Offer #8**

**Sunday, April 25, 2010**

**SUPPLEMENT TO**

**Health and Human Services Appropriations**

**HB 5305 – Child Welfare**

**212 Knott Building**

**Webster Hall**

47. Subsection (3) of section 39.407, Florida Statutes, is amended to read:

39.407 Medical, psychiatric, and psychological examination and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody.—

(3) (a) All children placed in out-of-home care shall be provided with a comprehensive behavioral health assessment. The child protective investigator or dependency case manager shall submit a referral for such assessment within 7 days after the child is placed in out-of-home care.

(b) Any child who has been in out-of-home care for more than 1 year, or who did not receive a comprehensive behavioral health assessment when placed into out-of-home care, is eligible to receive a comprehensive behavioral health assessment. Such assessments evaluate behaviors that give rise to the concern that the child has unmet mental health needs. Any party to the dependency proceeding, or the court on its own motion, may request that an assessment be performed.

(c) The child protective investigator or dependency case manager is responsible for ensuring that all recommendations in the comprehensive behavioral health assessment are incorporated into the child's case plan and that the recommended services are provided in a timely manner. If, at a case planning conference, a determination is made that a specific recommendation should not be included in a child's case plan, a written explanation must be provided to the court as to why the recommendation is not being followed.

(d) This subsection does not to prevent a child from receiving any other form of psychological assessment if needed.

(e) If it is determined that a child is in need of mental health services, the comprehensive behavioral health assessment must be provided to the physician involved in developing the child's mental health treatment plan, pursuant to s. 39.4071(9).

~~(3) (a) 1. Except as otherwise provided in subparagraph (b) 1.~~



~~or paragraph (c), before the department provides psychotropic medications to a child in its custody, the prescribing physician shall attempt to obtain express and informed consent, as defined in s. 394.455(9) and as described in s. 394.459(3)(a), from the child's parent or legal guardian. The department must take steps necessary to facilitate the inclusion of the parent in the child's consultation with the physician. However, if the parental rights of the parent have been terminated, the parent's location or identity is unknown or cannot reasonably be ascertained, or the parent declines to give express and informed consent, the department may, after consultation with the prescribing physician, seek court authorization to provide the psychotropic medications to the child. Unless parental rights have been terminated and if it is possible to do so, the department shall continue to involve the parent in the decisionmaking process regarding the provision of psychotropic medications. If, at any time, a parent whose parental rights have not been terminated provides express and informed consent to the provision of a psychotropic medication, the requirements of this section that the department seek court authorization do not apply to that medication until such time as the parent no longer consents.~~

~~2. Any time the department seeks a medical evaluation to determine the need to initiate or continue a psychotropic medication for a child, the department must provide to the evaluating physician all pertinent medical information known to the department concerning that child.~~

~~(b)1. If a child who is removed from the home under s. 39.401 is receiving prescribed psychotropic medication at the time of removal and parental authorization to continue providing the medication cannot be obtained, the department may take possession of the remaining medication and may continue to provide the medication as prescribed until the shelter hearing, if it is determined that the medication is a current~~

~~prescription for that child and the medication is in its original container.~~

~~2. If the department continues to provide the psychotropic medication to a child when parental authorization cannot be obtained, the department shall notify the parent or legal guardian as soon as possible that the medication is being provided to the child as provided in subparagraph 1. The child's official departmental record must include the reason parental authorization was not initially obtained and an explanation of why the medication is necessary for the child's well-being.~~

~~3. If the department is advised by a physician licensed under chapter 458 or chapter 459 that the child should continue the psychotropic medication and parental authorization has not been obtained, the department shall request court authorization at the shelter hearing to continue to provide the psychotropic medication and shall provide to the court any information in its possession in support of the request. Any authorization granted at the shelter hearing may extend only until the arraignment hearing on the petition for adjudication of dependency or 28 days following the date of removal, whichever occurs sooner.~~

~~4. Before filing the dependency petition, the department shall ensure that the child is evaluated by a physician licensed under chapter 458 or chapter 459 to determine whether it is appropriate to continue the psychotropic medication. If, as a result of the evaluation, the department seeks court authorization to continue the psychotropic medication, a motion for such continued authorization shall be filed at the same time as the dependency petition, within 21 days after the shelter hearing.~~

~~(c) Except as provided in paragraphs (b) and (e), the department must file a motion seeking the court's authorization to initially provide or continue to provide psychotropic medication to a child in its legal custody. The motion must be supported by a written report prepared by the department which~~

~~describes the efforts made to enable the prescribing physician to obtain express and informed consent for providing the medication to the child and other treatments considered or recommended for the child. In addition, the motion must be supported by the prescribing physician's signed medical report providing:~~

~~1. The name of the child, the name and range of the dosage of the psychotropic medication, and that there is a need to prescribe psychotropic medication to the child based upon a diagnosed condition for which such medication is being prescribed.~~

~~2. A statement indicating that the physician has reviewed all medical information concerning the child which has been provided.~~

~~3. A statement indicating that the psychotropic medication, at its prescribed dosage, is appropriate for treating the child's diagnosed medical condition, as well as the behaviors and symptoms the medication, at its prescribed dosage, is expected to address.~~

~~4. An explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication; drug-interaction precautions; the possible effects of stopping the medication; and how the treatment will be monitored, followed by a statement indicating that this explanation was provided to the child if age appropriate and to the child's caregiver.~~

~~5. Documentation addressing whether the psychotropic medication will replace or supplement any other currently prescribed medications or treatments; the length of time the child is expected to be taking the medication; and any additional medical, mental health, behavioral, counseling, or other services that the prescribing physician recommends.~~

~~(d)1. The department must notify all parties of the proposed action taken under paragraph (c) in writing or by~~

~~whatever other method best ensures that all parties receive notification of the proposed action within 48 hours after the motion is filed. If any party objects to the department's motion, that party shall file the objection within 2 working days after being notified of the department's motion. If any party files an objection to the authorization of the proposed psychotropic medication, the court shall hold a hearing as soon as possible before authorizing the department to initially provide or to continue providing psychotropic medication to a child in the legal custody of the department. At such hearing and notwithstanding s. 90.803, the medical report described in paragraph (c) is admissible in evidence. The prescribing physician need not attend the hearing or testify unless the court specifically orders such attendance or testimony, or a party subpoenas the physician to attend the hearing or provide testimony. If, after considering any testimony received, the court finds that the department's motion and the physician's medical report meet the requirements of this subsection and that it is in the child's best interests, the court may order that the department provide or continue to provide the psychotropic medication to the child without additional testimony or evidence. At any hearing held under this paragraph, the court shall further inquire of the department as to whether additional medical, mental health, behavioral, counseling, or other services are being provided to the child by the department which the prescribing physician considers to be necessary or beneficial in treating the child's medical condition and which the physician recommends or expects to provide to the child in concert with the medication. The court may order additional medical consultation, including consultation with the MedConsult line at the University of Florida, if available, or require the department to obtain a second opinion within a reasonable timeframe as established by the court, not to exceed 21 calendar days, after such order based upon consideration of the best~~

~~interests of the child. The department must make a referral for an appointment for a second opinion with a physician within 1 working day. The court may not order the discontinuation of prescribed psychotropic medication if such order is contrary to the decision of the prescribing physician unless the court first obtains an opinion from a licensed psychiatrist, if available, or, if not available, a physician licensed under chapter 458 or chapter 459, stating that more likely than not, discontinuing the medication would not cause significant harm to the child. If, however, the prescribing psychiatrist specializes in mental health care for children and adolescents, the court may not order the discontinuation of prescribed psychotropic medication unless the required opinion is also from a psychiatrist who specializes in mental health care for children and adolescents. The court may also order the discontinuation of prescribed psychotropic medication if a child's treating physician, licensed under chapter 458 or chapter 459, states that continuing the prescribed psychotropic medication would cause significant harm to the child due to a diagnosed nonpsychiatric medical condition.~~

~~2. The burden of proof at any hearing held under this paragraph shall be by a preponderance of the evidence.~~

~~(c)1. If the child's prescribing physician certifies in the signed medical report required in paragraph (c) that delay in providing a prescribed psychotropic medication would more likely than not cause significant harm to the child, the medication may be provided in advance of the issuance of a court order. In such event, the medical report must provide the specific reasons why the child may experience significant harm and the nature and the extent of the potential harm. The department must submit a motion seeking continuation of the medication and the physician's medical report to the court, the child's guardian ad litem, and all other parties within 3 working days after the department commences providing the medication to the child. The~~

