

CHARLIE CRIST GOVERNOR HOLLY BENSON SECRETARY

#### LEGISLATIVE BUDGET REQUEST

Agency for Health Care Administration

Tallahassee

October 15, 2008

Mr. Jerry L. McDaniel, Director Office of Policy and Budget Executive Office of the Governor 1701 Capitol Tallahassee, Florida 32399-0001

Mr. Michael Hansen, Budget Director House Policy and Budget Council 418 Capitol Tallahassee, Florida 32399-1300

Ms. Cynthia Kelly, Staff Director Senate Fiscal Policy & Calendar Committee 201 Capitol Tallahassee, Florida 32399-1300

Dear Directors:

Pursuant to Chapter 216, Florida Statutes, our Legislative Budget Request for the Agency for Health Care Administration is submitted in the format prescribed in the budget directions. The information provided electronically and contained herein is a true and accurate presentation of our proposed needs for the 2009-10 Fiscal Year. This submission has been approved by Holly Benson, Secretary.

Sincerely,

Janet Parramore

Director

Division of Administrative Services



# Department Level Exhibits and Schedules



# **Schedule VII: Agency Litigation Inventory**

Governor's website.	teting into schedule, please see the Legistative Buaget Request (LBR) Instructions - tocated on the		
Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts Phone Number: 922-5873		
Names of the Partic	Griffin, Margaret Washington, and Louise Seymour, on behalf of themselves and all others similarly situated v. Holly Benson, in her official capacity as Secretary, Florida Agency for Health Care Administration, and Douglas Beach, in his official capacity as Secretary, Florida Department of Elder Affairs		
Court with Jurisdic	ion: United States District Court in and for the Northern District of Florida		
Case Number:	4:08-cv-26-RH-WCS		
Summary of the Complaint:	Class action lawsuit alleging that Florida is in violation of Americans with Disabilities Act, 42 U.S.C. §12132 and the Rehabilitation Act of 1973, 29 U.S.C. §794(a)(Section 504) by failing to cover services and support in appropriate, integrated community settings. The Plaintiffs seek declaratory and injunctive relief. They ask the Court for injunctive relief requiring Florida to inform Plaintiffs and class members that they may be eligible for publicly-funded community services and that they have a choice of such services; and ensure coverage of, as appropriate, long-term care services and supports in the most integrated setting appropriate for Plaintiffs and class members and refrain from providing unnecessary and unwanted long-term care only in institutional settings. Plaintiffs ask the court to declare that Florida's failure to provide Plaintiffs and class members with services in the most integrated setting appropriate to their needs violates Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. Plaintiffs also seek attorneys' fees and costs.		
Amount of the Clai	The plaintiffs do not seek monetary damages; however, the monetary impact could exceed \$25,000,000 annually in additional Medicaid payments if the plaintiffs were successful.		
Specific Law(s) Challenged:			
Status of the Case:	The Agency was served with the Class Action Complaint on January 15, 2008. Defendants requested and were granted additional time to respond to the Class Action Complaint. On February 19, 2008, the Plaintiffs filed an Amended Class Action Complaint for Declaratory and Injunctive Relief. On March 7, 2008, the Defendants filed a Motion to Dismiss Amended Complaint. On March 21, 2008, the Defendants filed a Response in Opposition to the Plaintiffs' Motion to Certify Class. On		

	the O Defe Defe orde	ch 24, 2008, the Plaintiffs requested Oral Argument. On June 7, 2008, Court entered an order denying the Defendants' Motion to Dismiss and erring Ruling on Class Certification. Only July 7, 2008, the endants filed an Answer to the Plaintiffs' Amended Complaint. Court red Mediation to take place by January 2, 2009. Trial is set to begin 16, 2009.	
Who is representing (of record) the state in this		Agency Counsel	
lawsuit? Check all that	X	Office of the Attorney General or Division of Risk Management	
apply.	X	Outside Contract Counsel	
If the lawsuit is a class	Class is not certified to date.		
action (whether the class	Jodi Siegel with Southern Legal Counsel, Inc.		
is certified or not),	Neil Chonin with Southern Legal Counsel, Inc.		
provide the name of the	Gabriella Ruiz with Southern Legal Counsel, Inc.		
firm or firms	Stephen F. Gold, P.A.		
representing the	Stacy Canan, D.C. with AARP Foundation Litigation		
plaintiff(s).	Bruce Vignery, D.C. with AARP Foundation Litigation		
	h Somers, N.C. with National Health Law Program		

