	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - PHYSICIAN SERVICES		279,334,635		296,148,090				296,148,090			ACT4230
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		9,940,320		10,006,416				10,006,416			
OUTPUT STANDARD		9,940,320		10,006,416				10,006,416			
COST PER UNIT OF OUTPUT		28.10		29.60				29.60			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: WOMEN AND CHILDREN/FEE FOR SERVICE/MEDIPASS - PHYSICIAN SERVICES

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: 850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To pay physicians for medically necessary services rendered to Medicaid beneficiaries according to the approved fee schedule. MediPass primary care providers approve most services for their assigned beneficiaries and are additionally paid a case management capitated fee for this utilization control.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Monitoring of MediPass primary care physicians and service referrals; manual review of claims for pricing, if needed; and prior authorization of out-of-state and certain other in-state services.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Implementation of a 4% fee increase for services provided to beneficiaries ages 0-20 effective April 1, 2002 for acute care health practitioners.

4. CUSTOMERS/NUMBER SERVED: 1,463,212 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $296,148,090 in funding for this activity in order to purchase physician services for medically necessary services rendered to Medicaid beneficiaries. MediPass primary care providers approve most services for their assigned beneficiaries and are additionally paid a case management capitated fee for this utilization control. This funding will allow the purchase of approximately 10,006,416 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - PHYSICIAN SERVICES projections.											ACT4230

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - HOSPITAL OUTPATIENT		190,006,094		217,945,743		890,329		217,945,743			ACT4240
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		9,940,320		10,006,416				10,006,416			
OUTPUT STANDARD		9,940,320		10,006,416				10,006,416			
COST PER UNIT OF OUTPUT		19.11		21.78				21.78			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: WOMEN AND CHILDREN/FEE FOR SERVICE/MEDIPASS - HOSPITAL OUTPATIENT

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To furnish medically necessary outpatient hospital services and emergency treatment to Florida Medicaid beneficiaries statewide when such care is needed and the level of care is such that the more costly inpatient setting is not required.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: This activity involves policy development to inform hospital providers what is covered or not covered by Medicaid for the outpatient setting. It involves the payment of claims by the fiscal agent contractor in accordance with outpatient hospital policy.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Outpatient care and emergency treatment can be accessed by eligible Florida Medicaid beneficiaries who do not need the higher inpatient level of care, but who require single day medically necessary services.

4. CUSTOMERS/NUMBER SERVED: 1,463,212 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $217,945,743 in funding for this activity in order to purchase medically necessary outpatient hospital services and emergency treatment for Medicaid beneficiaries when such care is needed and the level of care is such that a more costly inpatient setting is not required. This funding will allow the purchase of approximately 10,006,416 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - HOSPITAL OUTPATIENT											ACT4240

adjusted by future Social Services Estimating Conference projections.

This activity is impacted by the restoration of a Lung Cancer Screening Pilot Project. Lung cancer kills more people each year than breast, colon, and prostate cancer combined. More than 90 million Americans are at risk, mostly from smoking. The issue will restore the funding for an early-warning test called spiral CT, a sensitive type of CAT scan. The estimated cost for this type of scan is $300. This issue requests $1,744,186 in funding to continue to provide this services to an estimated 4,000 Medicaid beneficiaries statewide. $890,329 in funding would be added to this activity based on this issue.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - SUPPLEMENTAL MEDICAL INSURANCE											ACT4250
		504,493		667,709				667,709			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		9,540		11,808				11,808			
OUTPUT STANDARD		9,540		11,808				11,808			
COST PER UNIT OF OUTPUT		52.88		56.55				56.55			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:

ACTIVITY: WOMEN AND CHILDREN/FEE FOR SERVICE/MEDIPASS - SUPPLEMENTAL MEDICAL INSURANCE

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To pay the Medicare Part B Supplemental Medical insurance premium for individuals eligible for both Medicare and Medicaid.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: To ensure Medicaid/Medicare eligibles have access to Medicare Part B coverages.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: This activity involves payment of claims for Part B premiums sent to the state by the federal government.

4. CUSTOMERS/NUMBER SERVED: 984 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

The Agency requests the continuation of this activity at the current level of funding in order to pay Medicare Part B Supplemental Medical insurance premiums for individuals eligible for both Medicare and Medicaid. $667,709 in funding will provide an estimated 11,808 months of these Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT		99,177,232		100,967,328				100,967,328			ACT4260
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		7,212,192		7,316,844				7,316,844			
OUTPUT STANDARD		7,212,192		7,316,844				7,316,844			
COST PER UNIT OF OUTPUT		13.75		13.80				13.80			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:

ACTIVITY: WOMEN AND CHILDREN/FEE FOR SERVICE/MEDIPASS - EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Medicaid Child Health Check-Ups provide a comprehensive, preventive health check-up on a regularly scheduled basis; identification and correction of medical conditions before the condition becomes serious and disabling; and an entry into the health care system and access to a medical home.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: A Child Health Check-Up includes the assessment and documentation of a comprehensive health and developmental history; nutritional and developmental assessment; physical examination; dental screening; vision and hearing screening; laboratory tests; appropriate immunizations; health education; diagnosis and treatment; and referral and follow-up.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: The Child Health Check-Up program continues to increase each year the number of children who have had a check-up. Ongoing outreach activities have helped to increase the awareness of the importance of regular check-ups. The Child Health Check-Up Program has disseminated some 20 different media materials statewide on the importance of the health and safety of children.

4. CUSTOMERS/NUMBER SERVED: 609,737 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

The Agency requests the continuation of this activity at the current level of funding in order to pay for

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT											ACT4260

preventive health check-ups on a regularly scheduled basis. This service includes the assessment and documentation of comprehensive health and developmental history; nutritional and developmental assessments; physical examinations, dental screenings, vision and hearing screening, lab tests, appropriate immunizations, health education, diagnosis and treatment and referral and follow up. $100,967,328 in funding will provide an estimated 7,316,844 months of these Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - PATIENT TRANSPORTATION		15,204,492		16,145,726				16,145,726			ACT4270
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		9,940,320		10,006,416				10,006,416			
OUTPUT STANDARD		9,940,320		10,006,416				10,006,416			
COST PER UNIT OF OUTPUT		1.53		1.61				1.61			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: WOMEN AND CHILDREN/FEE FOR SERVICE/MEDIPASS - PATIENT TRANSPORTATION

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To furnish transportation to beneficiaries who require Medicaid covered services but have no means to get to the place of service.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: All transportation, except for emergencies, must be prior authorized and provided by an enrolled provider that is under contract with the Community Transportation Coordinator, and must be the least expensive and the most appropriate method of transportation available. Beneficiaries must pay a $1 co-payment for each one-way trip, unless the beneficiary is exempt.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Ensures that beneficiaries without individual or communal means of transportation may continue to access medically necessary services covered by Medicaid.

4. CUSTOMERS/NUMBER SERVED: 1,463,212 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests the continuation of this activity at the current level of funding in order to provide transportation services to beneficiaries who require Medicaid covered services, but have no means to get to the place of service. $16,145,726 in funding will provide an estimated 10,006,416 months of these Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - CASE MANAGEMENT		6,792,256		6,685,282				6,685,282			ACT4280
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		242,868		240,528				240,528			
OUTPUT STANDARD		242,868		240,528				240,528			
COST PER UNIT OF OUTPUT		27.97		27.79				27.79			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: WOMEN AND CHILDREN/FEE FOR SERVICE/MEDIPASS - CASE MANAGEMENT

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Reimburse eligible providers for the assessment of the need for services, development of the plan of care, and arrangement for the delivery of needed services.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Provider submits claims and is reimbursed for care provided.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Beneficiaries receive assistance from care manager in planning and obtaining Medicaid services.

4. CUSTOMERS/NUMBER SERVED: 1,463,212 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests the continuation of this activity at the current level of funding in order to reimburse case management providers for the assessment of the need for services, development of plans of care, and arrangement for the delivery of services needed. $6,685,282 in funding will provide an estimated 240,528 months of these Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - HOME HEALTH SERVICES		9,924,038		10,646,874		359,238		10,646,874			ACT4290
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		9,940,320		10,006,416				10,006,416			
OUTPUT STANDARD		9,940,320		10,006,416				10,006,416			
COST PER UNIT OF OUTPUT		1.00		1.06				1.06			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: WOMEN AND CHILDREN/FEE FOR SERVICE/MEDIPASS - HOME HEALTH SERVICES

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Reimburse participating home health agencies for medically necessary nursing and home health aide services provided to eligible beneficiaries whose medical condition, illness or injury requires the care to be delivered in the beneficiary's place of residence.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Services must be provided in accordance with Medicaid policy as presented in the Medicaid Home Health Services and Limitations Handbook that is incorporated into rule. Services must be authorized as medically necessary by the Medicaid Peer Review Organization.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Provides access to medically necessary home health services for persons who meet Medicaid eligibility requirements.

4. CUSTOMERS/NUMBER SERVED: 1,463,212 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $10,646,874 in funding for this activity in order to reimburse participating home health agencies for medically necessary nursing and home health aide services provided to eligible beneficiaries whose medically condition, illness or injury requires the care to be deliver in the beneficiaries place of residence. This funding will allow the purchase of approximately 10,006,416 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - HOME HEALTH SERVICES											ACT4290

Conference projections.

This funding request is impacted by the restoration of fee increases for Home Health providers. The average reimbursement rate for Florida Medicaid home health providers is substantially below Medicaid provider rate in other southeastern states and Medicare. The 2001 Legislature authorized an 11% fee increase for nursing visits and a 13% increase for home health aide visits effective January 1, 2002. This was the first fee increase since 1987. The Fiscal Year 2002-03 General Appropriations Act includes non-recurring funding to continue this increase through June 30, 2003. This issue proposes to maintain the increased reimbursement levels in the 2003-04 Fiscal Year by restoring $359,238 to this activity.

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	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - THERAPEUTIC SERVICES FOR CHILDREN											ACT4310
		124,635,888		124,459,854				124,459,854			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		7,212,192		7,316,844				7,316,844			
OUTPUT STANDARD		7,212,192		7,316,844				7,316,844			
COST PER UNIT OF OUTPUT		17.28		17.01				17.01			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:

ACTIVITY: WOMEN AND CHILDREN/FEE FOR SERVICE/MEDIPASS - THERAPEUTIC SERVICES FOR CHILDREN

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Provides a wide array of community outpatient mental health services, targeted case management and community-based residential treatment services in therapeutic foster homes to assist children and families in resolving mental health issues that interfere with the child's functioning at home, in school or in the community. These services also serve to prevent the need for more intensive, more restrictive residential mental health placements.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Therapy treatments must be prescribed by the beneficiary's primary care physician and be provided by a licensed therapist or assistant supervised by a licensed therapist. The provider conducts an evaluation of the beneficiary, writes a plan of care for the beneficiary, performs the needed therapy, and provides reevaluations and revisions of the plan of care as needed or every six months.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Treatments are provided to beneficiaries statewide to enhance the beneficiary's quality of life and provide medically necessary therapy.

4. CUSTOMERS/NUMBER SERVED: 609,737 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

The Agency requests $124,459,854 in continuation funding for this activity in order to provide a wide array of community outpatient mental health services, target case management and community-based residential

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - THERAPEUTIC SERVICES FOR CHILDREN											ACT4310

treatment services in therapeutic foster homes to assist children and families in resolving mental health issues that interfere with the child's functioning at home, in school or in the community. This funding will allow the purchase of approximately 7,316,844 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - SCHOOL BASED SERVICES		41,718,067		50,000,000				50,000,000			ACT4320
UNIT COST MEASURE: Number of case months and Medicaid program services purchased											
ANTICIPATED DEMAND		7,212,192		7,316,844				7,316,844			
OUTPUT STANDARD		7,212,192		7,316,844				7,316,844			
COST PER UNIT OF OUTPUT		5.78		6.83				6.83			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: WOMEN AND CHILDREN/FEE FOR SERVICE/MEDIPASS - SCHOOL-BASED SERVICES

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To maximize federal reimbursement under Title XIX, Medicaid, by utilizing local school district and state funds as the state share of Medicaid payment. There is no Medicaid general revenue used for the program.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Ongoing technical assistance to school districts to ensure that Medicaid billings are accurate, avoiding any federal recoupment.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Increasing federal reimbursement to school district from $12,000 for CY 1996 to $50 million in CY 2001.

4. CUSTOMERS/NUMBER SERVED: Fee for service, approximately 40,000. Administrative claiming is measured and billed by activities, not customers.

5. COUNTIES SERVED: All counties except St. Johns and Santa Rosa. School district participation is voluntary.

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $50,000,000 in continuation funding for this activity. By utilizing local school districts and state funds as the state share of Medicaid payments, federal funds are maximized under Title XIX. There is no state general revenue utilized in this program. Ongoing technical assistance is provided to school districts throughout the state (excluding St. Johns and Santa Rosa counties) to ensure Medicaid billings are accurate and maximize federal reimbursement. This funding will allow the purchase of approximately 7,316,844 case months of Medicaid services. Funding for this activity is based upon cost

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - SCHOOL BASED SERVICES											ACT4320

projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - CLINIC SERVICES											ACT4330
		41,920,831		47,501,150				47,501,150			
UNIT COST MEASURE: Number of case months and Medicaid program services purchased											
ANTICIPATED DEMAND		9,940,320		10,006,416				10,006,416			
OUTPUT STANDARD		9,940,320		10,006,416				10,006,416			
COST PER UNIT OF OUTPUT		4.22		4.75				4.75			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:

ACTIVITY: WOMEN AND CHILDREN/FEE FOR SERVICE/MEDIPASS - CLINIC SERVICES

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To reimburse Medicaid authorized services rendered to eligible beneficiaries in hospital-owned clinic settings, excluding primary care services or physician office type of services. Limit reimbursement to outpatient hospital program limits.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Process includes the submittal of claims by eligible providers and fiscal agent reimbursement of such as directed by program policy.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Provides access to outpatient/clinic care.

4. CUSTOMERS/NUMBER SERVED: 1,463,212 potential beneficiaries

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

The Agency requests $47,501,150 in continuation funding for this activity in order to provide Medicaid services to eligible beneficiaries in hospital-owned clinic settings, excluding primary care services or physician office type of services. This funding will allow the purchase of approximately 10,006,416 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - OTHER											ACT4340
		150,303,731		160,520,758		3,459,506		161,764,180			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		9,940,320		10,006,416				10,006,416			
OUTPUT STANDARD		9,940,320		10,006,416				10,006,416			
COST PER UNIT OF OUTPUT		15.12		16.04				16.17			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:

ACTIVITY: WOMEN AND CHILDREN/FEE FOR SERVICE/MEDIPASS - OTHER

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Reimburses enrolled providers for other medically indicated services for women and children Medicaid beneficiaries. Services include: adult dental, visual and hearing; community mental health; family planning; Healthy Start; birth centers; nurse practitioner; physician assistant; other lab and x-ray; physical, speech, occupational and respiratory therapies for children; and developmental evaluation and early intervention for children.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Services must be provided in accordance with Medicaid policy as presented in the appropriate services' Coverage and Limitations Handbook that is incorporated into rule. Payment is made according to the service-specific fee schedule. Suspended claims are manually reviewed by agency claims resolution staff.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: The cost-effective administration of the Florida Medicaid program.