~~department shall seek the order at the next regularly scheduled court hearing required under this chapter, or within 30 days after the date of the prescription, whichever occurs sooner. If any party objects to the department's motion, the court shall hold a hearing within 7 days.~~

~~2. Psychotropic medications may be administered in advance of a court order in hospitals, crisis stabilization units, and in statewide inpatient psychiatric programs. Within 3 working days after the medication is begun, the department must seek court authorization as described in paragraph (c).~~

~~(f)1. The department shall fully inform the court of the child's medical and behavioral status as part of the social services report prepared for each judicial review hearing held for a child for whom psychotropic medication has been prescribed or provided under this subsection. As a part of the information provided to the court, the department shall furnish copies of all pertinent medical records concerning the child which have been generated since the previous hearing. On its own motion or on good cause shown by any party, including any guardian ad litem, attorney, or attorney ad litem who has been appointed to represent the child or the child's interests, the court may review the status more frequently than required in this subsection.~~

~~2. The court may, in the best interests of the child, order the department to obtain a medical opinion addressing whether the continued use of the medication under the circumstances is safe and medically appropriate.~~

~~(g) The department shall adopt rules to ensure that children receive timely access to clinically appropriate psychotropic medications. These rules must include, but need not be limited to, the process for determining which adjunctive services are needed, the uniform process for facilitating the prescribing physician's ability to obtain the express and informed consent of a child's parent or guardian, the procedures~~

~~for obtaining court authorization for the provision of a  
psychotropic medication, the frequency of medical monitoring and  
reporting on the status of the child to the court, how the  
child's parents will be involved in the treatment planning  
process if their parental rights have not been terminated, and  
how caretakers are to be provided information contained in the  
physician's signed medical report. The rules must also include  
uniform forms to be used in requesting court authorization for  
the use of a psychotropic medication and provide for the  
integration of each child's treatment plan and case plan. The  
department must begin the formal rulemaking process within 90  
days after the effective date of this act~~Section 48. Section  
39.4071, Florida Statutes, is created to read:

39.4071 Use of psychotropic medication for children in out  
of-home placement.-

(1) LEGISLATIVE FINDINGS AND INTENT.-

(a) The Legislature finds that children in out-of-home  
placements often have multiple risk factors that predispose them  
to emotional and behavioral disorders and that they receive  
mental health services at higher rates and are more likely to be  
given psychotropic medications than children from comparable  
backgrounds.

(b) The Legislature also finds that the use of psychotropic  
medications for the treatment of children in out-of-home  
placements who have emotional and behavioral disturbances has  
increased over recent years. While the increased use of  
psychotropic medications is paralleled by an increase in the  
rate of the coadministration of two or more psychotropic  
medications, data on the safety and efficacy of many of the  
psychotropic medications used in children and research  
supporting the coadministration of two or more psychotropic  
medications in this population is limited.

(c) The Legislature further finds that significant  
challenges are encountered in providing quality mental health

care to children in out-of-home placements. Not uncommonly, children in out-of-home placements are subjected to multiple placements and many service providers, with communication between providers often poor, resulting in fragmented medical and mental health care. The dependable, ongoing therapeutic and caregiving relationships these children need are hampered by the high turnover among child welfare caseworkers and care providers. Furthermore, children in out-of-home placements, unlike children from intact families, often have no consistent interested party who is available to coordinate treatment and monitoring plans or to provide longitudinal oversight of care.

(d) The Legislature recognizes the important role the Guardian ad Litem Program has played in Florida's dependency system for the past 30 years serving the state's most vulnerable children through the use of trained volunteers, case coordinators, child advocates and attorneys. The program's singular focus is on the child and its mission is to advocate for the best interest of the child. It is often the guardian ad litem who is the constant in a child's life, maintaining consistent contact with the child, the child's caseworkers, and others involved with the child, including family, doctors, teachers, and service providers. Studies have shown that a child assigned a guardian ad litem will, on average, experience fewer placement changes than a child without a guardian ad litem. It is therefore the intent of the Legislature that children in out-of-home placements who may benefit from psychotropic medications receive those medications safely as part of a comprehensive mental health treatment plan requiring the appointment of a guardian ad litem whose responsibility is to monitor the plan for compliance and suitability as to the child's best interest.

(2) DEFINITIONS.—As used in this section, the term:

(a) "Behavior analysis" means services rendered by a provider who is certified by the Behavior Analysis Certification Board in accordance with chapter 393.



(b) "Obtaining assent" means a process by which a provider of medical services helps a child achieve a developmentally appropriate awareness of the nature of his or her condition, informs the child of what can be expected through tests and treatment, makes a clinical assessment of the child's understanding of the situation and the factors influencing how he or she is responding, and solicits an expression of the child's willingness to adhere to the proposed care. The mere absence of an objection by the child may not be construed as assent.

(c) "Comprehensive behavioral health assessment" means an in-depth and detailed assessment of the child's emotional, social, behavioral, and developmental functioning within the family home, school, and community. A comprehensive behavioral health assessment includes direct observation of the child in the home, school, and community, as well as in the clinical setting, and adheres to the requirements in the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.

(d) "Express and informed consent" means a process by which a provider of medical services obtains voluntary consent from a parent whose rights have not been terminated or a legal guardian of the child who has received full, accurate, and sufficient information and an explanation about the child's medical condition, medication, and treatment in order to enable the parent or guardian to make a knowledgeable decision without any element of fraud, deceit, duress, or other form of coercion.

(e) "Mental health treatment plan" means a plan that lists the particular mental health needs of the child and the services that will be provided to address those needs. If the plan includes prescribing psychotropic medication to a child in out-of-home placement, the plan must also include the information required under subsection (9).

(f) "Psychotropic medication" means a prescription

medication that is used for the treatment of mental disorders and includes, without limitation, hypnotics, antipsychotics, antidepressants, antianxiety agents, sedatives, stimulants, and mood stabilizers.

(3) APPOINTMENT OF GUARDIAN AD LITEM.—

(a) If not already appointed, a guardian ad litem shall be appointed by the court at the earliest possible time to represent the best interests of a child in out-of-home placement who is prescribed a psychotropic medication or is being evaluated for the initiation of psychotropic medication.

Pursuant to s. 39.820, the appointed guardian ad litem is a party to any judicial proceeding as a representative of the child and serves until discharged by the court.

(b) Pursuant to this section, the guardian ad litem shall participate in the development of the mental health treatment plan, monitor whether all requirements of the mental health treatment plan are being provided to the child, including counseling, behavior analysis, or other services, medications, and treatment modalities; and notice the court of the child's objections, if any, to the mental health treatment plan. The guardian ad litem shall prepare and submit to the court a written report every 45 days or as directed by the court, advising the court and the parties as to the status of the care, health, and medical treatment of the child pursuant to the mental health treatment plan and any change in the status of the child. The guardian ad litem must immediately notify parties as soon as a medical emergency of the child becomes known. The guardian ad litem shall ensure that the prescribing physician has been provided with all pertinent medical information concerning the child.

(c) The department and the community-based care lead agency shall notify the court and the guardian ad litem, and, if applicable, the child's attorney, in writing within 24 hours after any change in the status of the child, including, but not

limited to, a change in placement, a change in school, a change in medical condition or medication, or a change in prescribing physician, other service providers, counseling, or treatment scheduling.

(4) PSYCHIATRIC EVALUATION OF CHILD.—Whenever the department believes that a child in its legal custody may need psychiatric treatment, an evaluation must be conducted by a physician licensed under chapter 458 or chapter 459.

(5) EXPRESS AND INFORMED CONSENT AND ASSENT.—If, at the time of removal from his or her home, a child is being provided, or at any time is being evaluated for the initiation of, prescribed psychotropic medication under this section, express and informed consent and assent shall be sought by the prescribing physician.

(a) The prescribing physician shall obtain assent from the child, unless the prescribing physician determines that it is not appropriate. In making this assessment, the prescribing physician shall consider the capacity of the child to make an independent decision based on his or her age, maturity, and psychological and emotional state. If the physician determines that it is not appropriate, the physician must document the decision in the mental health treatment plan. If the physician determines it is appropriate and the child refuses to give assent, the physician must document the child's refusal in the mental health treatment plan.

1. Assent from a child shall be sought in a manner that is understandable to the child using a developmentally appropriate assent form. The child shall be provided with sufficient information, such as the nature and purpose of the medication, how it will be administered, the probable risks and benefits, alternative treatments and the risks and benefits thereof, and the risks and benefits of refusing or discontinuing the medication, and when it may be appropriately discontinued. Assent may be oral or written and must be documented by the

prescribing physician.