# **Schedule VII: Agency Litigation Inventory**

Agency:	Ager	Agency for Health Care Administration			
Contact Person:	Willi	iam H. Roberts	Phone Number:	922-5873	
Names of the Parties:		All Care Residential Treatment Centers, Inc. A Florida Corporation v.  Agency for Persons with Disabilities (APD), An Agency of the State of Florida; Florida Agency for Health Care Administration (AHCA), An Agency of the State of Florida			
Court with Jurisdiction:		Circuit Court of the 11 <sup>th</sup> Judicial Circuit			
Case Number:		08-49977 CA 23			
Summary of the Complaint:		Plaintiff alleges breach of contract and denial of due process.			
Amount of the Claim:		Plaintiff alleges that it is owed \$698,587.09 plus interest			
Specific Law(s) Challenged:					
Status of the Case:		Complaint served on September 3, 2008.			

Who is representing (of record) the state in this	X	Agency Counsel
lawsuit? Check all that		Office of the Attorney General or Division of Risk Management
apply.		Outside Contract Counsel
If the lawsuit is a class		
action (whether the class		
is certified or not),		
provide the name of the		
firm or firms		
representing the		
plaintiff(s).		

# Schedule VII: Agency Litigation Inventory

Governor's website.	teting ints schedule, please see the Legistalive Buaget Request (LBR) Instructions - tocaled on the		
Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts Phone Number: 922-5873		
Court with Jurisdict Case Number: Summary of the Complaint:	Lazier, by and through her next friend, Joanne Rollins, Scott Thometz, by and through his next friend, Charm Thometz, Hernando Sosa, by and through his next friend, Teresita Sosa, Robert Cook, by and through his next friend, Eldalee Cook, Catherine Farrell, by and through her next friend, Delores Farrell, on behalf of themselves and all others similarly situated v. Dr. Andrew Agwunobi, in his official capacity as Secretary, Florida Agency for Health Care Administration, and Jane Johnson, in her official capacity as Director, Florida Agency for Persons with Disabilities United States District Court for the Northern District of Florida  4:07cv329  Class action lawsuit alleging that AHCA and APD violated the due process requirements of the Medicaid Act and the Due Process Clause of the		
	Fourteenth Amendment to the United States Constitution by failing to ensure coverage of medically necessary personal care assistance services for developmentally disabled children and youth under age 21.		
Amount of the Clair	The plaintiffs do not seek monetary damages; however, the monetary impact could likely exceed \$10 million annually in additional Medicaid payments if the plaintiffs were successful.		
Specific Law(s) Challenged:			

Status of the Case:	The Agency was served with the complaint on July 30, 3007. Plaintiffs' filed a Motion for Temporary Restraining Order and Preliminary Injunction on July 30, 2007. The Court entered an order on August 16, 2007, denying the Motion for Temporary Restraining Order and Preliminary Injunction. On August 13, 2007, the Plaintiffs' filed a Motion to Certify Class. On September 10, 2007, counsel for the Agency and APD filed a Response in Opposition to the Motion to Certify Class. On August 24, 2007, counsel for the Agency and APD filed its Answer to the Complaint. Plaintiffs' filed a First Amended Complaint for Declaratory and Injunctive Relief on September 21, 2007. The Florida Legislature amended the limitation of 180 hours of personal care assistance services per month to clarify that additional hours may be authorized for persons who have intensive physical, medical or adaptive needs if such hours are essential for avoiding institutionalization. Plaintiffs' filed a Stipulation of Voluntary Dismissal Without Prejudice based on the amended legislation on November 1, 2007. On November 21, 2007, the Court dismissed the case. Case closed.		
Who is representing (of		Agency Counsel	
record) the state in this lawsuit? Check all that	X	Office of the Attorney General or Division of Risk Management	
apply.		Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	The class was certified.  Florida Legal Services – Tallahassee & Miami Southern Legal Counsel – Gainesville Advocacy Center Persons with Disabilities – Tallahassee & Tampa National Health Law Program-Chapel Hill, NC		