4. CUSTOMERS/NUMBER SERVED: 1,463,212 potential beneficiaries

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

The Agency requests $161,764,180 in funding for this activity in order to reimburse enrolled providers for other medically indicated services for women and children Medicaid beneficiaries. Services include: adult dental, visual and hearing; community mental health; family planning; Healthy Start; birth centers; nurse practitioner; physician assistant; other lab and x-ray; physical, speech, occupational, and respiratory therapies for children; and developmental evaluations and early intervention for children. This funding

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
WOMEN AND CHILDREN/FEE FOR SERVICE / MEDIPASS - OTHER											ACT4340

will allow the purchase of approximately 10,006,416 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

This funding request represents an approximate .77% increase over the prior year funding need. This activity is impacted by Agency requests to restore Adult Dental, Visual, and Hearing services as well as Medical Foster Care Expansion.

Adult dental, visual, and hearing services are optional services covered by Florida Medicaid. Dental services cover medically necessary emergency dental procedures to alleviate pain or infection. Visual services include eyeglasses and dispensing services and related repairs. Hearing services include hearing evaluations and hearing aids, as well as dispensing and related repairs. The General Appropriations Act for Fiscal Year 2002-03 provides non-recurring funding for these services. $3,459,506 in funding will be added to this activity based on this issue. This funding is required in Fiscal Year 2003-04 to continue this coverage.

The expansion of the Medical Foster Care Program in Tampa, Orlando, Jacksonville, Lakeland, West Palm Beach, Ft. Lauderdale and Ft. Myers will add an additional 264 beds serving approximately 330 additional children. This will bring the statewide total of Medical Foster Care beds to 444 providing 555 children with services in Medical Foster Care homes. This issue will add $1,243,422 in funding to this activity.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - HOSPITAL INPATIENT											ACT4510
		95,819,692		116,181,299		83,088,758		87,570,026			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		246,972		280,488				280,488			
OUTPUT STANDARD		246,972		280,488				280,488			
COST PER UNIT OF OUTPUT		387.98		414.21				312.21			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: MEDICALLY NEEDY - HOSPITAL INPATIENT

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To furnish inpatient hospital services to Medicaid beneficiaries statewide when medically necessary.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Inpatient services must be prior authorized by a peer review organization (PRO) or PRO-like entity. This requires hospital providers to request authorization from the PRO for the issuance of a prior authorization number, which, when entered on the hospital claim form, will enable payment of all medically necessary hospital days.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Medically necessary inpatient hospital services are furnished to Medicaid beneficiaries who need them. The process of prior authorization ensures that the inpatient services reimbursed by Medicaid are medically necessary.

4. CUSTOMERS/NUMBER SERVED: 23,374 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $87,570,026 in funding for this activity in order to furnish inpatient hospital services to Medicaid beneficiaries statewide when medically necessary. Inpatient services must be prior authorized. This funding will allow the purchase of approximately 280,488 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - HOSPITAL INPATIENT											ACT4510

This funding request represents an approximate 24.6% decrease over the prior year funding need. This activity is impacted by Agency requests to restore funding for the Medically Needy program. The General Appropriations Act for Fiscal Year 2002-03 provides non-recurring funding for Medicaid coverage for adults in the Medically Needy program and for changes in the program effective May 1, 2003, that will increase the monthly income limit to $450 and require that Medicaid not reimburse providers for any medical costs used by the beneficiary to meet his or her share of cost (spend down) to become eligible. This issue is requesting the restoration of funding to continue coverage for adults under the program as converted effective May 1, 2003. The issue will increase spending in this activity by $54,477,485 after the program conversion.

Chapter 2002-400, Laws of Florida amends section 409.904, Florida Statutes effective May 1, 2003, to increase by $270 the income disregards for children, pregnant women, and aged, blind and disabled persons used to determine if persons are eligible for the Medically Needy program. In addition, this law eliminates Medicaid reimbursement of any expense that was used to meet the share of cost in accordance with the federal requirement. The increase in the amount of income disregarded for the Medically Needy program will provide individuals with $450 for his or her living expenses such as food, shelter and clothing; the current standard requires them to spend down their income with expenses not covered by Medicaid to $180.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - PRESCRIBED MEDICINES											ACT4520
		98,714,330		128,860,739		113,850,537		89,656,773			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		246,972		280,488				280,488			
OUTPUT STANDARD		246,972		280,488				280,488			
COST PER UNIT OF OUTPUT		399.70		459.42				319.65			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: MEDICALLY NEEDY - PRESCRIBED MEDICINES

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: George Kitchens, Division of Medicaid, Bureau of Pharmacy Services
TELEPHONE: (850) 487-4441

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Reimburse participating pharmacies for prescription drugs dispensed to Medically Needy Medicaid beneficiaries enrolled in Medicaid fee for service or MediPass programs statewide. Prescriptions not on the Medicaid preferred drug list must be prior approved. A limit of four brand name drugs per month is in effect for adults age 21 or older with some exceptions.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Negotiate state supplemental rebates with pharmaceutical manufacturers and build a preferred drug list using efficacious, cost effective drugs. Maintain a toll-free call center for prescribers to obtain prior authorization when necessary. Administer a variety of other programs intended to control prescribed drug costs, including benefit management, counter-detailing, prescriber profiling, and other measures.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Provide a full range of prescribed medicines at a reduced cost.

4. CUSTOMERS/NUMBER SERVED: 23,374 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $89,656,773 in funding for this activity in order to reimburse participating pharmacies for prescription drugs dispensed to Medically Needy beneficiaries enrolled in Medicaid fee for service or MediPass programs statewide. This funding will allow the purchase of approximately 280,488 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - PRESCRIBED MEDICINES											ACT4520

projections.

This funding request represents an approximate 30.4% decrease over the prior year funding need. This activity is impacted by Agency requests to restore funding for the Medically Needy program. The General Appropriations Act for Fiscal Year 2002-03 provides non-recurring funding for Medicaid coverage for adults in the Medically Needy program and for changes in the program effective May 1, 2003, that will increase the monthly income limit to $450 and require that Medicaid not reimburse providers for any medical costs used by the beneficiary to meet his or her share of cost (spend down) to become eligible. This issue is requesting the restoration of funding to continue coverage for adults under the program as converted effective May 1, 2003. The issue will increase spending in this activity by $74,646,571 after the program conversion.

Chapter 2002-400, Laws of Florida amends section 409.904, Florida Statutes effective May 1, 2003, to increase by $270 the income disregards for children, pregnant women, and aged, blind and disabled persons used to determine if persons are eligible for the Medically Needy program. In addition, this law eliminates Medicaid reimbursement of any expense that was used to meet the share of cost in accordance with the federal requirement. The increase in the amount of income disregarded for the Medically Needy program will provide individuals with $450 for his or her living expenses such as food, shelter and clothing; the current standard requires them to spend down their income with expenses not covered by Medicaid to $180.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - PHYSICIAN SERVICES											ACT4530
		18,826,522		20,306,324				14,313,517			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		246,972		280,488				280,488			
OUTPUT STANDARD		246,972		280,488				280,488			
COST PER UNIT OF OUTPUT		76.23		72.40				51.03			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: MEDICALLY NEEDY - PHYSICIAN SERVICES

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: 850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To pay physicians for medically necessary services rendered to Medicaid beneficiaries according to the approved fee schedule. MediPass primary care providers approve most services for their assigned beneficiaries and are additionally paid a case management capitated fee for this utilization control.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Monitoring of MediPass primary care physicians and service referrals; manual review of claims for pricing, if needed; and prior authorization of out-of-state and certain other in-state services.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Implementation of a 4% fee increase for services provided to beneficiaries ages 0-20 effective April 1, 2002 for acute care health practitioners.

4. CUSTOMERS/NUMBER SERVED: 23,374 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $14,313,517 in funding for this activity in order to purchase physician services for medically necessary services rendered to Medicaid beneficiaries. MediPass primary care providers approve most services for their assigned beneficiaries and are additionally paid a case management capitated fee for this utilization control. This funding will allow the purchase of approximately 280,488 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - PHYSICIAN SERVICES											ACT4530

projections.

This funding request represents an approximate 29.5% decrease over the prior year funding need. This activity is impacted by Agency requests to restore funding for the Medically Needy program. The General Appropriations Act for Fiscal Year 2002-03 provides non-recurring funding for Medicaid coverage for adults in the Medically Needy program and for changes in the program effective May 1, 2003, that will increase the monthly income limit to $450 and require that Medicaid not reimburse providers for any medical costs used by the beneficiary to meet his or her share of cost (spend down) to become eligible. This issue is requesting the restoration of funding to continue coverage for adults under the program as converted effective May 1, 2003. The issue will increase spending in this activity by $11,410,646 after the program conversion.

Chapter 2002-400, Laws of Florida amends section 409.904, Florida Statutes effective May 1, 2003, to increase by $270 the income disregards for children, pregnant women, and aged, blind and disabled persons used to determine if persons are eligible for the Medically Needy program. In addition, this law eliminates Medicaid reimbursement of any expense that was used to meet the share of cost in accordance with the federal requirement. The increase in the amount of income disregarded for the Medically Needy program will provide individuals with $450 for his or her living expenses such as food, shelter and clothing; the current standard requires them to spend down their income with expenses not covered by Medicaid to $180.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - HOSPITAL OUTPATIENT											ACT4540
		19,662,002		23,054,686		18,875,009		16,587,585			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		246,972		280,488				280,488			
OUTPUT STANDARD		246,972		280,488				280,488			
COST PER UNIT OF OUTPUT		79.61		82.19				59.14			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: MEDICALLY NEEDY - HOSPITAL OUTPATIENT

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To furnish medically necessary outpatient hospital services and emergency treatment to Florida Medicaid beneficiaries statewide when such care is needed and the level of care is such that the more costly inpatient setting is not required.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: This activity involves policy development to inform hospital providers what is covered or not covered by Medicaid for the outpatient setting. It involves the payment of claims by the fiscal agent contractor in accordance with outpatient hospital policy.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Outpatient care and emergency treatment can be accessed by eligible Florida Medicaid beneficiaries who do not need the higher inpatient level of care, but who require single day medically necessary services.

4. CUSTOMERS/NUMBER SERVED: 23,374 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $16,587,585 in funding for this activity in order to purchase medically necessary outpatient hospital services and emergency treatment for Medicaid beneficiaries when such care is needed and the level of care is such that a more costly inpatient setting is not required. This funding will allow the purchase of approximately 280,488 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - HOSPITAL OUTPATIENT											ACT4540

This funding request represents an approximate 28% decrease over the prior year funding need. This activity is impacted by Agency requests to restore funding for the Medically Needy program and the restoration of a Lung Cancer Screening Pilot Project. The General Appropriations Act for Fiscal Year 2002-03 provides non-recurring funding for Medicaid coverage for adults in the Medically Needy program and for changes in the program effective May 1, 2003, that will increase the monthly income limit to $450 and require that Medicaid not reimburse providers for any medical costs used by the beneficiary to meet his or her share of cost (spend down) to become eligible. This issue is requesting the restoration of funding to continue coverage for adults under the program as converted effective May 1, 2003. The issue will increase spending in this activity by $12,313,727 after the program conversion.

Chapter 2002-400, Laws of Florida amends section 409.904, Florida Statutes effective May 1, 2003, to increase by $270 the income disregards for children, pregnant women, and aged, blind and disabled persons used to determine if persons are eligible for the Medically Needy program. In addition, this law eliminates Medicaid reimbursement of any expense that was used to meet the share of cost in accordance with the federal requirement. The increase in the amount of income disregarded for the Medically Needy program will provide individuals with $450 for his or her living expenses such as food, shelter and clothing; the current standard requires them to spend down their income with expenses not covered by Medicaid to $180.

Lung cancer kills more people each year than breast, colon, and prostate cancer combined. More than 90 million Americans are at risk, mostly from smoking. The issue will restore the funding for an early-warning test called spiral CT, a sensitive type of CAT scan. The estimated cost for this type of scan is $300. This issue requests $94,181 in funding for this activity to continue to provide this services to an estimated 4,000 Medicaid beneficiaries statewide.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - SUPPLEMENTAL MEDICAL INSURANCE											ACT4550
		4,798,428		7,501,928		7,384,892		4,958,970			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		90,336		132,420				132,420			
OUTPUT STANDARD		90,336		132,420				132,420			
COST PER UNIT OF OUTPUT		53.12		56.65				37.45			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: MEDICALLY NEEDY - SUPPLEMENTAL MEDICAL INSURANCE

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:
1. PURPOSE OF ACTIVITY IS: To pay the Medicare Part B Supplemental Medical insurance premium for beneficiaries eligible for both Medicare and Medicaid.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: To ensure Medicaid/Medicare beneficiaries have access to Medicare Part B coverages.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: This activity involves payment of claims for Part B premiums sent to the state by the federal government.

4. CUSTOMERS/NUMBER SERVED: 11,035 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $4,958,970 in funding for this activity in order to pay Medicare Part B Supplemental Medical insurance premiums for individuals eligible for both Medicare and Medicaid. The funding will provide an estimated 132,420 months of these Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

This funding request represents an approximate 33.9% decrease over the prior year funding need. This activity is impacted by Agency requests to restore funding for the Medically Needy program. The General Appropriations Act for Fiscal Year 2002-03 provides non-recurring funding for Medicaid coverage for adults

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - SUPPLEMENTAL MEDICAL INSURANCE											ACT4550

in the Medically Needy program and for changes in the program effective May 1, 2003, that will increase the monthly income limit to $450 and require that Medicaid not reimburse providers for any medical costs used by the beneficiary to meet his or her share of cost (spend down) to become eligible. This issue is requesting the restoration of funding to continue coverage for adults under the program as converted effective May 1, 2003. The issue will increase spending in this activity by $4,841,934 after the program conversion.

Chapter 2002-400, Laws of Florida amends section 409.904, Florida Statutes effective May 1, 2003, to increase by $270 the income disregards for children, pregnant women, and aged, blind and disabled persons used to determine if persons are eligible for the Medically Needy program. In addition, this law eliminates Medicaid reimbursement of any expense that was used to meet the share of cost in accordance with the federal requirement. The increase in the amount of income disregarded for the Medically Needy program will provide individuals with $450 for his or her living expenses such as food, shelter and clothing; the current standard requires them to spend down their income with expenses not covered by Medicaid to $180.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT											ACT4560
		569,227		624,957				624,957			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		35,760		40,620				40,620			
OUTPUT STANDARD		35,760		40,620				40,620			
COST PER UNIT OF OUTPUT		15.92		15.39				15.39			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: MEDICALLY NEEDY - EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Child Health Check-Ups provide a comprehensive, preventive health check-up on a regularly scheduled basis; identification and correction of medical conditions before the condition becomes serious and disabling; and an entry into the health care system and access to a medical home.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: A Child Health Check-Up includes the assessment and documentation of a comprehensive health and developmental history; nutritional and developmental assessment; physical examination; dental screening; vision and hearing screening; laboratory tests; appropriate immunizations; health education; diagnosis and treatment; and referral and follow-up.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: The Child Health Check-Up program continues to increase each year the number of children who have had a check-up. Ongoing outreach activities have helped to increase the awareness of the importance of regular check-ups. The Child Health Check-Up Program has disseminated some 20 different media materials statewide on the importance of the health and safety of children.