2. Oral assent is appropriate for a child who is younger than 7 years of age. Assent from a child who is 7 to 13 years of age may be sought orally or in a simple form that is written at the second-grade or third-grade reading level. A child who is 14 years of age or older may understand the language presented in the consent form for parents or legal guardians. If so, the child may sign the consent form along with the parent or legal guardian. Forms for parents and older children shall be written at the sixth grade to eighth-grade reading level.

3. In each case where assent is obtained, a copy of the assent documents must be provided to the parent or legal guardian and the guardian ad litem, with the original assent documents becoming a part of the child's mental health treatment plan and filed with the court.

(b) Express and informed consent for the administration of psychotropic medication may be given only by a parent whose rights have not been terminated or a legal guardian of the child who has received full, accurate, and sufficient information and an explanation about the child's medical condition, medication, and treatment in order to enable the parent or guardian to make a knowledgeable decision. A sufficient explanation includes, but need not be limited to, the following information, which must be provided and explained in plain language by the prescribing physician to the parent or legal guardian: the child's diagnosis, the symptoms to be addressed by the medication, the name of the medication and its dosage ranges, the reason for prescribing it, and its purpose or intended results; benefits, side effects, risks, and contraindications, including effects of not starting or stopping the medication; method for administering the medication and how it will be monitored; potential drug interactions; alternative treatments to psychotropic medication; a plan to reduce or eliminate ongoing medication when medically appropriate; the counseling,

behavioral analysis, or other services used to complement the use of medication, if applicable; and that the parent or legal guardian may revoke the consent at any time.

1. Express and informed consent may be oral or written and must be documented by the prescribing physician. If the department or the physician is unable to obtain consent from the parent or legal guardian, the reasons must be documented.

2. If express and informed consent is obtained, a copy of the consent documents must be provided to the parent or legal guardian and the guardian ad litem, with the original consent documents becoming a part of the child's mental health treatment plan and filed with the court.

(c) The informed consent of any parent whose whereabouts are unknown for 60 days, who is adjudicated incapacitated, who does not have regular and frequent contact with the child, who later revokes assent, or whose parental rights are terminated after giving consent, is invalid. If the informed consent of a parent becomes invalid, the department may seek informed consent from any other parent or legal guardian. If the informed consent provided by a parent whose parental rights have been terminated is invalid and no other parent or legal guardian gives informed consent, the department shall file a motion for the administration of psychotropic medication along with the motion for final judgment of termination of parental rights.

(d) If consent is revoked or becomes invalid the department shall immediately notify all parties and, if applicable, the child's attorney. Medication shall be continued until such time as the court rules on the motion.

(e) A medication may not be discontinued without explicit instruction from a physician as to how to safely discontinue the medication.

(6) ADMINISTRATION OF PSYCHOTROPIC MEDICATION TO A CHILD IN SHELTER CARE OR IN FOSTER CARE WHEN INFORMED CONSENT HAS NOT BEEN OBTAINED.—

(a) Motion for court authorization for administration of psychotropic medications.

1. If a physician who has evaluated the child prescribes psychotropic medication as part of the mental health treatment plan and the child's parents or legal guardians have not provided express and informed consent as provided by law or such consent is invalid as set forth in paragraph (5)(c), the department or its agent shall file a motion with the court within 3 working days to authorize the administration of the psychotropic medication before the administration of the medication, except as provided in subsection (7). In each case in which a motion is required, the motion must include:

a. A written report by the department describing the efforts made to enable the prescribing physician to obtain express and informed consent and describing other treatments attempted, considered, and recommended for the child; and

b. The prescribing physician's completed and signed mental health treatment plan.

2. The department must file a copy of the motion with the court and, within 48 hours after filing the motion, notify all parties in writing, or by whatever other method best ensures that all parties receive notification, of its proposed administration of psychotropic medication to the child.

3. If any party objects to the proposed administration of the psychotropic medication to the child, that party must file its objection within 2 working days after being notified of the department's motion. A party may request an extension of time to object for good cause shown if such extension would be in the best interests of the child. Any extension must be for a specific number of days not to exceed the time absolutely necessary.

4. Lack of assent from the child is deemed a timely objection from the child.

(b) Court action on motion for administration of

psychotropic medication.

1. If no party timely files an objection to the department's motion and the motion is legally sufficient, the court may enter its order authorizing the proposed administration of the psychotropic medication without a hearing. Based on its determination of the best interests of the child, the court may order additional medical consultation, including consultation with the MedConsult line at the University of Florida, if available, or require the department to obtain a second opinion within a reasonable time established by the court, not to exceed 21 calendar days. If the court orders an additional medical consultation or second medical opinion, the department shall file a written report including the results of this additional consultation or a copy of the second medical opinion with the court within the time required by the court, and serve a copy of the report on all parties.

2. If any party timely files its objection to the proposed administration of the psychotropic medication, the court shall hold a hearing as soon as possible on the department's motion.

a. The signed mental health treatment plan of the prescribing physician is admissible in evidence at the hearing.

b. The court shall ask the department whether additional medical, mental health, behavior analysis, counseling, or other services are being provided to the child which the prescribing physician considers to be necessary or beneficial in treating the child's medical condition and which the physician recommends or expects to be provided to the child along with the medication.

3. The court may order additional medical consultation or a second medical opinion, as provided in this paragraph.

4. After considering the department's motion and any testimony received, the court may enter its order authorizing the department to provide or continue to provide the proposed psychotropic medication. The court must find a compelling

governmental interest that the proposed psychotropic medication is in the child's best interest. In so determining the court shall, at a minimum, consider the following factors:

a. The severity and likelihood of risks associated with the treatment.

b. The magnitude and likelihood of benefits expected from the treatment.

c. The child's prognosis without the proposed psychotropic medication.

d. The availability and effectiveness of alternative treatments.

e. The wishes of the child concerning treatment alternatives.

f. The recommendation of the parents or legal guardian.

g. The recommendation of the guardian ad litem.

(7) ADMINISTRATION OF PSYCHOTROPIC MEDICATION TO A CHILD IN OUT-OF-HOME CARE BEFORE COURT AUTHORIZATION HAS BEEN OBTAINED.-  
The department may provide continued administration of psychotropic medication to a child before authorization by the court has been obtained only as provided in this subsection.

(a) If a child is removed from the home and taken into custody under s. 39.401, the department may continue to administer a current prescription of psychotropic medication; however, the department shall request court authorization for the continued administration of the medication at the shelter hearing. This request shall be included in the shelter petition.

1. The department shall provide all information in its possession to the court in support of its request at the shelter hearing. The court may authorize the continued administration of the psychotropic medication only until the arraignment hearing on the petition for adjudication, or for 28 days following the date of the child's removal, whichever occurs first.

2. If the department believes, based on the required physician's evaluation, that it is appropriate to continue the



psychotropic medication beyond the time authorized by the court at the shelter hearing, the department shall file a motion seeking continued court authorization at the same time that it files the dependency petition, but within 21 days after the shelter hearing.

(b) If the department believes, based on the certification of the prescribing physician, that delay in providing the prescribed psychotropic medication would, more likely than not, cause significant harm to the child, the department shall administer the medication immediately. The department must submit a motion to the court seeking continuation of the medication within 3 working days after the department begins providing the medication to the child.

1. The motion seeking authorization for the continued administration of the psychotropic medication must include all information required in this section. The required medical report must also include the specific reasons why the child may experience significant harm, and the nature and the extent of the potential harm, resulting from a delay in authorizing the prescribed medication.

2. The department shall serve the motion on all parties within 3 working days after the department begins providing the medication to the child.

3. The court shall hear the department's motion at the next regularly scheduled court hearing required by law, or within 30 days after the date of the prescription, whichever occurs first. However, if any party files an objection to the motion, the court must hold a hearing within 7 days.

(c) The department may authorize, in advance of a court order, the administration of psychotropic medications to a child in its custody in a hospital, crisis stabilization unit or receiving facility, therapeutic group home, or statewide inpatient psychiatric program. If the department does so, it must file a motion to seek court authorization for the continued

administration of the medication within 3 working days as required in this section.

(d) If a child receives a one-time dose of a psychotropic medication during a crisis, the department shall provide immediate notice to all parties and to the court of each such emergency use.

(8) DISCONTINUATION OR ALTERATION OF MEDICATION; DESTRUCTION OF MEDICATION.—A party may not alter the provision of prescribed psychotropic medication in any way except upon order of the court or advice of a physician.