# **Schedule VII: Agency Litigation Inventory**

Governor's website.					
Agency:	Agen	Agency for Health Care Administration			
Contact Person:	Willi	William H. Roberts Phone Number: 922-5873			
Names of the Parties:		National Mentor Health Roberts, Jonathan Grant Barragan, Linda Klooste Chaplin, Lynn Duperaul	care, Inc. and Franl , Jorge Barragan th er, Jonathan Koeste t and Patti Burnha	klin Debernardis, Rebecca rough his legal guardian Raisa r, David Ciecielski, Andre m v. State of Florida Agency for ason in her official capacity as	

State of			
Florida, Agency for Health Care Administration, and Dr. Andrew			
Agwunobi in his official capacity as Secretary of the Agency for Health			
Care Administration			
Circuit Court of the 2 <sup>nd</sup> Judicial Circuit			
Complaint received December 7, 2007. On January 9, 2008, the Defendants filed a Motion to Dismiss. On April 7, 2008, the Defendants filed Defendant's Answer and Affirmative Defenses to the Plaintiffs Complaint. Parties are in the process of settling this matter.			
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# **Schedule VII: Agency Litigation Inventory**

Agency:	Agen	Agency for Health Care Administration		
1180110)	118011			
Contact Person:	Willi	am H. Roberts	Phone Number:	922-5873
Names of the Parties:		Aqwunobi, in his officia	l capacity as Secretion; Tom Arnold,	fit corporation v. Andrew tary of the Florida Agency for in his official capacity as
Court with Jurisdiction:		United States District Court in and for The Southern District of Florida		

Case Number:	07-60853		
Summary of the Complaint:	Lawsuit alleging failure of Florida State health officials, through "reform" of the State's Medicaid plan (Broward and Duval counties specifically), to provide people with HIV/AIDS who are enrolled in Medicaid with essential medical services as required by Title XIX of the Social Security Act. They also ask the court for injunctive relief to require the Agency to comply with all requirements of Title XIX of the Social Security Act.		
Amount of the Claim:	The plaintiffs do not seek monetary damages; however, the monetary impact could exceed \$25,000,000 annually in additional Medicaid payments if the plaintiffs were successful.		
Specific Law(s) Challenged:			
Status of the Case:	The Agency was served with the complaint on June 21, 2007. Agency counsel filed a Motion to Dismiss on July 11, 2007, which was denied on July 31, 2007. Plaintiffs filed an Amended Complaint on July 27, 2007. Counsel for the Agency filed a Motion to Dismiss First Amended Complaint for lack of Jurisdiction on August 13, 2007. Hearing held on September 20, 2007 on the Motion to Dismiss Amended Complaint. Motion to Dismiss was granted on October 17, 2007. Case closed.		
Who is representing (of record) the state in this	X Agency Counsel		
lawsuit? Check all that	Office of the Attorney General or Division of Risk Management		
apply.	Outside Contract Counsel		
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

# **Schedule VII: Agency Litigation Inventory**

Agency:	Agency for Health Care Administration				
Contact Person:	Willi	am H. Roberts	Phone Number:	922-5873	
Names of the Parties:		Pharmastat, Inc. v. State Administration	of Florida, Agenc	y for Health Care	
Court with Jurisdiction:		Circuit Court of the 2 <sup>nd</sup> Judicial Circuit			

Case Number:	07-13655-CA-02		
Summary of the Complaint:	Plaintiff alleges breach of contract and denial of due process.		
Amount of the Claim:	Plaintiff claims the Agency owes Plaintiff in excess of \$100,000 plus interest		
Specific Law(s) Challenged:			
Status of the Case:	Complaint served on September 27, 2007. The Agency filed its answer to the complaint and Motion to Dismiss on October 16, 2007. On May 5, 2008, the Plaintiff filed an Amended Complaint. The Agency filed its Answer to Amended Complaint and renewed Motion to Dismiss Complaint on May 19, 2008.		
Who is representing (of record) the state in this	X Agency Counsel		
lawsuit? Check all that	Office of the Attorney General or Division of Risk Management		
apply.	Outside Contract Counsel		
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