4. CUSTOMERS/NUMBER SERVED: 3,385 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests the continuation of this activity at the current level of funding in order to pay for preventive health check-ups on a regularly scheduled basis. This service includes the assessment and documentation of comprehensive health and developmental history; nutritional and developmental assessments;

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT											ACT4560

physical examinations, dental screenings, vision and hearing screening, lab tests, appropriate immunizations, health education, diagnosis and treatment and referral and follow up. $624,957 in funding will provide an estimated 40,620 months of these Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - PATIENT TRANSPORTATION											ACT4570
		1,858,362		1,987,348		237,258		1,905,649			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		246,972		280,488				280,488			
OUTPUT STANDARD		246,972		280,488				280,488			
COST PER UNIT OF OUTPUT		7.52		7.09				6.79			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: MEDICALLY NEEDY - PATIENT TRANSPORTATION

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To furnish transportation to beneficiaries who require Medicaid covered services but have no means to get to the place of service.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: All transportation, except for emergencies, must be prior authorized and provided by an enrolled provider that is under contract with the Community Transportation Coordinator, and must be the least expensive and the most appropriate method of transportation available. Beneficiaries must pay a $1 co-payment for each one-way trip, unless the beneficiary is exempt.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Ensures that beneficiaries without individual or communal means of transportation may continue to access medically necessary services covered by Medicaid.

4. CUSTOMERS/NUMBER SERVED: 23,374 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $1,905,649 in funding for this activity in order to provide transportation services to beneficiaries who require Medicaid covered services, but have no means to get to the place of service. The funding will provide an estimated 280,488 months of these Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - PATIENT TRANSPORTATION											ACT4570

This funding request represents an approximate 4.11% decrease over the prior year funding need. This activity is impacted by Agency requests to restore funding for the Medically Needy program. The General Appropriations Act for Fiscal Year 2002-03 provides non-recurring funding for Medicaid coverage for adults in the Medically Needy program and for changes in the program effective May 1, 2003, that will increase the monthly income limit to $450 and require that Medicaid not reimburse providers for any medical costs used by the beneficiary to meet his or her share of cost (spend down) to become eligible. This issue is requesting the restoration of funding to continue coverage for adults under the program as converted effective May 1, 2003. The issue will increase spending in this activity by $155,559 after the program conversion.

Chapter 2002-400, Laws of Florida amends section 409.904, Florida Statutes effective May 1, 2003, to increase by $270 the income disregards for children, pregnant women, and aged, blind and disabled persons used to determine if persons are eligible for the Medically Needy program. In addition, this law eliminates Medicaid reimbursement of any expense that was used to meet the share of cost in accordance with the federal requirement. The increase in the amount of income disregarded for the Medically Needy program will provide individuals with $450 for his or her living expenses such as food, shelter and clothing; the current standard requires them to spend down their income with expenses not covered by Medicaid to $180.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - CASE MANAGEMENT											ACT4580
		822,193		812,344				812,344			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		19,740		19,476				19,476			
OUTPUT STANDARD		19,740		19,476				19,476			
COST PER UNIT OF OUTPUT		41.65		41.71				41.71			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: MEDICALLY NEEDY - CASE MANAGEMENT

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Reimburse eligible providers for the assessment of the need for services, development of the plan of care, and arrangement for the delivery of needed services.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Provider submits claims and is reimbursed for services.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Beneficiaries receive assistance from a care manager in planning and obtaining Medicaid services.

4. CUSTOMERS/NUMBER SERVED: 23,374 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests the continuation of this activity at the current level of funding in order to reimburse case management providers for the assessment of the need for services, development of plans of care, and arrangement for the delivery of services needed. $812,344 in funding will provide an estimated 19,476 months of these Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - HOME HEALTH SERVICES											ACT4590
		1,462,060		1,577,724		1,261,798		1,161,560			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		246,972		280,488				280,488			
OUTPUT STANDARD		246,972		280,488				280,488			
COST PER UNIT OF OUTPUT		5.92		5.62				4.14			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:

ACTIVITY: MEDICALLY NEEDY - HOME HEALTH SERVICES

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Reimburse participating home health agencies for medically necessary nursing and home health aide services provided to eligible beneficiaries enrolled in Medicaid fee-for-service or the MediPass program whose medical condition, illness or injury requires the care to be delivered in the beneficiary's place of residence.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Services must be provided in accordance with Medicaid policy as presented in the Medicaid Home Health Services and Limitations Handbook that is incorporated into rule. Services must be authorized as medically necessary by the Medicaid Peer Review Organization.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Provides access to medically necessary home health services for persons who meet Medicaid eligibility requirements.

4. CUSTOMERS/NUMBER SERVED: 23,374 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

The Agency requests $1,161,560 in funding for this activity in order to reimburse participating home health agencies for medically necessary nursing and home health aide services provided to eligible beneficiaries whose medically condition, illness or injury requires the care to be delivered in the beneficiaries place of residence. This funding will allow the purchase of approximately 280,488 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - HOME HEALTH SERVICES											ACT4590

This funding request represents an approximate 26.4% decrease over the prior year funding need. This activity is impacted by Agency requests to restore funding for the Medically Needy program and the restoration of fee increases for Home Health providers. The General Appropriations Act for Fiscal Year 2002-03 provides non-recurring funding for Medicaid coverage for adults in the Medically Needy program and for changes in the program effective May 1, 2003, that will increase the monthly income limit to $450 and require that Medicaid not reimburse providers for any medical costs used by the beneficiary to meet his or her share of cost (spend down) to become eligible. This issue is requesting the restoration of funding to continue coverage for adults under the program as converted effective May 1, 2003. The issue will increase spending in this activity by $792,400 after the program conversion.

Chapter 2002-400, Laws of Florida amends section 409.904, Florida Statutes effective May 1, 2003, to increase by $270 the income disregards for children, pregnant women, and aged, blind and disabled persons used to determine if persons are eligible for the Medically Needy program. In addition, this law eliminates Medicaid reimbursement of any expense that was used to meet the share of cost in accordance with the federal requirement. The increase in the amount of income disregarded for the Medically Needy program will provide individuals with $450 for his or her living expenses such as food, shelter and clothing; the current standard requires them to spend down their income with expenses not covered by Medicaid to $180.

The average reimbursement rate for Florida Medicaid home health providers is substantially below Medicaid provider rate in other southeastern states and Medicare. The 2001 Legislature authorized an 11% fee increase for nursing visits and a 13% increase for home health aide visits effective January 1, 2002. This was the first fee increase since 1987. The Fiscal Year 2002-03 General Appropriations Act includes non-recurring funding to continue this increase through June 30, 2003. This issue proposes to maintain the increased reimbursement levels in the 2003-04 Fiscal Year. This issue will add $53,234 in funding to this activity.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - THERAPEUTIC SERVICES FOR CHILDREN											ACT4610
		63,809		66,494				66,494			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		35,760		40,620				40,620			
OUTPUT STANDARD		35,760		40,620				40,620			
COST PER UNIT OF OUTPUT		1.78		1.64				1.64			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:

ACTIVITY: MEDICALLY NEEDY - THERAPEUTIC SERVICES FOR CHILDREN

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Provides a wide array of community outpatient mental health services, targeted case management and community-based residential treatment services in therapeutic foster homes to assist children and families in resolving mental health issues that interfere with the child's functioning at home, in school or in the community. These services also serve to prevent the need for more intensive, more restrictive residential mental health placements.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Therapy treatments must be prescribed by the beneficiary's primary care physician and be provided by a licensed therapist or assistant supervised by a licensed therapist. The provider conducts an evaluation of the beneficiary, writes a plan of care for the beneficiary, performs the needed therapy, and provides reevaluations and revisions of the plan of care as needed or every six months.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Treatments are provided to beneficiaries to enhance the beneficiary's quality of life and provide medically necessary therapy.

4. CUSTOMERS/NUMBER SERVED: 3,385 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

The Agency requests $66,494 in continuation funding for this activity in order to provide a wide array of community outpatient mental health services, target case management and community-based residential treatment services in therapeutic foster homes to assist children and families in resolving mental health

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - THERAPEUTIC SERVICES FOR CHILDREN											ACT4610

issues that interfere with the child's functioning at home, in school or in the community. This funding will allow the purchase of approximately 40,620 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - OTHER											ACT4620
		15,045,467		16,595,795		29,974,405		12,302,987			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		246,972		280,488				280,488			
OUTPUT STANDARD		246,972		280,488				280,488			
COST PER UNIT OF OUTPUT		60.92		59.17				43.86			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: MEDICALLY NEEDY - OTHER

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Reimburses enrolled providers for other medically indicated services for adults and children enrolled in the Medicaid Medically Needy program. Services include: adult dental, visual and hearing; community mental health; family planning; nurse practitioner; physician assistant; other lab and x-ray; physical, speech, occupational and respiratory therapies for children; developmental evaluation and early intervention for children; and county and rural health clinics.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Services must be provided in accordance with Medicaid policy as presented in the appropriate services' Coverage and Limitations Handbook that is incorporated into rule. Payment is made according to service-specific fee schedules. Suspended claims are manually reviewed by agency claims resolution staff.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: The cost-effective administration of the Florida Medicaid Program.

4. CUSTOMERS/NUMBER SERVED: 23,374 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $12,302,987 in funding for this activity in order to reimburse enrolled providers for other medically indicated services for elderly and disabled Medicaid beneficiaries. Services include: adult dental, visual and hearing; community mental health; family planning; freestanding dialysis centers; nurse practitioner; physician assistant; other lab and x-ray; physical, speech, occupational, and respiratory therapies for disabled children; and developmental evaluations and early intervention for children. This funding will allow the purchase of approximately 280,488 case months of Medicaid services.

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
MEDICALLY NEEDY - OTHER											ACT4620

Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

This funding request represents an approximate 25.9% decrease over the prior year funding need. This activity is impacted by Agency requests to restore funding for the Medically Needy program and Medical Foster Care Expansion. The General Appropriations Act for Fiscal Year 2002-03 provides non-recurring funding for Medicaid coverage for adults in the Medically Needy program and for changes in the program effective May 1, 2003, that will increase the monthly income limit to $450 and require that Medicaid not reimburse providers for any medical costs used by the beneficiary to meet his or her share of cost (spend down) to become eligible. This issue is requesting the restoration of funding to continue coverage for adults under the program as converted effective May 1, 2003. The issue will increase spending in this activity by $8,242,197 after the program conversion.

Chapter 2002-400, Laws of Florida amends section 409.904, Florida Statutes effective May 1, 2003, to increase by $270 the income disregards for children, pregnant women, and aged, blind and disabled persons used to determine if persons are eligible for the Medically Needy program. In addition, this law eliminates Medicaid reimbursement of any expense that was used to meet the share of cost in accordance with the federal requirement. The increase in the amount of income disregarded for the Medically Needy program will provide individuals with $450 for his or her living expenses such as food, shelter and clothing; the current standard requires them to spend down their income with expenses not covered by Medicaid to $180.

The expansion of the Medical Foster Care Program in Tampa, Orlando, Jacksonville, Lakeland, West Palm Beach, Ft. Lauderdale and Ft. Myers will add an additional 264 beds serving approximately 330 additional children. This will bring the statewide total of Medical Foster Care beds to 444 providing 555 children with services in Medical Foster Care homes. This issue will add $35,947 in funding to this activity.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
REFUGEES - HOSPITAL INPATIENT		2,328,019		2,556,064				2,556,064			ACT4710
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		62,088		61,392				61,392			
OUTPUT STANDARD		62,088		61,392				61,392			
COST PER UNIT OF OUTPUT		37.50		41.64				41.64			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: REFUGEES - HOSPITAL INPATIENT

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To furnish inpatient hospital services to Medicaid beneficiaries when medically necessary.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Inpatient services must be prior authorized by a peer review organization (PRO) or PRO-like entity. This requires hospital providers to request authorization from the PRO for the issuance of a prior authorization number, which, when entered on the hospital claim form, will enable payment of all medically necessary hospital days.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Medically necessary inpatient hospital services are furnished to Medicaid beneficiaries who need them. The process of prior authorization ensures that the inpatient services reimbursed by Medicaid are medically necessary.

4. CUSTOMERS/NUMBER SERVED: 8,886 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $2,556,064 in continuation funding for this activity in order to furnish inpatient hospital services to Medicaid beneficiaries statewide when medically necessary. Inpatient services must be prior authorized. This funding will allow the purchase of approximately 61,392 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
REFUGEES - PRESCRIBED MEDICINES											ACT4720
		2,452,935		2,890,526				2,890,526			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		62,088		61,392				61,392			
OUTPUT STANDARD		62,088		61,392				61,392			
COST PER UNIT OF OUTPUT		39.51		47.08				47.08			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: REFUGEES - PRESCRIBED MEDICINES

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: George Kitchens, Division of Medicaid, Bureau of Pharmacy Services
TELEPHONE: (850) 487-4441

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Reimburse participating pharmacies for prescription drugs dispensed to Medicaid beneficiaries who are refugees enrolled in Medicaid fee for service or MediPass programs statewide. Prescriptions not on the Medicaid preferred drug list must be prior approved. A limit of four brand name drugs per month is in effect for adults age 21 or older with some exceptions.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Negotiate state supplemental rebates with pharmaceutical manufacturers and build a preferred drug list using efficacious, cost effective drugs. Maintain a toll-free call center for prescribers to obtain prior authorization when necessary. Administer a variety of other programs intended to control prescribed drug costs, including benefit management, counter-detailing, prescriber profiling, and other measures.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Provide a full range of prescribed medicines at a reduced cost.