(a) On the motion of any party or its own motion, the court may order the discontinuation of a medication already prescribed. Such discontinuation must be performed in consultation with a physician in such a manner as to minimize risk to the child.

(b) The child's repeated refusal to take or continue to take a medication shall be treated as a motion to discontinue the medication and shall be set for hearing as soon as possible but within 7 days after knowledge of such repeated refusal.

(c) Upon any discontinuation of a medication, the department shall document the date and reason for the discontinuation and notify all parties. The guardian ad litem must be notified within 24 hours as previously provided herein.

(d) The department shall ensure the destruction of any medication no longer being taken by the prescribed child.

(9) DEVELOPMENT OF MENTAL HEALTH TREATMENT PLAN.—Upon the determination that a child needs mental health services, a mental health treatment plan must be developed which lists the particular mental health needs of the child and the services that will be provided to address those needs. If possible, the plan shall be developed in a face-to-face conference with the child, the child's parents, case manager, physician, therapist, legal guardian, guardian ad litem, and any other interested party. The mental health treatment plan shall be incorporated

into the case plan as tasks for the department and may be amended under s. 39.6013.

(a) If the mental health treatment plan involves the provision of psychotropic medication, the plan must include:

1. The name of the child, a statement indicating that there is a need to prescribe psychotropic medication based upon a diagnosed condition for which there is an evidence base for the medication that is being prescribed, a statement indicating the compelling governmental interest in prescribing the psychotropic medication, and the name and range of the dosage of the psychotropic medication.

2. A statement indicating that the physician has reviewed all medical information concerning the child which has been provided by the department or community-based care lead agency and briefly listing all information received.

3. A medication profile, including all medications the child is prescribed or will be prescribed, any previously prescribed medications if known, and whether those medications are being added, continued, or discontinued upon implementation of the mental health treatment plan.

4. A statement indicating that the psychotropic medication, at its prescribed dosage, is appropriate for treating the child's diagnosed medical condition, as well as the behaviors and symptoms that the medication, at its prescribed dosage, is expected to address.

5. An explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication, including procedures for reporting adverse effects; drug-interaction precautions; the possible effects of stopping or not initiating the medication; and how the treatment will be monitored, followed by a statement indicating that this explanation was provided to the child if developmentally appropriate and to the child's caregiver.

6. Documentation addressing whether the psychotropic

medication will replace or supplement any other currently prescribed medications or treatments; the length of time the child is expected to be taking the medication; a plan for the discontinuation of any medication if medically appropriate; and any additional medical, mental health, behavioral, counseling, or other services that the prescribing physician recommends as part of a comprehensive treatment plan.

7. A document describing those observable behaviors warranting psychotropic treatment, the means for obtaining reliable frequency data on these same observable behaviors, and the reporting of this data with sufficient frequency to support medication decisions.

(b) The department shall develop and administer procedures to require the caregiver and prescribing physician to report any adverse side effects of the medication to the department or its designee and the guardian ad litem. Any adverse side effects must be documented in the mental health treatment plan and medical records for the child.

(10) REVIEW FOR ADMINISTRATION OF PSYCHOTROPIC MEDICATION FOR CHILDREN FROM BIRTH THROUGH 10 YEARS OF AGE IN OUT-OF-HOME CARE.—

(a) Absent a finding of a compelling state interest, a psychotropic medication may not be authorized by the court for any child from birth through 10 years of age who is in out-of-home placement. Based on a finding of a compelling state interest but before a psychotropic medication is authorized by the court for such child, a review of the administration must be obtained from a child psychiatrist who is licensed under chapter 458 or chapter 459. The results of this review must be provided to the child and the parent or legal guardian before final express and informed consent is given.

(b) In advance of a court order, the department may authorize the administration of psychotropic medications to a child from birth through 10 years of age in its custody in the

following levels of residential care:

1. Hospital;
2. Crisis stabilization unit or receiving facility;
3. Therapeutic group home; or
4. Statewide inpatient psychiatric program.

These levels of care demonstrate the requirement of a compelling state interest through the extensive admission criteria being met. If the department does so, it must file a motion to seek court authorization for the continued administration of the medication within 3 working days.

(c) If a child receives a one-time dose of a psychotropic medication during a crisis, the department shall provide immediate notice to all parties and to the court of each such emergency use.

(11) CLINICAL TRIALS.—A child in the custody of the department may not participate in a clinical trial that is designed to develop new psychotropic medications or evaluate their application to children.

(12) JUDICIAL REVIEW HEARINGS.—The department shall fully inform the court of the child's medical and behavioral status as part of the social services report prepared for each judicial review hearing held for a child for whom psychotropic medication has been prescribed or provided under this subsection. As a part of the information provided, the department shall furnish copies of all pertinent medical records concerning the child which have been generated since the previous hearing. On its own motion or on good cause shown by any party, including any guardian ad litem, attorney, or attorney ad litem who has been appointed to represent the child or the child's interests, the court may review the status more frequently than required under this subsection.

(13) ADOPTION OF RULES.—The department may adopt rules to ensure that children receive timely access to mental health

749 services, including, but not limited to, clinically appropriate  
 750 psychotropic medications. These rules must include, but need not  
 751 be limited to, the process for determining which adjunctive  
 752 services are needed, the uniform process for facilitating the  
 753 prescribing physician's ability to obtain the express and  
 754 informed consent of a child's parent or legal guardian, the  
 755 procedures for obtaining court authorization for the provision  
 756 of a psychotropic medication, the frequency of medical  
 757 monitoring and reporting on the status of the child to the  
 758 court, how the child's parents will be involved in the  
 759 treatment-planning process if their parental rights have not  
 760 been terminated, and how caretakers are to be provided  
 761 information contained in the physician's signed mental health  
 762 treatment plan. The rules must also include uniform forms or  
 763 standardized information to be used on a statewide basis in  
 764 requesting court authorization for the use of a psychotropic  
 765 medication and provide for the integration of each child's  
 766 mental health treatment plan and case plan. The department must  
 767 begin the formal rulemaking process within 90 days after July 1,  
 768 2010.



## State Budget Conference Chairs

Bump Issues  
Senate Offer #8

Monday, April 26, 2010

**SUPPLEMENT TO**

**Health and Human Services Appropriations**

**HB 5305 – Child Welfare**

212 Knott Building

Webster Hall

47. Subsection (3) of section 39.407, Florida Statutes, is amended to read:

39.407 Medical, psychiatric, and psychological examination and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody.—

(3) (a) All children placed in out-of-home care shall be provided with a comprehensive behavioral health assessment. The child protective investigator or dependency case manager shall submit a referral for such assessment within 7 days after the child is placed in out-of-home care.

(b) Any child who has been in out-of-home care for more than 1 year, or who did not receive a comprehensive behavioral health assessment when placed into out-of-home care, is eligible to receive a comprehensive behavioral health assessment. Such assessments evaluate behaviors that give rise to the concern that the child has unmet mental health needs. Any party to the dependency proceeding, or the court on its own motion, may request that an assessment be performed.

(c) The child protective investigator or dependency case manager is responsible for ensuring that all recommendations in the comprehensive behavioral health assessment are incorporated into the child's case plan and that the recommended services are provided in a timely manner. If, at a case planning conference, a determination is made that a specific recommendation should not be included in a child's case plan, a written explanation must be provided to the court as to why the recommendation is not being followed.

(d) This subsection does not to prevent a child from receiving any other form of psychological assessment if needed.

(e) If it is determined that a child is in need of mental health services, the comprehensive behavioral health assessment must be provided to the physician involved in developing the child's mental health treatment plan, pursuant to s. 39.4071(9).

~~(3) (a) 1. Except as otherwise provided in subparagraph (b) 1.~~



~~or paragraph (c), before the department provides psychotropic medications to a child in its custody, the prescribing physician shall attempt to obtain express and informed consent, as defined in s. 394.455(9) and as described in s. 394.459(3)(a), from the child's parent or legal guardian. The department must take steps necessary to facilitate the inclusion of the parent in the child's consultation with the physician. However, if the parental rights of the parent have been terminated, the parent's location or identity is unknown or cannot reasonably be ascertained, or the parent declines to give express and informed consent, the department may, after consultation with the prescribing physician, seek court authorization to provide the psychotropic medications to the child. Unless parental rights have been terminated and if it is possible to do so, the department shall continue to involve the parent in the decisionmaking process regarding the provision of psychotropic medications. If, at any time, a parent whose parental rights have not been terminated provides express and informed consent to the provision of a psychotropic medication, the requirements of this section that the department seek court authorization do not apply to that medication until such time as the parent no longer consents.~~

~~2. Any time the department seeks a medical evaluation to determine the need to initiate or continue a psychotropic medication for a child, the department must provide to the evaluating physician all pertinent medical information known to the department concerning that child.~~

~~(b)1. If a child who is removed from the home under s. 39.401 is receiving prescribed psychotropic medication at the time of removal and parental authorization to continue providing the medication cannot be obtained, the department may take possession of the remaining medication and may continue to provide the medication as prescribed until the shelter hearing, if it is determined that the medication is a current~~

~~prescription for that child and the medication is in its original container.~~

~~2. If the department continues to provide the psychotropic medication to a child when parental authorization cannot be obtained, the department shall notify the parent or legal guardian as soon as possible that the medication is being provided to the child as provided in subparagraph 1. The child's official departmental record must include the reason parental authorization was not initially obtained and an explanation of why the medication is necessary for the child's well-being.~~

~~3. If the department is advised by a physician licensed under chapter 458 or chapter 459 that the child should continue the psychotropic medication and parental authorization has not been obtained, the department shall request court authorization at the shelter hearing to continue to provide the psychotropic medication and shall provide to the court any information in its possession in support of the request. Any authorization granted at the shelter hearing may extend only until the arraignment hearing on the petition for adjudication of dependency or 28 days following the date of removal, whichever occurs sooner.~~

~~4. Before filing the dependency petition, the department shall ensure that the child is evaluated by a physician licensed under chapter 458 or chapter 459 to determine whether it is appropriate to continue the psychotropic medication. If, as a result of the evaluation, the department seeks court authorization to continue the psychotropic medication, a motion for such continued authorization shall be filed at the same time as the dependency petition, within 21 days after the shelter hearing.~~

~~(c) Except as provided in paragraphs (b) and (e), the department must file a motion seeking the court's authorization to initially provide or continue to provide psychotropic medication to a child in its legal custody. The motion must be supported by a written report prepared by the department which~~

~~describes the efforts made to enable the prescribing physician to obtain express and informed consent for providing the medication to the child and other treatments considered or recommended for the child. In addition, the motion must be supported by the prescribing physician's signed medical report providing:~~

~~1. The name of the child, the name and range of the dosage of the psychotropic medication, and that there is a need to prescribe psychotropic medication to the child based upon a diagnosed condition for which such medication is being prescribed.~~

~~2. A statement indicating that the physician has reviewed all medical information concerning the child which has been provided.~~

~~3. A statement indicating that the psychotropic medication, at its prescribed dosage, is appropriate for treating the child's diagnosed medical condition, as well as the behaviors and symptoms the medication, at its prescribed dosage, is expected to address.~~

~~4. An explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication; drug-interaction precautions; the possible effects of stopping the medication; and how the treatment will be monitored, followed by a statement indicating that this explanation was provided to the child if age appropriate and to the child's caregiver.~~

~~5. Documentation addressing whether the psychotropic medication will replace or supplement any other currently prescribed medications or treatments; the length of time the child is expected to be taking the medication; and any additional medical, mental health, behavioral, counseling, or other services that the prescribing physician recommends.~~

~~(d)1. The department must notify all parties of the proposed action taken under paragraph (c) in writing or by~~

~~whatever other method best ensures that all parties receive notification of the proposed action within 48 hours after the motion is filed. If any party objects to the department's motion, that party shall file the objection within 2 working days after being notified of the department's motion. If any party files an objection to the authorization of the proposed psychotropic medication, the court shall hold a hearing as soon as possible before authorizing the department to initially provide or to continue providing psychotropic medication to a child in the legal custody of the department. At such hearing and notwithstanding s. 90.803, the medical report described in paragraph (c) is admissible in evidence. The prescribing physician need not attend the hearing or testify unless the court specifically orders such attendance or testimony, or a party subpoenas the physician to attend the hearing or provide testimony. If, after considering any testimony received, the court finds that the department's motion and the physician's medical report meet the requirements of this subsection and that it is in the child's best interests, the court may order that the department provide or continue to provide the psychotropic medication to the child without additional testimony or evidence. At any hearing held under this paragraph, the court shall further inquire of the department as to whether additional medical, mental health, behavioral, counseling, or other services are being provided to the child by the department which the prescribing physician considers to be necessary or beneficial in treating the child's medical condition and which the physician recommends or expects to provide to the child in concert with the medication. The court may order additional medical consultation, including consultation with the MedConsult line at the University of Florida, if available, or require the department to obtain a second opinion within a reasonable timeframe as established by the court, not to exceed 21 calendar days, after such order based upon consideration of the best~~

~~interests of the child. The department must make a referral for an appointment for a second opinion with a physician within 1 working day. The court may not order the discontinuation of prescribed psychotropic medication if such order is contrary to the decision of the prescribing physician unless the court first obtains an opinion from a licensed psychiatrist, if available, or, if not available, a physician licensed under chapter 458 or chapter 459, stating that more likely than not, discontinuing the medication would not cause significant harm to the child. If, however, the prescribing psychiatrist specializes in mental health care for children and adolescents, the court may not order the discontinuation of prescribed psychotropic medication unless the required opinion is also from a psychiatrist who specializes in mental health care for children and adolescents. The court may also order the discontinuation of prescribed psychotropic medication if a child's treating physician, licensed under chapter 458 or chapter 459, states that continuing the prescribed psychotropic medication would cause significant harm to the child due to a diagnosed nonpsychiatric medical condition.~~

~~2. The burden of proof at any hearing held under this paragraph shall be by a preponderance of the evidence.~~

~~(c)1. If the child's prescribing physician certifies in the signed medical report required in paragraph (c) that delay in providing a prescribed psychotropic medication would more likely than not cause significant harm to the child, the medication may be provided in advance of the issuance of a court order. In such event, the medical report must provide the specific reasons why the child may experience significant harm and the nature and the extent of the potential harm. The department must submit a motion seeking continuation of the medication and the physician's medical report to the court, the child's guardian ad litem, and all other parties within 3 working days after the department commences providing the medication to the child. The~~

~~department shall seek the order at the next regularly scheduled court hearing required under this chapter, or within 30 days after the date of the prescription, whichever occurs sooner. If any party objects to the department's motion, the court shall hold a hearing within 7 days.~~

~~2. Psychotropic medications may be administered in advance of a court order in hospitals, crisis stabilization units, and in statewide inpatient psychiatric programs. Within 3 working days after the medication is begun, the department must seek court authorization as described in paragraph (c).~~

~~(f)1. The department shall fully inform the court of the child's medical and behavioral status as part of the social services report prepared for each judicial review hearing held for a child for whom psychotropic medication has been prescribed or provided under this subsection. As a part of the information provided to the court, the department shall furnish copies of all pertinent medical records concerning the child which have been generated since the previous hearing. On its own motion or on good cause shown by any party, including any guardian ad litem, attorney, or attorney ad litem who has been appointed to represent the child or the child's interests, the court may review the status more frequently than required in this subsection.~~

~~2. The court may, in the best interests of the child, order the department to obtain a medical opinion addressing whether the continued use of the medication under the circumstances is safe and medically appropriate.~~

~~(g) The department shall adopt rules to ensure that children receive timely access to clinically appropriate psychotropic medications. These rules must include, but need not be limited to, the process for determining which adjunctive services are needed, the uniform process for facilitating the prescribing physician's ability to obtain the express and informed consent of a child's parent or guardian, the procedures~~

~~for obtaining court authorization for the provision of a  
psychotropic medication, the frequency of medical monitoring and  
reporting on the status of the child to the court, how the  
child's parents will be involved in the treatment planning  
process if their parental rights have not been terminated, and  
how caretakers are to be provided information contained in the  
physician's signed medical report. The rules must also include  
uniform forms to be used in requesting court authorization for  
the use of a psychotropic medication and provide for the  
integration of each child's treatment plan and case plan. The  
department must begin the formal rulemaking process within 90  
days after the effective date of this act~~Section 48. Section  
39.4071, Florida Statutes, is created to read:

39.4071 Use of psychotropic medication for children in out  
of-home placement.-

(1) LEGISLATIVE FINDINGS AND INTENT.-

(a) The Legislature finds that children in out-of-home  
placements often have multiple risk factors that predispose them  
to emotional and behavioral disorders and that they receive  
mental health services at higher rates and are more likely to be  
given psychotropic medications than children from comparable  
backgrounds.