4. CUSTOMERS/NUMBER SERVED: 8,886 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $2,890,526 in continuation funding for this activity in order to reimburse participating pharmacies for prescription drugs dispensed to Refugee beneficiaries enrolled in Medicaid fee for service or MediPass programs statewide. This funding will allow the purchase of approximately 61,392 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
REFUGEES - PRESCRIBED MEDICINES											ACT4720

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
REFUGEES - PHYSICIAN SERVICES											ACT4730
		2,592,252		2,651,865				2,651,865			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		62,088		61,392				61,392			
OUTPUT STANDARD		62,088		61,392				61,392			
COST PER UNIT OF OUTPUT		41.75		43.20				43.20			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: REFUGEES - PHYSICIAN SERVICES

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To reimburse physicians for medically necessary services rendered to Medicaid beneficiaries.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Medical review of claims, prior authorization of services, provider assistance with eligibility updates, and collaboration with the Department of Children and Families/Eligibility.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: 4% fee increase for health practitioners providing services to beneficiaries for individuals age 0-20, effective April 1, 2002

4. CUSTOMERS/NUMBER SERVED: 8,886 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $2,651,865 in continuation funding for this activity in order to purchase physician services for medically necessary services rendered to Medicaid beneficiaries. MediPass primary care providers approve most services for their assigned beneficiaries and are additionally paid a case management capitated fee for this utilization control. This funding will allow the purchase of approximately 61,392 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
REFUGEES - HOSPITAL OUTPATIENT											ACT4740
		1,103,758		1,244,157				1,244,157			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		62,088		61,392				61,392			
OUTPUT STANDARD		62,088		61,392				61,392			
COST PER UNIT OF OUTPUT		17.78		20.27				20.27			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: REFUGEES - HOSPITAL OUTPATIENT

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-3560

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To furnish medically necessary outpatient hospital services and emergency treatment to Florida Medicaid beneficiaries when such care is needed and the level of care is such that the more costly inpatient setting is not required.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: This activity involves policy development to inform hospital providers what is covered or not covered by Medicaid for the outpatient setting. It involves the payment of claims by the fiscal agent contractor in accordance with outpatient hospital policy.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Outpatient care and emergency treatment can be accessed by eligible Florida Medicaid beneficiaries who do not need the higher inpatient level of care, but who require single day medically necessary services.

4. CUSTOMERS/NUMBER SERVED: 8,886 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $1,244,157 in funding for this activity in order to purchase medically necessary outpatient hospital services and emergency treatment for Medicaid beneficiaries when such care is needed and the level of care is such that a more costly inpatient setting is not required. This funding will allow the purchase of approximately 61,392 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
REFUGEES - ADULT DENTAL, VISION AND HEARING											ACT4750
		517,970		242,255		242,255		242,255			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		50,292		49,728				49,728			
OUTPUT STANDARD		50,292		49,728				49,728			
COST PER UNIT OF OUTPUT		10.30		4.87				4.87			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:

ACTIVITY: REFUGEES - ADULT DENTAL, VISION, AND HEARING

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To provide emergency dental, and visual and hearing treatment to adult refugees.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Manual review of all providers' claims for emergency services.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: No significant changes or enhancements have been made to these programs in the past year.

4. CUSTOMERS/NUMBER SERVED: 4,144 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

The Agency requests $242,255 in funding for this activity in order to furnish emergency dental, visual, and hearing treatment to adult refugees. This funding will allow the purchase of approximately 49,728 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

This activity is impacted by Agency requests to restore funding for the Medically Needy program. The General Appropriations Act for Fiscal Year 2002-03 provides non-recurring funding for Medicaid coverage for adults in the Medically Needy program and for changes in the program effective May 1, 2003, that will

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
REFUGEES - ADULT DENTAL, VISION AND HEARING											ACT4750

increase the monthly income limit to $450 and require that Medicaid not reimburse providers for any medical costs used by the beneficiary to meet his or her share of cost (spend down) to become eligible. This issue is requesting the restoration of funding to continue coverage for adults under the program as converted effective May 1, 2003. The issue will increase spending in this activity by $242,255 after the program conversion.

Chapter 2002-400, Laws of Florida amends section 409.904, Florida Statutes effective May 1, 2003, to increase by $270 the income disregards for children, pregnant women, and aged, blind and disabled persons used to determine if persons are eligible for the Medically Needy program. In addition, this law eliminates Medicaid reimbursement of any expense that was used to meet the share of cost in accordance with the federal requirement. The increase in the amount of income disregarded for the Medically Needy program will provide individuals with $450 for his or her living expenses such as food, shelter and clothing; the current standard requires them to spend down their income with expenses not covered by Medicaid to $180.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
REFUGEES - EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT											ACT4760
		313,077		308,392				308,392			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		11,796		11,664				11,664			
OUTPUT STANDARD		11,796		11,664				11,664			
COST PER UNIT OF OUTPUT		26.54		26.44				26.44			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:

ACTIVITY: REFUGEES - EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Child Health Check-Ups provide a comprehensive, preventive health check-up on a regularly scheduled basis; identification and correction of medical conditions before the condition becomes serious and disabling; and an entry into the health care system and access to a medical home.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: A Child Health Check-Up includes the assessment and documentation of a comprehensive health and developmental history; nutritional and developmental assessment; physical examination; dental screening; vision and hearing screening; laboratory tests; appropriate immunizations; health education; diagnosis and treatment; and referral and follow-up.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: The Child Health Check-Up program continues to increase each year the number of children who have had a check-up. Ongoing outreach activities have helped to increase the awareness of the importance of regular check-ups. The Child Health Check-Up Program has disseminated some 20 different media materials statewide on the importance of the health and safety of children.

4. CUSTOMERS/NUMBER SERVED: 972 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

The Agency requests the continuation of this activity at the current level of funding in order to pay for preventive health check-ups on a regularly scheduled basis. This service includes the assessment and documentation of comprehensive health and developmental history; nutritional and developmental assessments;

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
REFUGEES - EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT											ACT4760

physical examinations, dental screenings, vision and hearing screening, lab tests, appropriate immunizations, health education, diagnosis and treatment and referral and follow up. $308,392 in funding will provide an estimated 11,664 months of these Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
REFUGEES - PATIENT TRANSPORTATION											ACT4770
		132,755		141,422				141,422			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		62,088		61,392				61,392			
OUTPUT STANDARD		62,088		61,392				61,392			
COST PER UNIT OF OUTPUT		2.14		2.30				2.30			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: REFUGEES - PATIENT TRANSPORTATION

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To furnish transportation to beneficiaries who require Medicaid covered services but have no means to get to the place of service.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: All transportation, except for emergencies, must be prior authorized and provided by an enrolled provider that is under contract with the Community Transportation Coordinator, and must be the least expensive and the most appropriate method of transportation available. Beneficiaries must pay a $1 co-payment for each one-way trip, unless the beneficiary is exempt.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Ensures that beneficiaries without individual or communal means of transportation may continue to access medically necessary services covered by Medicaid.

4. CUSTOMERS/NUMBER SERVED: 8,886 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests the continuation of this activity at the current level of funding in order to provide transportation services to beneficiaries who require Medicaid covered services, but have no means to get to the place of service. $141,422 in funding will provide an estimated 61,392 months of these Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
REFUGEES - CASE MANAGEMENT		7,776		8,655				8,655			ACT4780
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		156		180				180			
OUTPUT STANDARD		156		180				180			
COST PER UNIT OF OUTPUT		49.85		48.08				48.08			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: REFUGEES - CASE MANAGEMENT

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Reimburse eligible providers for the assessment of the need for services, development of the plan of care, and arrangement for the delivery of needed services.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Provider submits claims and is reimbursed for care according to established fee schedules.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Beneficiaries receive assistance from a care manager in planning and obtaining Medicaid services.

4. CUSTOMERS/NUMBER SERVED: 8,886 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests the continuation of this activity at the current level of funding in order to reimburse case management providers for the assessment of the need for services, development of plans of care, and arrangement for the delivery of services needed. $8,655 in funding will provide an estimated 180 months of these Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
REFUGEES - HOME HEALTH SERVICES											ACT4790
		116,194		85,250				85,250			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		62,088		61,392				61,392			
OUTPUT STANDARD		62,088		61,392				61,392			
COST PER UNIT OF OUTPUT		1.87		1.39				1.39			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: REFUGEES - HOME HEALTH SERVICES

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Reimburse participating home health agencies for medically necessary nursing and home health aide services provided to beneficiaries whose medical condition, illness or injury requires the care to be delivered in the beneficiary's place of residence.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Services must be provided in accordance with Medicaid policy as presented in the Medicaid Home Health Services and Limitations Handbook that is incorporated into rule. Services must be authorized as medically necessary by the Medicaid Peer Review Organization.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Provides access to medically necessary home health services for persons who meet coverage requirements.

4. CUSTOMERS/NUMBER SERVED: 8,886 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $85,250 in funding for this activity in order to reimburse participating home health agencies for medically necessary nursing and home health aide services provided to eligible beneficiaries whose medically condition, illness or injury requires the care to be delivered in the beneficiaries place of residence. This funding will allow the purchase of approximately 61,392 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
REFUGEES - THERAPEUTIC SERVICES FOR CHILDREN											ACT4810
		86,631		81,136				81,136			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		17,184		20,256				20,256			
OUTPUT STANDARD		17,184		20,256				20,256			
COST PER UNIT OF OUTPUT		5.04		4.01				4.01			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: REFUGEES - THERAPEUTIC SERVICES FOR CHILDREN

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Provides a wide array of community outpatient mental health services, targeted case management and community-based residential treatment services in therapeutic foster homes to assist children and families in resolving mental health issues that interfere with the child's functioning at home, in school or in the community. These services also serve to prevent the need for more intensive, more restrictive residential mental health placements.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Outpatient mental health services for children, including psychiatric evaluations and assessments; individual, group and family therapy; in-home therapies; day treatment and targeted case management to assist children in accessing needed services. For children in state custody, this activity includes assessment services and placement, if indicated, in specialized therapeutic foster homes with trained foster parents, supervised by licensed clinicians.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: These services help children and adolescents function more successfully in their home, schools and communities and avoid placements in restrictive residential treatment settings. For children in state custody, these services are helpful in maintaining the stability of foster home placement. Therapeutic foster care services have resulted in a number of adoptions of special needs children who have been placed in specialized therapeutic foster homes.

4. CUSTOMERS/NUMBER SERVED: 972 potential beneficiaries.

5. COUNTIES SERVED: Statewide

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
REFUGEES - THERAPEUTIC SERVICES FOR CHILDREN											ACT4810

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

The Agency requests $81,136 in continuation funding for this activity in order to provide a wide array of community outpatient mental health services, target case management and community-based residential treatment services in therapeutic foster homes to assist children and families in resolving mental health issues that interfere with the child's functioning at home, in school or in the community. This funding will allow the purchase of approximately 20,256 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
REFUGEES - OTHER											ACT4830
		922,623		930,287				930,287			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		62,088		61,392				61,392			
OUTPUT STANDARD		62,088		61,392				61,392			
COST PER UNIT OF OUTPUT		14.86		15.15				15.15			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: REFUGEES - OTHER

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Reimburses enrolled providers for other medically indicated services for adults and children enrolled in Medicaid for time-limited Refugee Medical Assistance. Services include: community mental health; family planning; nurse practitioner; physician assistant; other lab and x-ray; physical, speech, occupational and respiratory therapies for children; personal care for for children; and county and rural health clinics.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Services must be provided in accordance with Medicaid policy as presented in the appropriate service's Coverage and Limitations Handbook that is incorporated into rule. Payment is made according to established fee schedules. Suspended claims are manually reviewed by agency claims resolution staff.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: A four percent fee increase for beneficiaries under the age of 21 years became effective April 1, 2002.

4. CUSTOMERS/NUMBER SERVED: 8,886 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $930,287 in continuation funding for this activity in order to reimburse enrolled providers for other medically indicated services for elderly and disabled Medicaid beneficiaries. Services include: adult dental, visual and hearing; community mental health; family planning; freestanding dialysis centers; nurse practitioner; physician assistant; other lab and x-ray; physical, speech, occupational, and respiratory therapies for disabled children; and developmental evaluations and early intervention for

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID SERV/INDIVIDUALS											68501400
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
REFUGEES - OTHER											ACT4830

children. This funding will allow the purchase of approximately 61,392 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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BUDGET ENTITY TOTAL:	6196,880,509	6838,017,136	311,845,938	6775,661,340	31,948,268
DEPARTMENT TOTAL:	6196,880,509	6838,017,136	311,845,938	6775,661,340	31,948,268
REPORT TOTAL:	6196,880,509	6838,017,136	311,845,938	6775,661,340	31,948,268

	COL A36 ACT PR YR FY 2001-02 POS AMOUNT	COL A38 EST EXP FY 2002-03 POS AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS AMOUNT	COL A26 AGY REQ FY 2003-04 POS AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN						68000000
PGM: HEALTH CARE SERVICES						68500000
MEDICAID LONG TERM CARE						68501500

AUTHORITY:
Section 20.42 and Chapter 409, Florida Statutes

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DESCRIPTION:
Medicaid Long Term Care Services organizes and offers a continuum of affordable and accessible long term care options from which care can be purchased. Specific tasks include the recruitment and enrollment of long term care providers, developing standards; monitoring the quality of care provided; instituting steps to improve quality, efficiency, cost and access to care; resolving beneficiaries and provider complaints, and preparing federal waivers and state plan amendments as needed. Demand for this entitlement program will be fully met.

SERVICE OUTCOME(S):	FY 2001-2002 PRIOR STD	FY 2001-2002 PRIOR ACTUAL	FY 2002-2003 CURRENT STD	FY 2003-2004 REQUESTED STD
Percent of hospitalizations for conditions preventable with good ambulatory care	12.6%	14.64%	12.6%	14.5%

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	COL A36	COL A38	COL A39	COL A26	COL A27	CODES
HEALTH AND HUMAN SERVICES						1300000000
LONG-TERM CARE						1303000000
OBJECTIVE: Purchase quality long term care services for eligible beneficiaries.						
ACTIVITY						ACT0000
NURSING HOME CARE						ACT5020
	1891,719,617	2167,696,927	26,925,842	2167,696,927		
UNIT COST MEASURE: Number of case months Medicaid program services purchased						
ANTICIPATED DEMAND	565,572	573,552		573,552		
OUTPUT STANDARD	565,572	573,552		573,552		
COST PER UNIT OF OUTPUT	3,344.79	3,779.43		3,779.43		

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: NURSING HOME CARE

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:
1. PURPOSE OF ACTIVITY IS: The purpose of the activity is to provide 24-hour per day care in a skilled nursing facility for beneficiaries in need of more intensive and adequate care than can be provided in the community. A Medicaid per diem rate is established for each facility according to the Medicaid reimbursement plan and Medicaid also pays a supplemental rate to facilities providing care for children who are medically complex and individuals with AIDS.

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID LONG TERM CARE											68501500
HEALTH AND HUMAN SERVICES											1300000000
LONG-TERM CARE											1303000000
ACTIVITY											ACT0000
NURSING HOME CARE											ACT5020

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Nursing facilities are reimbursed a per diem rate based on annual cost reports provided to the Agency by the facility. Beneficiaries are placed in facilities after they are determined to meet certain financial eligibility standards determined by the Department of Children and Families and certain medical level of care standards determined by the Department of Elder Affairs, CARES Program. Nursing facility services must be ordered by a physician.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Accomplishments are that beneficiaries who need 24-hour skilled nursing care due to their physical condition are provided this type of care in this type of facility, reimbursed by Medicaid. These services will ensure they receive care that will stabilize or rehabilitate their illness.