(b) The Legislature also finds that the use of psychotropic  
medications for the treatment of children in out-of-home  
placements who have emotional and behavioral disturbances has  
increased over recent years. While the increased use of  
psychotropic medications is paralleled by an increase in the  
rate of the coadministration of two or more psychotropic  
medications, data on the safety and efficacy of many of the  
psychotropic medications used in children and research  
supporting the coadministration of two or more psychotropic  
medications in this population is limited.

(c) The Legislature further finds that significant  
challenges are encountered in providing quality mental health

care to children in out-of-home placements. Not uncommonly, children in out-of-home placements are subjected to multiple placements and many service providers, with communication between providers often poor, resulting in fragmented medical and mental health care. The dependable, ongoing therapeutic and caregiving relationships these children need are hampered by the high turnover among child welfare caseworkers and care providers. Furthermore, children in out-of-home placements, unlike children from intact families, often have no consistent interested party who is available to coordinate treatment and monitoring plans or to provide longitudinal oversight of care.

(d) The Legislature recognizes the important role the Guardian ad Litem Program has played in Florida's dependency system for the past 30 years serving the state's most vulnerable children through the use of trained volunteers, case coordinators, child advocates and attorneys. The program's singular focus is on the child and its mission is to advocate for the best interest of the child. It is often the guardian ad litem who is the constant in a child's life, maintaining consistent contact with the child, the child's caseworkers, and others involved with the child, including family, doctors, teachers, and service providers. Studies have shown that a child assigned a guardian ad litem will, on average, experience fewer placement changes than a child without a guardian ad litem. It is therefore the intent of the Legislature that children in out-of-home placements who may benefit from psychotropic medications receive those medications safely as part of a comprehensive mental health treatment plan requiring the appointment of a guardian ad litem whose responsibility is to monitor the plan for compliance and suitability as to the child's best interest.

(2) DEFINITIONS.—As used in this section, the term:

(a) "Behavior analysis" means services rendered by a provider who is certified by the Behavior Analysis Certification Board in accordance with chapter 393.



(b) "Obtaining assent" means a process by which a provider of medical services helps a child achieve a developmentally appropriate awareness of the nature of his or her condition, informs the child of what can be expected through tests and treatment, makes a clinical assessment of the child's understanding of the situation and the factors influencing how he or she is responding, and solicits an expression of the child's willingness to adhere to the proposed care. The mere absence of an objection by the child may not be construed as assent.

(c) "Comprehensive behavioral health assessment" means an in-depth and detailed assessment of the child's emotional, social, behavioral, and developmental functioning within the family home, school, and community. A comprehensive behavioral health assessment includes direct observation of the child in the home, school, and community, as well as in the clinical setting, and adheres to the requirements in the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.

(d) "Express and informed consent" means a process by which a provider of medical services obtains voluntary consent from a parent whose rights have not been terminated or a legal guardian of the child who has received full, accurate, and sufficient information and an explanation about the child's medical condition, medication, and treatment in order to enable the parent or guardian to make a knowledgeable decision without any element of fraud, deceit, duress, or other form of coercion.

(e) "Mental health treatment plan" means a plan that lists the particular mental health needs of the child and the services that will be provided to address those needs. If the plan includes prescribing psychotropic medication to a child in out-of-home placement, the plan must also include the information required under subsection (9).

(f) "Psychotropic medication" means a prescription

medication that is used for the treatment of mental disorders and includes, without limitation, hypnotics, antipsychotics, antidepressants, antianxiety agents, sedatives, stimulants, and mood stabilizers.

(3) APPOINTMENT OF GUARDIAN AD LITEM.—

(a) If not already appointed, a guardian ad litem shall be appointed by the court at the earliest possible time to represent the best interests of a child in out-of-home placement who is prescribed a psychotropic medication or is being evaluated for the initiation of psychotropic medication.

Pursuant to s. 39.820, the appointed guardian ad litem is a party to any judicial proceeding as a representative of the child and serves until discharged by the court.

(b) Pursuant to this section, the guardian ad litem shall participate in the development of the mental health treatment plan, monitor whether all requirements of the mental health treatment plan are being provided to the child, including counseling, behavior analysis, or other services, medications, and treatment modalities; and notice the court of the child's objections, if any, to the mental health treatment plan. The guardian ad litem shall prepare and submit to the court a written report every 45 days or as directed by the court, advising the court and the parties as to the status of the care, health, and medical treatment of the child pursuant to the mental health treatment plan and any change in the status of the child. The guardian ad litem must immediately notify parties as soon as a medical emergency of the child becomes known. The guardian ad litem shall ensure that the prescribing physician has been provided with all pertinent medical information concerning the child.

(c) The department and the community-based care lead agency shall notify the court and the guardian ad litem, and, if applicable, the child's attorney, in writing within 24 hours after any change in the status of the child, including, but not

limited to, a change in placement, a change in school, a change in medical condition or medication, or a change in prescribing physician, other service providers, counseling, or treatment scheduling.

(4) PSYCHIATRIC EVALUATION OF CHILD.—Whenever the department believes that a child in its legal custody may need psychiatric treatment, an evaluation must be conducted by a physician licensed under chapter 458 or chapter 459.

(5) EXPRESS AND INFORMED CONSENT AND ASSENT.—If, at the time of removal from his or her home, a child is being provided, or at any time is being evaluated for the initiation of, prescribed psychotropic medication under this section, express and informed consent and assent shall be sought by the prescribing physician.

(a) The prescribing physician shall obtain assent from the child, unless the prescribing physician determines that it is not appropriate. In making this assessment, the prescribing physician shall consider the capacity of the child to make an independent decision based on his or her age, maturity, and psychological and emotional state. If the physician determines that it is not appropriate, the physician must document the decision in the mental health treatment plan. If the physician determines it is appropriate and the child refuses to give assent, the physician must document the child's refusal in the mental health treatment plan.

1. Assent from a child shall be sought in a manner that is understandable to the child using a developmentally appropriate assent form. The child shall be provided with sufficient information, such as the nature and purpose of the medication, how it will be administered, the probable risks and benefits, alternative treatments and the risks and benefits thereof, and the risks and benefits of refusing or discontinuing the medication, and when it may be appropriately discontinued. Assent may be oral or written and must be documented by the

prescribing physician.

2. Oral assent is appropriate for a child who is younger than 7 years of age. Assent from a child who is 7 to 13 years of age may be sought orally or in a simple form that is written at the second-grade or third-grade reading level. A child who is 14 years of age or older may understand the language presented in the consent form for parents or legal guardians. If so, the child may sign the consent form along with the parent or legal guardian. Forms for parents and older children shall be written at the sixth grade to eighth-grade reading level.

3. In each case where assent is obtained, a copy of the assent documents must be provided to the parent or legal guardian and the guardian ad litem, with the original assent documents becoming a part of the child's mental health treatment plan and filed with the court.

(b) Express and informed consent for the administration of psychotropic medication may be given only by a parent whose rights have not been terminated or a legal guardian of the child who has received full, accurate, and sufficient information and an explanation about the child's medical condition, medication, and treatment in order to enable the parent or guardian to make a knowledgeable decision. A sufficient explanation includes, but need not be limited to, the following information, which must be provided and explained in plain language by the prescribing physician to the parent or legal guardian: the child's diagnosis, the symptoms to be addressed by the medication, the name of the medication and its dosage ranges, the reason for prescribing it, and its purpose or intended results; benefits, side effects, risks, and contraindications, including effects of not starting or stopping the medication; method for administering the medication and how it will be monitored; potential drug interactions; alternative treatments to psychotropic medication; a plan to reduce or eliminate ongoing medication when medically appropriate; the counseling,

behavioral analysis, or other services used to complement the use of medication, if applicable; and that the parent or legal guardian may revoke the consent at any time.

1. Express and informed consent may be oral or written and must be documented by the prescribing physician. If the department or the physician is unable to obtain consent from the parent or legal guardian, the reasons must be documented.

2. If express and informed consent is obtained, a copy of the consent documents must be provided to the parent or legal guardian and the guardian ad litem, with the original consent documents becoming a part of the child's mental health treatment plan and filed with the court.

(c) The informed consent of any parent whose whereabouts are unknown for 60 days, who is adjudicated incapacitated, who does not have regular and frequent contact with the child, who later revokes assent, or whose parental rights are terminated after giving consent, is invalid. If the informed consent of a parent becomes invalid, the department may seek informed consent from any other parent or legal guardian. If the informed consent provided by a parent whose parental rights have been terminated is invalid and no other parent or legal guardian gives informed consent, the department shall file a motion for the administration of psychotropic medication along with the motion for final judgment of termination of parental rights.