4. CUSTOMERS/NUMBER SERVED: Average number of beneficiaries per month is 47,796. Total of annual beneficiaries served is 76,981.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

The Agency requests $2,167,696,927 in continuation funding for this activity in order to purchase 24-hour per day care in skilled nursing facilities for beneficiaries in need of more intensive and adequate care than can be provided in the community. This funding will allow the purchase of approximately 573,552 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

This funding level includes a $26,925,842 request for the restoration of funding for Medicaid Nursing Home Reimbursement Reform. This funding will provide for the rebasing of per diem rates for liability insurance. Chapter No. 2002-400, Laws of Florida amends section 409.908, Florida Statutes to direct the Agency to amend reimbursement plans for nursing facilities to allow for interim rate adjustments to reflect increases in the cost of general or professional liability insurance for nursing homes in order to offset the cost of such insurance. The General Appropriations Act for Fiscal Year 2002-03 provided non-recurring funding for this issue.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID LONG TERM CARE											68501500
HEALTH AND HUMAN SERVICES											1300000000
LONG-TERM CARE											1303000000
ACTIVITY											ACT0000
HOME AND COMMUNITY BASED SERVICES		705,160,590		837,315,060		6,526,468		888,411,593			ACT5030
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		483,256		653,999				690,047			
OUTPUT STANDARD		483,256		653,999				690,047			
COST PER UNIT OF OUTPUT		1,459.19		1,280.30				1,287.47			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: HOME AND COMMUNITY-BASED SERVICES

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: This activity provides payment for a wide range of home and community-based services throughout Florida, provided to elderly and other disabled Medicaid beneficiaries who would otherwise require institutional care. Services are authorized by federal waiver.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Services are coordinated, monitored and are provided under a plan of care for each benificiary.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Services are offered under waivers, which must be periodically approved by the federal agency that oversees Medicaid, thus, the number who can be served may be limited.

4. CUSTOMERS/NUMBER SERVED: Approximately 51,000

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests $888,411,593 in funding for this activity in order to provide payment for a wide range of home and community-based services throughout Florida, provided to elderly and other disabled Medicaid beneficiaries who would otherwise require institutional care. Services for this activity are authorized by federal waivers. This funding will allow the purchase of approximately 690,047 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

This level of funding represents an approximate 6% increase over the Fiscal Year 02-03 funding. The

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID LONG TERM CARE											68501500
HEALTH AND HUMAN SERVICES											1300000000
LONG-TERM CARE											1303000000
ACTIVITY											ACT0000
HOME AND COMMUNITY BASED SERVICES											ACT5030

funding requested includes issues to restore and continue funding the Project AIDS Care Home and Community Based Services Waiver that is partially funded with non-recurring appropriation for the 2002-03 Fiscal Year. This waiver includes services such as case management, day health care, home delivered meals, skilled nursing care and specialized personal care for foster children. This issue requests the restoration of $6,526,468 for continuation of this program. Additional funding is also requested to provide Medicaid Waiver services to medically complex, technologically dependent, young adults aging out of coverage under the Children's Medical Services Program. Currently, 15 young adults are served under this program at a cost of $1,282,000. The Agency is requesting and additional $1,011,533 to cover an additional 5 individuals as well as to deal with increasing costs associated with this waiver service.

Currently, Florida has a federal Research and Demonstration Waiver, Consumer Directed Care, as authorized by Chapter 2002-223, Laws of Florida. The Florida legislature authorized the Agency to establish a permanent statewide program pursuant to the Consumer Directed Care Act, in light of the fact that the current waiver will expire October 2003. In order to maintain the program directed by the Legislature it is necessary to secure funding for 3,000 individuals to remain in a Consumer Directed Care program. The Agency is requesting $50,085,000 to serve an estimated 3,000 Developmentally or Aged and Disabled individuals. The Department of Children and Families and the Department of Elder Affairs will provide state matching funds for this issue.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID LONG TERM CARE											68501500
HEALTH AND HUMAN SERVICES											1300000000
LONG-TERM CARE											1303000000
ACTIVITY											ACT0000
INTERMEDIATE CARE FACILITIES FOR THE DEVELOPMENTALLY DISABLED - SUNLAND CENTERS											ACT5040
		133,522,569		140,541,224				140,541,224			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		15,300		15,444				15,444			
OUTPUT STANDARD		15,300		15,444				15,444			
COST PER UNIT OF OUTPUT		8,726.97		9,100.05				9,100.05			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: ICF/DD - SUNLAND CENTERS

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Provides payment for continuous active treatment to beneficiaries with developmental disabilities who meet Medicaid Institutional Care Program eligibility requirements and level of care criteria.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: 24-hour-a-day medical, habilitative and health related services are provided in certified facilities that have a provider agreement with the Agency.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Services provided in this setting are those that cannot be rendered more safely or economically in another setting.

4. CUSTOMERS/NUMBER SERVED: 1,287 potential beneficiaries.

5. COUNTIES SERVED: Facilities are located in Alachua (7) and Jackson (5) counties.

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests the continuation of this activity at the current level of funding in order to provide payment for continuous active treatment to beneficiaries with developmental disabilities who meet Medicaid Institutional Care Program eligibility requirements and level of care criteria. This activity provides 24-hour-a-day medical, habilitative and health related services in certified facilities. $140,541,224 in funding will provide an estimated 15,444 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID LONG TERM CARE											68501500
HEALTH AND HUMAN SERVICES											1300000000
LONG-TERM CARE											1303000000
ACTIVITY											ACT0000
INTERMEDIATE CARE FACILITIES FOR THE DEVELOPMENTALLY DISABLED - SUNLAND CENTERS											ACT5040

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID LONG TERM CARE											68501500
HEALTH AND HUMAN SERVICES											1300000000
LONG-TERM CARE											1303000000
ACTIVITY											ACT0000
MENTAL HEALTH DISPROPORTIONATE SHARE PROGRAM											ACT5050
		82,106,302		53,362,198				53,362,198			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND				540		540		540			
OUTPUT STANDARD				540		540		540			
COST PER UNIT OF OUTPUT		152,048.71		98,818.89				98,818.89			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: MENTAL HEALTH DISPROPORTIONATE SHARE PROGRAM

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Ken Thurston, Division of Medicaid
TELEPHONE: (850) 488-3560

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Distribute funding for Florida Medicaid Mental Health Hospitals that participate in the Disproportionate Share Program (DSH).

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Based upon the General Appropriations Act for each fiscal year, Program Analysis determines which hospitals are eligible to participate in the Mental Health DSH program in accordance with s. 409.911 and 409.9115, F.S.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Mental health hospitals receive the maximum amount of annual DSH funding allocated for mental health DSH programs.

4. CUSTOMERS/NUMBER SERVED: Four (4) mental health hospitals in Florida receive mental health DSH funding.

5. COUNTIES SERVED: Gadsden, Broward, Baker, and Desoto

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests the continuation of this activity at the current level of funding in order to provide funding for mental health hospitals according to statutory rules and federal requirements which serve a disproportionate share of Medicaid or charity care cases throughout Florida. Funding for this activity is not allocated per recipient, as is the case of other services purchases by Medicaid. $53,362,198 in funding will provide an estimated 540 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID LONG TERM CARE											68501500
HEALTH AND HUMAN SERVICES											1300000000
LONG-TERM CARE											1303000000
ACTIVITY											ACT0000
MENTAL HEALTH DISPROPORTIONATE SHARE PROGRAM											ACT5050

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID LONG TERM CARE											68501500
HEALTH AND HUMAN SERVICES											1300000000
LONG-TERM CARE											1303000000
ACTIVITY											ACT0000
CAPITATED NURSING HOME DIVERSION WAIVER											ACT5060
		26,167,751		28,105,613				28,105,613			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		10,162		10,914				10,914			
OUTPUT STANDARD		10,162		10,914				10,914			
COST PER UNIT OF OUTPUT		2,575.06		2,575.19				2,575.19			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: CAPITATED NURSING HOME DIVERSION WAIVER

SPECIFIC AUTHORITY: Chapters 409 and 430, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: The purpose of this activity is to provide an array of home and community based services at a capitated rate to beneficiaries who meet nursing facility level of care. This facilitates the inclusion of these beneficiaries in the community as opposed to costly institutional care.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Capitated, per member per month payments are made for services that are provided through health maintenance organizations or other qualified providers. Qualified individuals must be at financial risk for nursing facility services if the beneficiary can no longer remain at home in the community with these services.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Provides home and community based services to beneficiaries who are Medicare and Medicaid eligible and would otherwise reside in a nursing facility.

4. CUSTOMERS/NUMBER SERVED: 1,059

5. COUNTIES SERVED: Orange and Palm Beach

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests the continuation of this activity at the current level of funding in order to provide payment for an array of home and community based services at a capitated rate to beneficiaries who meet nursing facility level of care. This funding facilitates the inclusion of beneficiaries in the community as opposed to costly institutional care. $28,105,613 in funding will provide an estimated 10,914 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID LONG TERM CARE											68501500
HEALTH AND HUMAN SERVICES											1300000000
LONG-TERM CARE											1303000000
ACTIVITY											ACT0000
CAPITATED NURSING HOME DIVERSION WAIVER											ACT5060

Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID LONG TERM CARE											68501500
HEALTH AND HUMAN SERVICES											1300000000
LONG-TERM CARE											1303000000
ACTIVITY											ACT0000
LONG TERM CARE - OTHER											ACT5070
		71,429,852		73,803,337				73,803,337			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		158,644		163,915				163,915			
OUTPUT STANDARD		158,644		163,915				163,915			
COST PER UNIT OF OUTPUT		450.25		450.25				450.25			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: LONG TERM CARE - OTHER

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Shelly Brantley, Division of Medicaid, Bureau of Health Systems Development
TELEPHONE: (850) 488-9347

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Provides payments for long term care activities including: nursing facility, home health, hospice, and case management. Home health services are provided to Medicaid beneficiaries requiring nursing care. Hospice care is provided to beneficiaries who are terminally ill. Nursing facility care is provided to beneficiaries who meet level of care and financial requirements.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Hospice and nursing facilities receive per diem payment for services to beneficiaries. Providers receive fee-for-service payments for services rendered to beneficiaries.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Medicaid beneficiaries receive appropriate long-term care services. Home health services, in many instances, are a less expensive alternative to necessary facility placement.

4. CUSTOMERS/NUMBER SERVED: 14,000 potential beneficiaries.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests the continuation of this activity at the current level of funding in order to provide payment for long term care activities including: nursing facility, home health, hospice and case management. These services, in many instances, are a less expensive alternative to necessary facility placement. $73,803,337 in funding will provide an estimated 163,915 case months of Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences.

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID LONG TERM CARE											68501500
HEALTH AND HUMAN SERVICES											1300000000
LONG-TERM CARE											1303000000
ACTIVITY											ACT0000
LONG TERM CARE - OTHER											ACT5070
These estimates may be adjusted by future Social Services Estimating Conference projections.											
BUDGET ENTITY TOTAL:		2910,106,681		3300,824,359		33,452,310		3351,920,892			
DEPARTMENT TOTAL:		2910,106,681		3300,824,359		33,452,310		3351,920,892			
REPORT TOTAL:		2910,106,681		3300,824,359		33,452,310		3351,920,892			

	COL A36 ACT PR YR FY 2001-02 POS AMOUNT	COL A38 EST EXP FY 2002-03 POS AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS AMOUNT	COL A26 AGY REQ FY 2003-04 POS AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN						68000000
PGM: HEALTH CARE SERVICES						68500000
MEDICAID PREPAID HLTH PLAN						68501600

AUTHORITY:
Section 20.42 and Chapter 409, Florida Statutes

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DESCRIPTION:
Medicaid Prepaid Health Plan Services contracts with private health plans to provide affordable prepaid, comprehensive medical services to Medicaid beneficiaries. The service also ensures that Medicaid beneficiaries have access to quality health maintenance organizations to participate in Medicaid; setting standards and contracting with health maintenance organizations, annually setting rates to ensure compliance with standards; promoting quality improvement by health plans; resolving recipient complaints; ensuring that medically needed services not included in the health maintenance organizations' capitation rate are paid by Medicaid, as well as payment of the capitation rates for those assigned to Medicaid health maintenance organizations. Demand for this entitlement program will be fully met.

SERVICE OUTCOME(S):	FY 2001-2002 PRIOR STD	FY 2001-2002 PRIOR ACTUAL	FY 2002-2003 CURRENT STD	FY 2003-2004 REQUESTED STD
Percent of hospitalizations for conditions preventable by good ambulatory care	14.7%	14.8%	11%	14.8%

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	COL A36 FY 2001-02	COL A38 FY 2002-03	COL A39 FY 2002-03	COL A26 FY 2003-04	COL A27 FY 2003-04	CODES
HEALTH AND HUMAN SERVICES						1300000000
HEALTH SVCS/INDIVIDUALS						1301000000
OBJECTIVE: Purchase quality health care coverage and services for eligible beneficiaries.						
ACTIVITY						ACT0000
PREPAID HEALTH PLANS - ELDERLY AND DISABLED						ACT1620
	464,673,977	539,643,828		539,643,828		
UNIT COST MEASURE: Number of case months Medicaid program services purchased						
ANTICIPATED DEMAND	1,351,236	1,465,644		1,465,644		
OUTPUT STANDARD	1,351,236	1,465,644		1,465,644		
COST PER UNIT OF OUTPUT	343.89	368.20		368.20		

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: PREPAID HEALTH PLANS - ELDERLY AND DISABLED

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Steve Grigas, Division of Medicaid
TELEPHONE: (850) 488-3560

DESCRIPTION OF ACTIVITY:
1. PURPOSE OF ACTIVITY IS: Provide prepayment of the monthly cost for elderly and disabled individuals enrolled in a Medicaid health maintenance organization and provide prepayment of mental health services

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID PREPAID HLTH PLAN											68501600
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
PREPAID HEALTH PLANS - ELDERLY AND DISABLED											ACT1620

to the elderly and disabled in Area 6 and Escambia County. The behavioral health plans improve access to mental health and substance abuse services and the HMOs provide managed health care to Medicaid beneficiaries.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Providers are paid a capitated rate to provide behavioral health services for eligible beneficiaries.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Beneficiaries participating in the pre-paid plan receive medical and behavioral health services. Beneficiaries have quicker and easier access to services.

4. CUSTOMERS/NUMBER SERVED: 105,442 elderly and disabled beneficiaries for HMOs and 16,695 elderly and disabled beneficiaries for prepaid mental health plans.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

The Agency requests the continuation of this activity at the current level of funding in order to provide prepayment of the monthly cost for elderly and disabled individuals enrolled in a Medicaid health maintenance organization and to provide prepayment of mental health services to the elderly and disabled individuals in the Area 6 and Escambia county. This funding will provide improved access to mental health and substance abuse services as well as managed care services to Medicaid beneficiaries on a statewide basis. $539,643,828 in funding will provide an estimated 1,465,644 months of these Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social Services Estimating Conference projections.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID PREPAID HLTH PLAN											68501600
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
PREPAID HEALTH PLANS - FAMILIES											ACT1650
		545,789,964		708,212,791				708,212,791			
UNIT COST MEASURE: Number of case months Medicaid program services purchased											
ANTICIPATED DEMAND		6,252,348		7,725,372				7,725,372			
OUTPUT STANDARD		6,252,348		7,725,372				7,725,372			
COST PER UNIT OF OUTPUT		87.29		91.67				91.67			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: PREPAID HEALTH PLANS - FAMILIES

SPECIFIC AUTHORITY: Chapter 409, Florida Statutes

AGENCY CONTACT: Steve Grigas, Division of Medicaid
TELEPHONE: (850) 488-3560

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Pre-pay the monthly cost for families enrolled in a Medicaid health maintenance organization (HMO) and provide prepayment of mental health services to the adults and children Area 6 and Escambia County. The behavioral health plans improve access to mental health and substance abuse services and the HMOs provide managed health care to Medicaid recipients.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Providers are paid a capitated rate to provide behavioral health services for eligible beneficiaries

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Beneficiaries participating in the pre-paid plan receive medical and behavioral health services. Beneficiaries have quicker and easier access to services.

4. CUSTOMERS/NUMBER SERVED: 596,858 adult and child beneficiaries for HMOs and 46,923 adult and child beneficiaries for prepaid mental health plans.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Agency requests the continuation of this activity at the current level of funding in order to provide prepayment of the monthly cost for families enrolled in a Medicaid health maintenance organization and to provide prepayment of mental health services to families in the Area 6 and Escambia county. This funding will provide improved access to mental health and substance abuse services as well as managed care services to Medicaid beneficiaries on a statewide basis. $708,212,791 in funding will provide an estimated 7,725,372 months of these Medicaid services. Funding for this activity is based upon cost projections adopted at Social Service Estimating Conferences. These estimates may be adjusted by future Social

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HEALTH CARE SERVICES											68500000
MEDICAID PREPAID HLTH PLAN											68501600
HEALTH AND HUMAN SERVICES											1300000000
HEALTH SVCS/INDIVIDUALS											1301000000
ACTIVITY											ACT0000
PREPAID HEALTH PLANS - FAMILIES											ACT1650
Services Estimating Conference projections.											
BUDGET ENTITY TOTAL:		1010,463,941		1247,856,619				1247,856,619			
DEPARTMENT TOTAL:		1010,463,941		1247,856,619				1247,856,619			
REPORT TOTAL:		1010,463,941		1247,856,619				1247,856,619			

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700

AUTHORITY:
Section 20.42 and Chapters 400, and 455, Florida Statutes

DESCRIPTION:
Health Facility Regulation Service staff work to secure the protection of the right, welfare, health and safety of consumers in the establishment, construction, maintenance and operation of health care facilities and service providers through licensure and monitoring activities. Staff also work to increase access to quality health care services that meet the needs of patients for improved outcomes. Demand for this regulatory program will be fully met in all areas.

SERVICE OUTCOME(S):	FY 2001-2002 PRIOR STD	FY 2001-2002 PRIOR ACTUAL	FY 2002-2003 CURRENT STD	FY 2003-2004 REQUESTED STD
Percent of nursing home facilities with deficiencies that pose a serious threat to the health, safety, or welfare of the public	0%	2.4%	0%	2%

5-YEAR WORKFORCE PLAN:

FY01-02: 10 positions were reduced in the Facility Field Operations activity, 3 in the Plans and Construction activity, 4 in the Background Screening activity, 4 in the Investigative Services activity, 2 in the Practitioner Regulation Legal Services activity, 1 in the Consumer Services activity, 23 in the Managed Health Care activity, 2 in the Medicaid Choice Counseling activity and 1 in the Executive Direction activity. The work was absorbed by other staff, eliminated by the Legislature or outsourced. There were no short or long term impacts.

FY02-03: 3 positions were reduced in the Facility Field Operations activity, 3 in the Plans and Construction activity, 7 in the Investigative Services activity, 11 in the Practitioner Regulation Legal Services activity, 2 in the Consumer Services activity, 2 in the Managed Care activity, 1 in the Medicaid Choice Counseling activity and 5 in the Executive Direction activity. The work was absorbed by other staff, outsourced or eliminated by the Legislature. There were no short or long term impacts from these reductions.

FY03-04: Per the 5-Year Workforce Plan, no positions are recommended to be deleted in this service.

FY04-05: 5 positions will be reduced in the Certificate of Need activity due to legislative and workgroup recommendations.

FY05-06: 8 positions will be reduced in the Certificate of Need activity, 3 in the Health Facility Regulation activity, 10 in the Health Standards and Quality activity, 6 in the Plans and Construction activity, 1 in the Organ and Tissue Donor activity and 15 in the Managed Care activity. The work will be absorbed by existing staff or outsourced.

	COL A36 POS	AMOUNT	COL A38 POS	AMOUNT	COL A39 POS	AMOUNT	COL A26 POS	AMOUNT	COL A27 POS	AMOUNT	CODES
PUBLIC PROTECTION											1200000000
FACILITY REGULATION											1204010000

OBJECTIVE:
Increase Floridians' access to better health care by enforcing statutory and regulatory requirements of the health care delivery system in regulated facilities.

	COL A36 POS	AMOUNT	COL A38 POS	AMOUNT	COL A39 POS	AMOUNT	COL A26 POS	AMOUNT	COL A27 POS	AMOUNT	CODES
ACTIVITY											ACT0000
CERTIFICATE OF NEED/FINANCIAL ANALYSIS	22.00	1,269,335	22.00	1,303,471			22.00	1,310,912			ACT7010

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
FACILITY REGULATION											1204010000
ACTIVITY											ACT0000
CERTIFICATE OF NEED/FINANCIAL ANALYSIS											ACT7010
UNIT COST MEASURE: Number of certificate of need (CON) requests/financial reviews conducted											
ANTICIPATED DEMAND		1,778		1,800				1,800			
OUTPUT STANDARD		1,778		1,800				1,800			
COST PER UNIT OF OUTPUT		713.91		724.15				728.28			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: CERTIFICATE OF NEED/FINANCIAL ANALYSIS

SPECIFIC AUTHORITY: Sections 408.031-408.045, Florida Statutes

AGENCY CONTACT: Jeff Gregg
TELEPHONE: (850) 922-0791

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: The CON program is a health planning process that directs new hospital, nursing home, hospice and ICF-DD facilities and services to areas of greatest need according to established need formulas. The financial analysis programs evaluate audited financial statements submitted by hospitals and nursing homes, using the information to contribute to CON reviews as well as other activities such as calculating provider contributions to the PMATF and HCRA programs.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Forecasts need for regulated health care services twice yearly; completes health planning, accounting and architectural reviews of CON applications; monitors conditions that apply to existing CONs; and participates in legal appeals of CON decisions. The financial analysis programs analyze audited financial statements and provide the results of these analyses for use in different processes that require health care financial information.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: The CON program completed 103 full comparative CON reviews, 21 expedited reviews, processed 124 exemption requests and conducted 1,040 condition compliance reviews. The financial analysis program completed 266 hospital reviews and 224 nursing home reviews. The unit also staffed the statewide CON Workgroup, completed a study of FDVA nursing home privatization and developed financial analysis tools to improve licensure reviews.

4. CUSTOMERS/NUMBER SERVED: Customers are the state's 1,100 hospitals, nursing homes, hospices and ICF-DDs; and Florida citizens being served by these facilities.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
This activity is a health planning process that directs new hospital, nursing home, hospice centers and

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
FACILITY REGULATION											1204010000
ACTIVITY											ACT0000
CERTIFICATE OF NEED/FINANCIAL ANALYSIS											ACT7010

ICF-DD facilities and services to areas of greatest need according to established need formulas. This activity also evaluates audited financial statements submitted by hospitals and nursing homes. The Certificate of Need/Financial Analysis Unit anticipates conducting 1,800 certificate of need requests and financial reviews during the 2003-04 Fiscal Year, which is same level of certificate of need requests and financial reviews processed during the 2002-03 Fiscal Year.

The Agency requests that funding be increased from $1,303,471 to $1,310,912, which represents a .57% increase for continuation funding in order to maintain the same level of service as being delivered in the 2002-03 Fiscal Year. The funding requested for this activity includes 22.00 positions and therefore includes statewide issues such as pay increases, which result in changes in appropriations.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
FACILITY REGULATION											1204010000
ACTIVITY											ACT0000
HEALTH FACILITY REGULATION	82.50	6,482,144	82.50	5,772,689		300,000	82.50	5,575,954			ACT7020
UNIT COST MEASURE: Number of licensure applications											
ANTICIPATED DEMAND			21,340		17,157			23,277			
OUTPUT STANDARD			21,340		17,157			23,277			
COST PER UNIT OF OUTPUT			303.76		336.46			239.55			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: HEALTH FACILITY REGULATION

SPECIFIC AUTHORITY: Chapters 383, 390, 391, 394, 395, 400, and 483, Florida Statutes

AGENCY CONTACT: Jeff Gregg
TELEPHONE: (850) 922-0791

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: All of these responsibilities are geared to serve the users of health care facilities and services and to ensure consumer safety through provider compliance with minimum standards. If the activity did not exist, facilities would be free to treat customers based upon numerous different and possibly unacceptable standards. The state has both a statutory and moral obligation to its citizens to ensure compliance with minimum standards of health and safety.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Health Facility Regulation provides protection throughout Florida to health care consumers and stakeholders by regulating activities including policy and minimum standards development, facility licensure, federal Medicare-Medicaid certification, facility compliance history analysis, and response to consumers about numbers of facility complaints.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: The Bureau administered state licensure, federal certification and/or state registration programs for 33 different types of health care providers. There were over 21,340 licensure actions, either for initial applications or renewals.

4. CUSTOMERS/NUMBER SERVED: Direct customers are 21,340 regulated health care providers. An untold number of health care patients and their families were served by this regulatory activity.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Health Facility Regulation activity provides protection throughout Florida to health care consumers and stakeholders by regulating activities including policy and minimum standards development, facility licensure, federal certification, facility compliance history analysis and responses to consumers in

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
FACILITY REGULATION											1204010000
ACTIVITY											ACT0000
HEALTH FACILITY REGULATION											ACT7020

reference to the number of facility complaints. During the 2003-04 Fiscal Year, Health Facility Regulation anticipates receiving and processing 23,277 license applications, which is a 35.67% increase in productivity over the 2002-03 Fiscal Year.

This activity includes a legislative budget request in the amount of $25,950 for an annual support agreement with VERSA Management Systems, Inc. to maintain the Florida Regulatory Administration Enforcement System (FRAES) to ensure continued functionality. The on-going maintenance funding will allow the Agency to maintain an on-going agreement with VERSA at a more cost beneficial fixed rate. The recurring funding requested for this activity is a 1.89% increase from $5,472,689 to $5,575,954, which includes 82.50 positions and therefore includes statewide issues such as the pay package, which results in changes in appropriations.

The 2001-02 General Appropriations Act included non-recurring funding in the amount of $476,987 for the re-engineering of the FRAES system as well as $400,000 in non-recurring funds appropriated for nursing home reform during the 2001-02 Legislative session.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
FACILITY REGULATION											1204010000
ACTIVITY											ACT0000
FACILITY FIELD OPERATIONS	332.50	17,100,963	332.00	19,579,103			332.00	19,503,621			ACT7030
UNIT COST MEASURE: Number of surveys and complaint investigations											
ANTICIPATED DEMAND			22,250	23,362				24,530			
OUTPUT STANDARD			22,250	23,362				24,530			
COST PER UNIT OF OUTPUT			768.58	838.07				795.09			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: FACILITY FIELD OPERATIONS

SPECIFIC AUTHORITY: Chapters 381, 383, 390, 391, 393, 394, 395, 400, and 483. The following federal codes also apply: 42 Code of Federal Regulations 405.2100; 42 Code of Federal Regulations 416; 42 Code of Federal Regulations 485, Subpart B & H; 42 Code of Federal Regulations 486, Subpart C; 42 Code of Federal Regulations 491, Subpart A.

AGENCY CONTACT: Polly Weaver/Jane Boerger
TELEPHONE: (850) 414-0335

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Ensure that Floridians have access to quality health care through consistent application and enforcement of operational requirements. Survey activities and complaints from consumers also provide the source for facility complaint investigations.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: A count of the number of surveys and complaint investigations conducted under state, federal or combined regulatory authority, inclusive of the following survey types: licensure, certification, complaint investigations, validation, and risk management for over 30 different types of health care facilities, providers/suppliers or programs.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Ensures these health care entities are providing the level of services mandated by the pertinent operational guidelines.

4. CUSTOMERS/NUMBER SERVED: Number of surveys and complaint investigations during FY 2001-2002: 22,520 in response to serving Florida's residents and other individuals treated by our health care providers.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
The Facility Field Operations activity provides access to quality health care through consistent application and enforcement of operational requirements. Survey activities and complaints from consumers also provide the source for facility complaint investigations. Facility Field Operations anticipates

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
FACILITY REGULATION											1204010000
ACTIVITY											ACT0000
FACILITY FIELD OPERATIONS											ACT7030

completing 24,530 surveys and facility complaint investigations during the 2003-04 Fiscal Year, which is a 4.99% increase in productivity over the 2002-03 Fiscal Year.

This activity requests a .39% decrease in funding from $19,579,103 to $19,503,621 and includes a legislative budget request to realign salaries, expense and positions between program components. In the last several years management and workforce reductions have occurred in inappropriate program components. This has resulted in the budget being reduced from the incorrect program component. This issue will realign the budget in the appropriate program components. The funding requested for this activity includes 332.00 positions and therefore includes statewide issues such as pay increases, which result in changes in appropriations.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
FACILITY REGULATION											1204010000
ACTIVITY											ACT0000
HEALTH STANDARDS AND QUALITY	53.50		53.50				51.50				ACT7070
		2,856,303		9,817,122		6,250,000		3,623,935			
UNIT COST MEASURE: Number of transactions											
ANTICIPATED DEMAND		1,682,429		1,682,429				1,682,429			
OUTPUT STANDARD		1,682,429		1,682,429				1,682,429			
COST PER UNIT OF OUTPUT		1.70		5.84				2.15			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: HEALTH STANDARDS AND QUALITY

SPECIFIC AUTHORITY: Section 400.19(4), Florida Statutes; 42 Code of Federal Regulations 483.344; 42 Code of Federal Regulations 4009; 42 Code of Federal Regulations 483.315; Social Security Act Sections 1864, 1902, 1904

AGENCY CONTACT: Teri Koch
TELEPHONE: (850) 921-2241

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To assure the protection of the rights, welfare, health and safety of consumers receiving care in licensed health care facilities through the development and enforcement of minimum standards; and to improve patient outcomes by using Minimum Data Set (MDS) and Outcome Assessment Information Set (OASIS) assessment data, providing surveyor and provider training, and conducting nursing home quality-of-care monitoring visits.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: The number of Minimum Data Set (MDS) and Outcome Assessment Information Set (OASIS) assessment records received and successfully deposited in the database. The number of individuals (surveyors and providers) who completed training sessions. The number of nursing home quality-of-care monitoring visits conducted.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Survey activities are more focused on specific needs of the individual Floridian through the use of Quality Improvement Reports generated from 1,677,292 MDS/OASIS data transactions. Training of 3,048 persons ensures the skills necessary to evaluate health outcomes and promotes uniform enforcement of health facility standards. 2,089 quality-of-care monitoring visits provided Early Warning detection of conditions potentially detrimental to the health of residents.