(d) If consent is revoked or becomes invalid the department shall immediately notify all parties and, if applicable, the child's attorney. Medication shall be continued until such time as the court rules on the motion.

(e) A medication may not be discontinued without explicit instruction from a physician as to how to safely discontinue the medication.

(6) ADMINISTRATION OF PSYCHOTROPIC MEDICATION TO A CHILD IN SHELTER CARE OR IN FOSTER CARE WHEN INFORMED CONSENT HAS NOT BEEN OBTAINED.—

(a) Motion for court authorization for administration of psychotropic medications.

1. If a physician who has evaluated the child prescribes psychotropic medication as part of the mental health treatment plan and the child's parents or legal guardians have not provided express and informed consent as provided by law or such consent is invalid as set forth in paragraph (5)(c), the department or its agent shall file a motion with the court within 3 working days to authorize the administration of the psychotropic medication before the administration of the medication, except as provided in subsection (7). In each case in which a motion is required, the motion must include:

a. A written report by the department describing the efforts made to enable the prescribing physician to obtain express and informed consent and describing other treatments attempted, considered, and recommended for the child; and

b. The prescribing physician's completed and signed mental health treatment plan.

2. The department must file a copy of the motion with the court and, within 48 hours after filing the motion, notify all parties in writing, or by whatever other method best ensures that all parties receive notification, of its proposed administration of psychotropic medication to the child.

3. If any party objects to the proposed administration of the psychotropic medication to the child, that party must file its objection within 2 working days after being notified of the department's motion. A party may request an extension of time to object for good cause shown if such extension would be in the best interests of the child. Any extension must be for a specific number of days not to exceed the time absolutely necessary.

4. Lack of assent from the child is deemed a timely objection from the child.

(b) Court action on motion for administration of

psychotropic medication.

1. If no party timely files an objection to the department's motion and the motion is legally sufficient, the court may enter its order authorizing the proposed administration of the psychotropic medication without a hearing. Based on its determination of the best interests of the child, the court may order additional medical consultation, including consultation with the MedConsult line at the University of Florida, if available, or require the department to obtain a second opinion within a reasonable time established by the court, not to exceed 21 calendar days. If the court orders an additional medical consultation or second medical opinion, the department shall file a written report including the results of this additional consultation or a copy of the second medical opinion with the court within the time required by the court, and serve a copy of the report on all parties.

2. If any party timely files its objection to the proposed administration of the psychotropic medication, the court shall hold a hearing as soon as possible on the department's motion.

a. The signed mental health treatment plan of the prescribing physician is admissible in evidence at the hearing.

b. The court shall ask the department whether additional medical, mental health, behavior analysis, counseling, or other services are being provided to the child which the prescribing physician considers to be necessary or beneficial in treating the child's medical condition and which the physician recommends or expects to be provided to the child along with the medication.

3. The court may order additional medical consultation or a second medical opinion, as provided in this paragraph.

4. After considering the department's motion and any testimony received, the court may enter its order authorizing the department to provide or continue to provide the proposed psychotropic medication. The court must find a compelling

governmental interest that the proposed psychotropic medication is in the child's best interest. In so determining the court shall, at a minimum, consider the following factors:

a. The severity and likelihood of risks associated with the treatment.

b. The magnitude and likelihood of benefits expected from the treatment.

c. The child's prognosis without the proposed psychotropic medication.

d. The availability and effectiveness of alternative treatments.

e. The wishes of the child concerning treatment alternatives.

f. The recommendation of the parents or legal guardian.

g. The recommendation of the guardian ad litem.

(7) ADMINISTRATION OF PSYCHOTROPIC MEDICATION TO A CHILD IN OUT-OF-HOME CARE BEFORE COURT AUTHORIZATION HAS BEEN OBTAINED.-  
The department may provide continued administration of psychotropic medication to a child before authorization by the court has been obtained only as provided in this subsection.

(a) If a child is removed from the home and taken into custody under s. 39.401, the department may continue to administer a current prescription of psychotropic medication; however, the department shall request court authorization for the continued administration of the medication at the shelter hearing. This request shall be included in the shelter petition.

1. The department shall provide all information in its possession to the court in support of its request at the shelter hearing. The court may authorize the continued administration of the psychotropic medication only until the arraignment hearing on the petition for adjudication, or for 28 days following the date of the child's removal, whichever occurs first.

2. If the department believes, based on the required physician's evaluation, that it is appropriate to continue the



psychotropic medication beyond the time authorized by the court at the shelter hearing, the department shall file a motion seeking continued court authorization at the same time that it files the dependency petition, but within 21 days after the shelter hearing.

(b) If the department believes, based on the certification of the prescribing physician, that delay in providing the prescribed psychotropic medication would, more likely than not, cause significant harm to the child, the department shall administer the medication immediately. The department must submit a motion to the court seeking continuation of the medication within 3 working days after the department begins providing the medication to the child.

1. The motion seeking authorization for the continued administration of the psychotropic medication must include all information required in this section. The required medical report must also include the specific reasons why the child may experience significant harm, and the nature and the extent of the potential harm, resulting from a delay in authorizing the prescribed medication.

2. The department shall serve the motion on all parties within 3 working days after the department begins providing the medication to the child.

3. The court shall hear the department's motion at the next regularly scheduled court hearing required by law, or within 30 days after the date of the prescription, whichever occurs first. However, if any party files an objection to the motion, the court must hold a hearing within 7 days.

(c) The department may authorize, in advance of a court order, the administration of psychotropic medications to a child in its custody in a hospital, crisis stabilization unit or receiving facility, therapeutic group home, or statewide inpatient psychiatric program. If the department does so, it must file a motion to seek court authorization for the continued

administration of the medication within 3 working days as required in this section.

(d) If a child receives a one-time dose of a psychotropic medication during a crisis, the department shall provide immediate notice to all parties and to the court of each such emergency use.

(8) DISCONTINUATION OR ALTERATION OF MEDICATION; DESTRUCTION OF MEDICATION.—A party may not alter the provision of prescribed psychotropic medication in any way except upon order of the court or advice of a physician.

(a) On the motion of any party or its own motion, the court may order the discontinuation of a medication already prescribed. Such discontinuation must be performed in consultation with a physician in such a manner as to minimize risk to the child.

(b) The child's repeated refusal to take or continue to take a medication shall be treated as a motion to discontinue the medication and shall be set for hearing as soon as possible but within 7 days after knowledge of such repeated refusal.

(c) Upon any discontinuation of a medication, the department shall document the date and reason for the discontinuation and notify all parties. The guardian ad litem must be notified within 24 hours as previously provided herein.

(d) The department shall ensure the destruction of any medication no longer being taken by the prescribed child.

(9) DEVELOPMENT OF MENTAL HEALTH TREATMENT PLAN.—Upon the determination that a child needs mental health services, a mental health treatment plan must be developed which lists the particular mental health needs of the child and the services that will be provided to address those needs. If possible, the plan shall be developed in a face-to-face conference with the child, the child's parents, case manager, physician, therapist, legal guardian, guardian ad litem, and any other interested party. The mental health treatment plan shall be incorporated

into the case plan as tasks for the department and may be amended under s. 39.6013.

(a) If the mental health treatment plan involves the provision of psychotropic medication, the plan must include:

1. The name of the child, a statement indicating that there is a need to prescribe psychotropic medication based upon a diagnosed condition for which there is an evidence base for the medication that is being prescribed, a statement indicating the compelling governmental interest in prescribing the psychotropic medication, and the name and range of the dosage of the psychotropic medication.

2. A statement indicating that the physician has reviewed all medical information concerning the child which has been provided by the department or community-based care lead agency and briefly listing all information received.

3. A medication profile, including all medications the child is prescribed or will be prescribed, any previously prescribed medications if known, and whether those medications are being added, continued, or discontinued upon implementation of the mental health treatment plan.

4. A statement indicating that the psychotropic medication, at its prescribed dosage, is appropriate for treating the child's diagnosed medical condition, as well as the behaviors and symptoms that the medication, at its prescribed dosage, is expected to address.

5. An explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication, including procedures for reporting adverse effects; drug-interaction precautions; the possible effects of stopping or not initiating the medication; and how the treatment will be monitored, followed by a statement indicating that this explanation was provided to the child if developmentally appropriate and to the child's caregiver.

6. Documentation addressing whether the psychotropic

medication will replace or supplement any other currently prescribed medications or treatments; the length of time the child is expected to be taking the medication; a plan for the discontinuation of any medication if medically appropriate; and any additional medical, mental health, behavioral, counseling, or other services that the prescribing physician recommends as part of a comprehensive treatment plan.

7. A document describing those observable behaviors warranting psychotropic treatment, the means for obtaining reliable frequency data on these same observable behaviors, and the reporting of this data with sufficient frequency to support medication decisions.

(b) The department shall develop and administer procedures to require the caregiver and prescribing physician to report any adverse side effects of the medication to the department or its designee and the guardian ad litem. Any adverse side effects must be documented in the mental health treatment plan and medical records for the child.

(10) REVIEW FOR ADMINISTRATION OF PSYCHOTROPIC MEDICATION FOR CHILDREN FROM BIRTH THROUGH 10 YEARS OF AGE IN OUT-OF-HOME CARE.—

(a) Absent a finding of a compelling state interest, a psychotropic medication may not be authorized by the court for any child from birth through 10 years of age who is in out-of-home placement. Based on a finding of a compelling state interest but before a psychotropic medication is authorized by the court for such child, a review of the administration must be obtained from a child psychiatrist who is licensed under chapter 458 or chapter 459. The results of this review must be provided to the child and the parent or legal guardian before final express and informed consent is given.

(b) In advance of a court order, the department may authorize the administration of psychotropic medications to a child from birth through 10 years of age in its custody in the

following levels of residential care:

1. Hospital;
2. Crisis stabilization unit or receiving facility;
3. Therapeutic group home; or
4. Statewide inpatient psychiatric program.

These levels of care demonstrate the requirement of a compelling state interest through the extensive admission criteria being met. If the department does so, it must file a motion to seek court authorization for the continued administration of the medication within 3 working days.

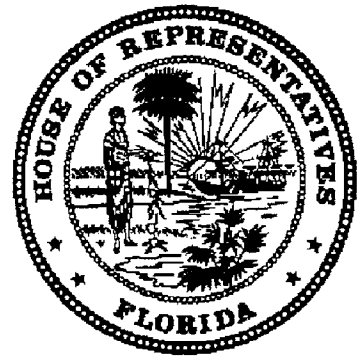
(c) If a child receives a one-time dose of a psychotropic medication during a crisis, the department shall provide immediate notice to all parties and to the court of each such emergency use.

(11) CLINICAL TRIALS.—A child in the custody of the department may not participate in a clinical trial that is designed to develop new psychotropic medications or evaluate their application to children.

(12) JUDICIAL REVIEW HEARINGS.—The department shall fully inform the court of the child's medical and behavioral status as part of the social services report prepared for each judicial review hearing held for a child for whom psychotropic medication has been prescribed or provided under this subsection. As a part of the information provided, the department shall furnish copies of all pertinent medical records concerning the child which have been generated since the previous hearing. On its own motion or on good cause shown by any party, including any guardian ad litem, attorney, or attorney ad litem who has been appointed to represent the child or the child's interests, the court may review the status more frequently than required under this subsection.

(13) ADOPTION OF RULES.—The department may adopt rules to ensure that children receive timely access to mental health

749 services, including, but not limited to, clinically appropriate  
 750 psychotropic medications. These rules must include, but need not  
 751 be limited to, the process for determining which adjunctive  
 752 services are needed, the uniform process for facilitating the  
 753 prescribing physician's ability to obtain the express and  
 754 informed consent of a child's parent or legal guardian, the  
 755 procedures for obtaining court authorization for the provision  
 756 of a psychotropic medication, the frequency of medical  
 757 monitoring and reporting on the status of the child to the  
 758 court, how the child's parents will be involved in the  
 759 treatment-planning process if their parental rights have not  
 760 been terminated, and how caretakers are to be provided  
 761 information contained in the physician's signed mental health  
 762 treatment plan. The rules must also include uniform forms or  
 763 standardized information to be used on a statewide basis in  
 764 requesting court authorization for the use of a psychotropic  
 765 medication and provide for the integration of each child's  
 766 mental health treatment plan and case plan. The department must  
 767 begin the formal rulemaking process within 90 days after July 1,  
 768 2010.



## **State Budget Conference Chairs**

**Bump Issues  
Senate Offer #8**

**Monday, April 26, 2010**

**SUPPLEMENT TO**

**Health and Human Services Appropriations**

**PROVISO**

**HB 530 and CS/CS/SB 1464**

**212 Knott Building**

**Webster Hall**

HEALTH CARE APPROPRIATIONS AND HEALTH AND HUMAN SERVICES APPROPRIATIONS

PROVISO - SENATE BUMP OFFER #1

OFFER REVISED PROVISO

205 SPECIAL CATEGORIES  
PRESCRIBED MEDICINE/DRUGS

The agency shall issue an Invitation to Negotiate for Hillsborough and Pinellas counties for a pharmacy or pharmacies to provide mail order delivery services at no cost to the patients who elect to receive their drugs in this manner for patients with chronic disease states including, but not limited to, congestive heart failure, diabetes, HIV/AIDS, patients suffering from end stage renal disease or cancer in order to assist Medicaid patients in securing prescriptions and to reduce program costs. Alzheimer’s disease drugs shall not be included in the invitation to negotiate.



**Health Care Appropriations/Health and Human Services Appropriations  
Fiscal Year 2010-2011  
Medicaid Services**

<b>HB 5301- House Bump Issues</b>	<b>Comments</b>	<b>CS/CS/SB 1464 Senate Bump Offer #1 Revised</b>
	<b>Offer Senate</b>	<b>Section 11.</b> Creates an undesignated section of law to require Medicaid managed care plans and provider service networks to include in their provider network any pharmacy, which is located in a rural county willing to accept the reimbursement terms and conditions established by the managed care plan. Rural county is defined as any county with a population of less than 200,000 according to the 2000 official census.

**Amended or New Provisions**

<b>HB 5301- House Bump Issues</b>	<b>Comments</b>	<b>CS/CS/SB 1464 Senate Bump Issues Revised</b>
<u>(s. 400.179, F.S.) By March 31 of each year, the agency shall assess the cumulative fees collected under this subparagraph, minus any amounts used to repay nursing home Medicaid overpayments and amounts transferred to contribute to the General Revenue Fund pursuant to s. 215.20. If the net cumulative collections, minus amounts utilized to repay nursing home Medicaid overpayments, exceed \$25 million, the provisions of this paragraph shall not apply for the subsequent fiscal year.</u>	<b>Concur - House</b>	
<b><u>Undesignated Section of Statute</u></b>  <u>Notwithstanding s. 430.707, Florida Statutes, and subject to federal approval of the application to be a site for the Program of All Inclusive Care for the Elderly, the Agency for Health Care Administration shall contract with one private health care organization, the sole member of which is a private, not-for-profit corporation that owns and manages health care organizations which provide comprehensive services, including</u>	<b>Concur - House</b>	

**Health Care Appropriations/Health and Human Services Appropriations  
Fiscal Year 2010-2011  
Medicaid Services**

<b>HB 5301- House Bump Issues</b>	<b>Comments</b>	<b>CS/CS/SB 1464 Senate Bump Issues Revised</b>
<u>hospice and palliative care services, to frail and elderly persons residing in Polk, Highlands, Hardee, and Hillsborough counties. Such an entity shall be exempt from the requirements of chapter 641, Florida Statutes. The agency, in consultation with the Department of Elder Affairs and subject to appropriation, shall approve up to 150 initial enrollees in the Program of All Inclusive Care for the Elderly established by this organization to serve persons in Polk, Highlands, and Hardee counties.</u>		
<p><b><u>Undesignated Section Statute</u></b></p> <p><u>Notwithstanding s. 430.707, Florida Statutes, and subject to federal approval of an application for expansion to a new site, the Agency for Health Care Administration shall contract with an Organized Health Care Delivery System (OHCDS) in Dade County that currently offers benefits pursuant to the Program to All-inclusive Care for the Elderly, to provide comprehensive services to frail and elderly persons residing in Southwest Miami-Dade County. Such an entity shall be exempt from the requirements of chapter 641, Florida Statutes. The agency, in consultation with the Department of Elder Affairs and subject to appropriation, shall approve up to 50 initial enrollees in the Program of All-inclusive Care for the Elderly established by this organization to serve persons in Southwest Miami-Dade Counties.</u></p>	<b>Concur - House</b>	

**Health Care Appropriations/Health and Human Services Appropriations  
Fiscal Year 2010-2011  
Medicaid Services**

<b>HB 5301- House Bump Issues</b>	<b>Comments</b>	<b>CS/CS/SB 1464 Senate Bump Issues Revised</b>
	<b>Offer Senate</b>	<b>Low Income Pool Funds/Jackson Memorial Hospital – Language Pending</b>