4. CUSTOMERS/NUMBER SERVED: Customers include all individuals served by Florida's health care facilities.

5. COUNTIES SERVED: Statewide

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
FACILITY REGULATION											1204010000
ACTIVITY											ACT0000
HEALTH STANDARDS AND QUALITY											ACT7070

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

This activity assures the protection of the rights, welfare, health and safety of consumers receiving care in licensed health care facilities through the development and enforcement of minimum standards; and to improve patient outcomes by using Minimum Data Set (MDS) and Outcome Assessment Information Set (OASIS) assessment data, providing surveyor and provider training and conducting nursing home quality-of-care monitoring visits. The Health Standards and Quality activity expects to perform 1,682,429 transactions during the 2003-04 Fiscal Year, which is the same level of transactions completed during the 2002-03 Fiscal Year.

The Agency requests that recurring funding be increased from $3,567,122 to $3,623,935, which represents a 1.60% increase in funding and includes a legislative budget issue for continuation funding for the Florida Center for Nursing in the amount of $250,000, which was funded and established by the 2001 Legislature to address issues of supply and demand for nursing to include recruitment, retention and utilization of nurse workforce resources. The funding requested for this activity includes 51.50 positions and therefore includes statewide issues such as the pay increases, which result in changes in appropriations.

Also included is a legislative budget issue for a two-position movement between the Managed Care program component (1205020000) and the Facility Regulation program component (1204010000) due to position reductions being taken in the incorrect program components over the past several years. Additionally, this issue proposes to realign the budget between program components.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
FACILITY REGULATION											1204010000
ACTIVITY											ACT0000
PLANS AND CONSTRUCTION	49.00	3,533,023	46.00	3,293,067			46.00	3,414,124			ACT7080
UNIT COST MEASURE: Number of reviews performed											
ANTICIPATED DEMAND		4,050		4,500				4,500			
OUTPUT STANDARD		4,050		4,500				4,500			
COST PER UNIT OF OUTPUT		872.35		731.79				758.69			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: PLANS AND CONSTRUCTION

SPECIFIC AUTHORITY: Chapters 395 and 400, Florida Statutes

AGENCY CONTACT: Skip Gregory
TELEPHONE: (850) 487-0713

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: This activity exists to assure the health and safety of health care patients through the review of the physical plants of hospitals, nursing homes, ambulatory surgical centers, hospices, ICF/DDs, and birthing centers.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: The review of plans and the on-site inspection of construction for all new and renovated facilities and the physical plant on-site review of existing facilities to insure consistent compliance with applicable codes, rules, and standards.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Without this activity, 25-30 percent of these facilities would have serious physical plant defects, such as fire safety deficiencies that can cause injury from fire and smoke inhalation, health safety deficiencies that can cause nosocomical infections, and electrical and mechanical deficiencies that can cause catastrophic patient injury through electrical shock, dirty air filter systems, and incorrectly installed medical gas systems.

4. CUSTOMERS/NUMBER SERVED: Customers include over 1,500 health care facilities and individuals served by those facilities. The average number of reviews conducted during a fiscal year equals approximately 4,500.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
This activity assures the health and safety of health care patients through the review of the physical plants of hospitals, nursing homes, ambulatory surgical centers, hospices, ICF/DDs, and birthing centers. Plans and Construction performed 4,500 reviews during the 2002-03 Fiscal Year and it is anticipated they

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
FACILITY REGULATION											1204010000
ACTIVITY											ACT0000
PLANS AND CONSTRUCTION											ACT7080

will complete the same number in the 2003-04 Fiscal Year.

A legislative budget issue in the amount of $104,448 to increase travel expenditure authority is requested for this activity. This will allow the Agency to conduct all required statewide fire/life safety surveys and construction surveys of hospitals, nursing homes, ambulatory surgery centers, hospices, intermediate care facilities for the developmentally disabled and birthing centers. Based on historical data, actual travel costs incurred are approximately $6,564 per professional position. This is $2,818 more than the per capita budget allocation available per professional position. The allotted per capita travel expense for these positions ($3,746 per position) is not sufficient to cover the travel required to conduct this program.

The Agency requests $3,414,124 in funding, which represents a 3.67% increase for this activity over the 2002-03 Fiscal Year. The funding requested for this activity includes 46.00 positions and therefore includes statewide issues such as pay increases, which result in changes in appropriations.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
FACILITY REGULATION											1204010000
ACTIVITY											ACT0000
BACKGROUND SCREENING	7.00	751,625	7.00	759,912			7.00	763,497			ACT7120
UNIT COST MEASURE: Number of requests for screenings											
ANTICIPATED DEMAND		41,745		47,600				47,600			
OUTPUT STANDARD		41,745		47,600				47,600			
COST PER UNIT OF OUTPUT		18.01		15.96				16.04			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: BACKGROUND SCREENING

SPECIFIC AUTHORITY: Chapters 400 and 435, Florida Statutes

AGENCY CONTACT: Jeff Gregg
TELEPHONE: NUMBER: (850) 922-0791

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Process requests from health care facilities and providers throughout Florida to prevent individuals with criminal histories and histories of abuse from being hired to care for patients. Selected employees and operators of health care facilities, primarily those that are involved with the care of the elderly, are subject to screening. The Florida Department of Law Enforcement and the Federal Bureau of Investigation process the background screenings.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: The program conducts Level 1 in-state background checks in cooperation with FDLE, nationwide Level 2 background checks in cooperation with FDLE and the FBI, and administers an exemption process for applicants who are initially disqualified.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: The program processed 26,003 Level 1 background checks; 15,392 Level 2 background checks and 350 requests for exemption for a total of 41,745 screenings.

4. CUSTOMERS/NUMBER SERVED: Customers include over 5,000 long-term care providers, including nursing homes, ALFs and home health agencies.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
This activity prevents individuals with criminal histories and histories of abuse from being hired to care for patients. Selected employees and operators of health care facilities, primarily those that are involved with the care of the elderly, are subject to screening. The Florida Department of Law Enforcement and the Federal Bureau of Investigation process the background screenings on behalf of the Agency. It is anticipated that 47,600 background screenings will be conducted during the 2003-04 Fiscal Year, which is

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
FACILITY REGULATION											1204010000
ACTIVITY											ACT0000
BACKGROUND SCREENING											ACT7120

the same amount conducted in the 2002-03 Fiscal Year.

The Agency requests that the funding for this activity be increased from $759,912 to $763,497. This represents a .47% increase in order to maintain the same level of service being delivered in the 2002-03 Fiscal Year. The funding requested for this activity includes 7.00 positions and therefore includes statewide issues such as pay increases, which results in changes in appropriations.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
ORGAN & TISSUE DONOR EDUC											1204020000
OBJECTIVE:											
Educate the public about the need for organ donations and to provide reasonable access to available organs and tissues for transplantation.											
ACTIVITY											ACT0000
ORGAN AND TISSUE DONOR	1.00		1.00				1.00				ACT7110
		231,336		370,893				371,440			
UNIT COST MEASURE: Number of donor designations											
ANTICIPATED DEMAND		264,192		173,000				173,000			
OUTPUT STANDARD		264,192		173,000				173,000			
COST PER UNIT OF OUTPUT		.88		2.14				2.15			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: ORGAN AND TISSUE DONOR PROGRAM

SPECIFIC AUTHORITY: Chapter 765, Part V Florida Statutes

AGENCY CONTACT: Ida Coleman
TELEPHONE: (850) 414-0359

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: Provide Organ & Tissue donation information to encourage donor registrations for use by hospitals, organ procurement organizations, tissue banks & eye banks to provide life-saving or life-enhancing transplants. Encourages donor registration.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Developed state donor brochures and distributed to Department of Highway Safety and Motor Vehicles (DHSMV) and other interested parties. Maintained the automated donor registry, including receipt of DHSMV donor registration data and scanned donor registrants.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Continuously increased numbers of registered donors, thereby increasing the number of potential organ transplant recipients. The database now includes over 3 million donors and 1.2 million scanned donor wills.

4. CUSTOMERS/NUMBER SERVED: Direct customers are hospitals and organ procurement organizations. Approximately 3,000 Floridians are on organ transplant waiting lists.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
This activity provides Organ & Tissue donation information to encourage donor registrations for use by hospitals, organ procurement organizations, tissue and eye banks to provide life-saving or life-enhancing

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
ORGAN & TISSUE DONOR EDUC											1204020000
ACTIVITY											ACT0000
ORGAN AND TISSUE DONOR											ACT7110

transplants. The Organ and Tissue Donor activity received 173,000 donor designations during the 2002-03 Fiscal Year and it is estimated that the same level of donor designations will be completed during the 2003-04 Fiscal Year.

The Agency requests that the funding for this activity be increased from $370,893 to $371,440. This represents a .14% increase for continuation funding in order to maintain the same level of service delivered in the 2002-03 Fiscal Year. The funding requested for this activity includes 1.00 position and therefore includes statewide issues such as pay increases, which result in changes in appropriations.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
PRACTITIONER REGULATION											1205010000
OBJECTIVE:											
Increase the public's ability to make informed health care choices and to enforce statutory and regulatory requirements placed on health care practitioners.											
ACTIVITY											ACT0000
INVESTIGATIVE SERVICES	125.00	5,920,852									ACT7040
UNIT COST MEASURE: Number of inspections and investigations											
ANTICIPATED DEMAND			20,994								
OUTPUT STANDARD			20,994								
COST PER UNIT OF OUTPUT			282.03								

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:

ACTIVITY: INVESTIGATIVE SERVICES

SPECIFIC AUTHORITY: Chapter 456, Florida Statutes

AGENCY CONTACT: Tom Hannah
TELEPHONE: (850) 414-1984

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To investigate citizen complaints against health care practitioners licensed by the Department of Health and thereby protect the public against dangerous or unscrupulous health care practitioners. As part of the effort to protect the public, staff in Investigative Services also performs annual inspections of pharmacies, dental laboratories, massage establishments, electrology establishments and dispensing practitioners.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Through its 11 offices statewide, Investigative Services provides practitioner complaint investigations when complaints are made against any of approximately 750,000 licensed health care practitioners in Florida; annual inspections of 5 different types of practitioner establishments; and monitoring of licensees placed on probation by the relevant licensure board.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: For FY 2001-02, Investigative services completed 4,469 investigations; completed 16,525 annual inspections; and monitored an average of 170 probationary licensees each quarter while maintaining a compliance rate of 99.4% with the 90-day standard timeframe allowed by AHCA for completion of investigations. This enabled the program to maintain an average compliance rate of 90.3% with the statutorily mandated 180-day timeframe for a recommendation of probable cause.

4. CUSTOMERS/NUMBER SERVED: Customers served are the more than 16 million citizens of Florida who use the services of licensed health care practitioners.

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
PRACTITIONER REGULATION											1205010000
ACTIVITY											ACT0000
INVESTIGATIVE SERVICES											ACT7040

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

This activity provides for the investigation of citizen complaints against health care practitioners licensed by the Department of Health and to protect the public against dangerous or unscrupulous health care practitioners. Also, staff in Investigative Services performs annual inspections of pharmacies, dental laboratories, massage establishments, electrology establishments and dispensing practitioners.

The Practitioner Regulation, Investigative Services function was transferred from the Agency for Health Care Administration to the Department of Health effective July 1, 2002 as directed in Chapter 2002-400, Laws of Florida. As a result of the transfer of this function to the Department of Health the Agency requested the deletion of this activity pursuant to section 216.013(9), Florida Statutes.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
PRACTITIONER REGULATION											1205010000
ACTIVITY											ACT0000
PRACTITIONER REGULATION	119.00	7,412,654		565,888							ACT7050

UNIT COST MEASURE: Number of cases resolved

ANTICIPATED DEMAND	3,505
OUTPUT STANDARD	3,505
COST PER UNIT OF OUTPUT	2,114.88

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: PRACTITIONER REGULATION - LEGAL SERVICES

SPECIFIC AUTHORITY: Chapter 456, Florida Statutes

AGENCY CONTACT: Nancy Snurkowski
TELEPHONE: (850) 487-9662

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To protect the citizens of Florida by preparing cases for the probable cause panels of the various health care practitioner licensure boards and by prosecuting such cases in the event they are appealed.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: This activity reviews all completed investigations against health care practitioners regulated by the Department of Health; coordinates use of expert witnesses in reviewing complaints; prepares cases and makes recommendations of probable cause to the probable cause panel of the appropriate regulatory boards; and prosecutes health care practitioners in the appeals of discipline imposed by the regulatory boards.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Completed 4,889 cases during FY 2001-02 at a compliance rate of 65.7% with AHCA's 80-day time frame allowed for recommendations of probable cause to the probable cause panels of the regulatory boards. 304 cases were closed with probable cause final orders. Activities of PRL enabled Florida to reflect a 23% increase in disciplinary actions against physicians and to gain a reputation as the state that disciplines physicians at a higher rate than any other large state.

4. CUSTOMERS/NUMBER SERVED: Customers served are the more than 16 million citizens of Florida who use the services of licensed health care practitioners.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
This activity prepares cases for the probable cause panels of the various health care practitioner licensure boards and by prosecuting such cases in the event they are appealed.

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
PRACTITIONER REGULATION											1205010000
ACTIVITY											ACT0000
PRACTITIONER REGULATION											ACT7050

The Practitioner Regulation, Investigative Services function was transferred from the Agency for Health Care Administration to the Department of Health effective July 1, 2002 as directed in Chapter 2002-400, Laws of Florida. As a result of the transfer of this function to the Department of Health the Agency requested the deletion of this activity pursuant to section 216.013(9), Florida Statutes.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
PRACTITIONER REGULATION											1205010000
ACTIVITY											ACT0000
CONSUMER SERVICES	29.00	1,420,770									ACT7060
UNIT COST MEASURE: Number of complaints processed											
ANTICIPATED DEMAND			29,753				29,753				
OUTPUT STANDARD			29,753				29,753				
COST PER UNIT OF OUTPUT			47.75				.00				

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:

ACTIVITY: CONSUMER SERVICES

SPECIFIC AUTHORITY: Chapter 456, Florida Statutes

AGENCY CONTACT: Charlene Willoughby
TELEPHONE: (850) 487-9572

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To provide the central intake for all complaints and reports against health care professions regulated by the Department of Health. Enforcement of regulations is required under Sections 456.001-456.082, F.S., and protects the public by removing from practice those practitioners that pose an immediate threat to the health, safety and welfare of the public.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Intake, analysis and determination of legal sufficiency for investigation of complaints against licensed health care practitioners, including consumer complaints against health care practitioners; complaints of unlicensed activity; and adverse incidents involving practitioners in hospitals, nursing homes and assisted living facilities.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Provided intake for 32,030 complaints and reports and processed and analyzed 29,753 such complaints and reports during FY 2001-02. This was done with a compliance rate of 98.4% with AHCA's established timeframe of 10 days for intake and completion. This was accomplished in spite of the loss of staff and an under-estimate of approximately 614% in the numbers of complaints that would be received as adverse incidents from nursing homes and assisted living facilities.

4. CUSTOMERS/NUMBER SERVED: Customers served are the more than 16 million citizens of Florida who use the services of licensed health care practitioners.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

This activity provides as a central intake for all complaints and reports against health care professions regulated by the Department of Health. Enforcement of regulations protects the public by removing, from

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
PRACTITIONER REGULATION											1205010000
ACTIVITY											ACT0000
CONSUMER SERVICES											ACT7060

practice, those practitioners that pose an immediate threat to the health, safety and welfare of the public.

The Practitioner Regulation, Investigative Services function was transferred from the Agency for Health Care Administration to the Department of Health effective July 1, 2002 as directed in Chapter 2002-400, Laws of Florida. As a result of the transfer of this function to the Department of Health the Agency requested the deletion of this activity pursuant to section 216.013(9), Florida Statutes.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
MANAGED CARE											1205020000
OBJECTIVE:											
Increase the public's ability to make informed health care choices and enforce statutory and regulatory requirements leading to improved health care outcomes.											
ACTIVITY											ACT0000
MANAGED HEALTH CARE	38.00		52.00				61.00				ACT7090
		1,803,444		3,157,981				3,992,041			
UNIT COST MEASURE: Number of HMO and workers' compensation arrangement surveys											
ANTICIPATED DEMAND				606		606				606	
OUTPUT STANDARD				606		606				606	
COST PER UNIT OF OUTPUT				2,975.98		5,211.19		6,587.53			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: MANAGED HEALTH CARE

SPECIFIC AUTHORITY: Chapters 154, 408, 409, 440, 627, and 641, Florida Statutes

AGENCY CONTACT: Elfie Stamm
TELEPHONE: (850) 410-0823

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To monitor the quality of care of commercial and Medicaid HMOs, prepaid health clinics, exclusive provider organizations, and workers' compensation arrangements. The office reviews the adequacy of provider networks and network changes; accompanies accreditation organizations on their reviews, and determines compliance with the Medicaid HMO contract requirements.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Marketing surveys, risk management surveys, accreditation surveys, network service reviews, complaint reviews, Medicaid rate reviews, disenrollment reviews, child health care check up reviews, and workers' compensation network reviews.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: The workers' compensation program completed 360 surveys during FY 2001-2002, and the commercial and the program compliance unit completed 246 surveys, including desk reviews, for a total number of 606 surveys.

4. CUSTOMERS/NUMBER SERVED: The program serves the interests of all 4,491,125 members of managed care plans in Florida.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
This activity monitors the quality of care of commercial and Medicaid HMOs, prepaid health clinics,

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
MANAGED CARE											1205020000
ACTIVITY											ACT0000
MANAGED HEALTH CARE											ACT7090

exclusive provider organizations, and workers' compensation arrangements. The office reviews the adequacy of provider networks and network changes; accompanies accreditation organizations on their reviews, and determines compliance with the Medicaid HMO contract requirements. The Managed Health Care activity completed 606 HMO and workers' compensation arrangement surveys during the 2002-03 Fiscal Year and the productivity level for the 2003-04 Fiscal Year is anticipated to remain at the same level as the 2002-03 Fiscal Year.

This activity included a request for funding in the amount of $250,000 for the use of a database system that is owned by the Department of Insurance and housed in the State Technology Office. The workers' compensation medical services unit was transferred from the Department of Labor and Employment Security to the Agency for Health Care Administration effective July 1, 2002. The medical services unit needs access to this database to obtain various reports such as health care provider reimbursement and medical data for workers' compensation injuries paid by insurers. This request is for the use of this database, through the State Technology Office, which will result in use fees and consulting fees to be paid to an outside vendor to maintain the database, perform software modifications and enhance the database as needed.

This activity proposes a 26.41% increase in funding from $3,157,981 to $3,992,041 and includes the transfer of seven positions associated with managed care activities from the Executive Leadership and Support Services program component to the Managed Care program component where the activities occur. This also includes a two-position movement between the Managed Care program component (1205020000) and the Facility Regulation program component (1204010000) due to position reductions being taken in the incorrect program components over the past several years. This issue proposes to realign the budget between program components. The funding requested for this activity includes 61.00 positions and therefore includes statewide issues such as pay increases, which result in changes in appropriations.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
MANAGED CARE											1205020000
ACTIVITY											ACT0000
SUBSCRIBER ASSISTANCE PANEL	8.00	500,842	8.00	695,242			8.00	705,932			ACT7130
UNIT COST MEASURE: Number of cases											
ANTICIPATED DEMAND		564		564				564			
OUTPUT STANDARD		564		564				564			
COST PER UNIT OF OUTPUT		888.02		1,232.70				1,251.65			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: SUBSCRIBER ASSISTANCE PANEL

SPECIFIC AUTHORITY: Section 408.7056, Florida Statutes

AGENCY CONTACT: Nancy Radke
TELEPHONE: (850) 414-8958

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To provide an informal, low cost, personal forum for managed care organization subscribers with unresolved grievances. The program is composed of support staff and panel members selected from the Agency for Health Care Administration, Department of Insurance, a Governor-appointed physician, a Governor-appointed consumer representative, and a specialty physician as appropriate.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: Receiving and reviewing information from subscribers and the health plans. Staff members research the issue(s), prepare written case summaries, and distribute these to the panel members. Following the panel hearings staff members closely track the process (hearing, period of objection, final order, compliance) to assure resolution in compliance with the Florida Statutes.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: The support staff providing accurate information for the panel members. The subscribers have an opportunity for a personal presentation regarding their unresolved grievances before appropriate professionals. The program received 513 new cases and closed out 564 cases in 2000-2001. Of those cases processed through settlement or by the panel, 54.63% were decided in favor of the subscriber.

4. CUSTOMERS/NUMBER SERVED: In FY 2001-2002, 513 cases were received.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:
This activity provides an informal, low cost, personal forum for managed care organization subscribers with unresolved grievances to resolve them. The program is composed of support staff and panel members selected

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
MANAGED CARE											1205020000
ACTIVITY											ACT0000
SUBSCRIBER ASSISTANCE PANEL											ACT7130

from the Agency for Health Care Administration, Department of Insurance, a Governor-appointed physician, a Governor-appointed consumer representative, and a specialty physician as appropriate. The Statewide Provider and Subscriber Assistance Program completed 564 cases during the 2002-03 Fiscal Year and anticipated to complete the same number during the 2003-04 Fiscal Year.

The Agency requests a 1.54% increase in funding from $695,242 to $705,932, which includes an issue to realign budget in the appropriate program components. In the last several years management reductions and workforce reductions have occurred in the incorrect activity. This has resulted in the budget being reduced from the incorrect program component. The funding requested for this activity also includes 8.00 positions and therefore includes statewide issues such as pay increases, which result in changes in appropriations.

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	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
MANAGED CARE											1205020000
ACTIVITY											ACT0000
HEALTH FACILITIES AND PRACTITIONER REGULATION - MEDICAID CHOICE COUNSELING	2.00	7,472,268	1.00	7,396,751				7,604,475			ACT7150
UNIT COST MEASURE: Number of new enrollees provided choice counseling											
ANTICIPATED DEMAND				551,344		551,344		551,344			
OUTPUT STANDARD				551,344		551,344		551,344			
COST PER UNIT OF OUTPUT				13.55		13.42		13.79			

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:

ACTIVITY: HEALTH CARE REGULATION--MEDICAID CHOICE COUNSELING

SPECIFIC AUTHORITY: Section 409.9122(2)(e), Florida Statutes

AGENCY CONTACT: Elfie Stamm
TELEPHONE: (850) 410-0823

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To provide Medicaid beneficiaries with information on their health care plan options prior to enrollment. The Medicaid Options Program is responsible for providing beneficiaries with the required information and enrolling beneficiaries in the plan of their choice. Florida's Medicaid Options Program is operated in compliance with federal and state laws.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: The Medicaid Options Program operates a toll free hotline to provide Medicaid beneficiaries with immediate access to information on health plans available in their area of residence. All newly eligible Medicaid beneficiaries receive information packages; beneficiaries enrolling through the program receive confirmation letters; and beneficiaries requesting a change of plans are provided with the necessary assistance.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: The Medicaid Options Program answered 767,171 calls in FY 2001-2002; mailed 502,323 new eligible packages; and enrolled 354,448 beneficiaries.

4. CUSTOMERS/NUMBER SERVED: The Medicaid Options Program enrolled 354,448 beneficiaries in HMOs and MediPass during FY 2001-2002 (some beneficiaries may enroll more than once during a year); and assisted 196,896 in plan changes.

5. COUNTIES SERVED: Statewide

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

The Agency is requesting that the title for this activity be changed from the current 'Medicaid Choice

	COL A36 ACT PR YR FY 2001-02 POS	AMOUNT	COL A38 EST EXP FY 2002-03 POS	AMOUNT	COL A39 EST EXP N/R FY 2002-03 POS	AMOUNT	COL A26 AGY REQ FY 2003-04 POS	AMOUNT	COL A27 AGY REQ N/R FY 2003-04 POS	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
PUBLIC PROTECTION											1200000000
MANAGED CARE											1205020000
ACTIVITY											ACT0000
HEALTH FACILITIES AND PRACTITIONER REGULATION - MEDICAID CHOICE COUNSELING											ACT7150

Counseling' to 'Medicaid Options Enrollment Program'. The associated unit cost measure would change from the current 'Number of New Enrollees Provided Choice Counseling' to 'Number of Beneficiaries Receiving Assistance in Plan Enrollment and Plan Changes Annually'. These changes would more accurately reflect the program as Medicaid Options and is consistent with the statutory changes made by the 2001 Legislature to Chapter 409.912, F.S. Prior to the change, subsection 409.912(25) specified that the agency shall perform choice counseling, enrollments, and disenrollments for Medicaid beneficiaries. In 2001, the words "choice counseling" were stricken from this subsection. These statutory changes eliminate the authority of the agency to provide choice counseling. Instead the focus of the program is on Medicaid beneficiary enrollment.

This activity provides Medicaid beneficiaries with information on their health care plan options prior to enrollment. The Medicaid Options Program is responsible for providing beneficiaries with the required information and enrolling beneficiaries in the plan of their choice. Florida's Medicaid Options Program is operated in compliance with federal and state laws. The number of beneficiaries receiving assistance in plan enrollment and plan changes annually during the 2002-03 Fiscal Year was 551,344. It is anticipated that during the 2003-04 Fiscal Year the productivity will remain at the same level as the 2002-03 Fiscal Year.

This activity requests a 2.81% increase in funding from $7,396,751 to $7,604,475, which includes an issue to realign budget between program components. In the last several years management reductions and workforce reductions have occurred in the in the inappropriate program components. This has resulted in reductions in incorrect activities. This issue would realign the budget in the appropriate program components.

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	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
GOV OPERATIONS/SUPPORT											1600000000
EXEC LEADERSHIP/SUPPRT SVC											1602000000
OBJECTIVE:											
Control increases in administrative and support service expenditures.											
ACTIVITY											ACT0000
EXECUTIVE DIRECTION	21.00	3,634,846	14.00	3,426,611			7.00	4,022,385			ACT0010
UNIT COST MEASURE: N/A											
ANTICIPATED DEMAND											
OUTPUT STANDARD											
COST PER UNIT OF OUTPUT											

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AGENCY - AUTHORITY & DESCRIPTION NARRATIVE:
ACTIVITY: EXECUTIVE DIRECTION

SPECIFIC AUTHORITY: Section 20.42, Florida Statutes

AGENCY CONTACT: Rebecca Knapp
TELEPHONE: (850) 922-2945

DESCRIPTION OF ACTIVITY:

1. PURPOSE OF ACTIVITY IS: To provide direction, policy, coordination, and administrative support to the operations of the Division of Managed Care and Health Quality.

2. TASKS/PROCESSES INCLUDED IN ACTIVITY ARE: This activity provides Division management. Collection of data on numbers of surveys, complaints and investigations for the facilities and health maintenance organizations in Florida. Management of the privatized complaint and information call center, which serves as the intake and referral mechanism for complaints about facilities, managed care organizations and practitioners and the distribution center for Agency publication requests.

3. ACCOMPLISHMENTS OF ACTIVITY ARE: Implementation of adverse incident reporting and tracking for nursing homes and assisted living facilities which processed more than 16,122 reports in 2001-2002. Implementation and tracking of final orders for fines and sanctions against health care facilities. Management of a privatized call center (more than 160,000 calls and mailed out more than 127,000 items to consumers).

4. CUSTOMERS/NUMBER SERVED: Customers served include more than 600 people in the Division itself and the more than 16 million citizens of Florida who use the services of health care facilities and managed care organizations.

5. COUNTIES SERVED: Statewide

	COL A36 ACT PR YR FY 2001-02		COL A38 EST EXP FY 2002-03		COL A39 EST EXP N/R FY 2002-03		COL A26 AGY REQ FY 2003-04		COL A27 AGY REQ N/R FY 2003-04		CODES
	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN											68000000
PGM: HLTH CARE REGULATION											68700000
HEALTH CARE REGULATION											68700700
GOV OPERATIONS/SUPPORT											1600000000
EXEC LEADERSHIP/SUPPRT SVC											1602000000
ACTIVITY											ACT0000
EXECUTIVE DIRECTION											ACT0010

AGENCY - AGY REQUEST FY 2003-04 NARRATIVE:

This activity provides direction, policy, coordination, and administrative support to the operations of the Division of Managed Care and Health Quality.

The Agency requests a 17.38% increase in funding from $3,426,611 to $4,022,385, which includes an issue to allow the Agency to obtain an acceptable provider for services required in the Agency's privatized complaint and information call center. It is anticipated that the contract cannot be procured in the 2003-04 Fiscal Year for less than $1,858,332, which represents an increase of $966,332 in the required appropriation. A portion of this increase in costs will be paid by the Department of Health in recognition of the percentage of calls and mailings associated with health care practitioners. Medicaid matching funds are also available through the Administrative Trust Fund for calls associated with Medicaid beneficiaries.

Also included in this activity is an issue to realign budget in the appropriate program components. In the last several years management reductions and workforce reductions have occurred in the incorrect activity. This has resulted in the budget being reduced from the incorrect program component. This activity also includes the transfer of seven positions associated with managed care activities from the Executive Leadership and Support Services program component to Managed Care program component where the activities occur. The funding requested for this activity includes 7.00 positions and therefore includes statewide issues such as pay increases, which result in changes in appropriations.

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BUDGET ENTITY TOTAL:	889.50	619.00		618.00	
	60,390,405	56,138,730	6,550,000	50,888,316	
DEPARTMENT TOTAL:	889.50	619.00		618.00	
	60,390,405	56,138,730	6,550,000	50,888,316	
REPORT TOTAL:	889.50	619.00		618.00	
	60,390,405	56,138,730	6,550,000	50,888,316	