# **Schedule VII: Agency Litigation Inventory**

Agency:	Agen	Agency for Health Care Administration			
Contact Person:	Willi	am H. Roberts	Phone Number:	922-5873	
Names of the Partie	es:	Sharon Leggett, Tiffacy Gammons, and Maria Dibella, individually and on behalf of all others similarly situated v. State of Florida, Agency for Health Care Administration			
Court with Jurisdiction:		Circuit Court of the 14 <sup>th</sup> Judicial Circuit			
Case Number: 06-1459 MCO					

Summary of the Complaint:	Plaintiffs seek restitution from AHCA arising out of its collection methods under Florida's Medicaid Third Party Liability Act §409.910, Florida Statutes. This case is one of several recent actions regarding the Medicaid anti-lien provision that was decided by the Supreme Court in <i>Arkansas Dept of Health &amp; Human Services v. Ahlborn</i> , 126 S.Ct. 1752 (2006). The challenge is that the statutory lien, which includes subrogation rights to AHCA, is illegal. Unlike the other actions that have spun off from <i>Ahlborn</i> , the Plaintiffs have moved to create a class.			
Amount of the Claim:		mated claim value is unknown, but could easily be in the tens of ions.		
Specific Law(s) Challenged:	Chapter 409.910, Florida Statutes (Medicaid Third Party Liability Act)			
Status of the Case:	In June 2006, the Agency moved to dismiss on several grounds, which include: Failure to meet required service of process; Improper venue; sovereign immunity; and motion for more definite statement. To date the Plaintiff has not filed a response. On March 12, 2008, Court entered Notice and Judgment of Dismissal indicating a required response from Plaintiff to show good cause why case should not be dismissed. No response was received. Waiting on Court order.			
Who is representing (of record) the state in this	X	Agency Counsel		
lawsuit? Check all that		Office of the Attorney General or Division of Risk Management		
apply.		Outside Contract Counsel		
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).				

# **Schedule VII: Agency Litigation Inventory**

Agency:	Agen	Agency for Health Care Administration					
Contact Person:	Willi	William H. Roberts Phone Number: 850-922-5873					
Names of the faities.				ayne et al. v. Alan Levine, in his Health Care Administration of			
Court with Jurisdiction:		United States District Court for the Southern District of Florida					

Case Number:	05-21215-CIV		
Summary of the Complaint:	This is a class action lawsuit challenging Program discretion in the consideration of drug reimbursements, specifically Neurontin and/or its generic equivalent, Gabepentin. The Plaintiffs seek declaratory and injunctive relief. They ask the court for injunctive relief ensuring that a prescription for a covered outpatient drug will be reimbursed if the drug use is cited in either the drug labeling or in at least one of the drug compendia listed in federal regulations. They also ask the court to declare that denial of coverage for Neurontin, if it is prescribed for a use that is listed in one of the specified drug compendia, violates the federal Medicaid statute and the Supremacy Clause of the U.S. Constitution.		
Amount of the Claim:	It is estimated at this point that the value of plaintiffs' claims was less than \$25,000,000 per year.		
Specific Law(s) Challenged:			
Status of the Case:	Federal District court ruled against the Agency and required us to cover virtually every Neurontin prescription. The Agency appealed to the 11 <sup>th</sup> Circuit Court of Appeals in Atlanta, but later withdrew the appeal because the Agency was in compliance with the court's order. The parties litigated the attorneys' fees and are now waiting for the court ruling.		
Who is representing (of record) the state in this	X Agency Counsel		
lawsuit? Check all that	Office of the Attorney General or Division of Risk Management		
apply.	Outside Contract Counsel		
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	Florida Legal Services, Inc., National Health Law Program, and Carlton Fields, P.A.		

# **Schedule VII: Agency Litigation Inventory**

Agency:	Agency for Health Care Administration					
Contact Person:	William H. Roberts	Phone Number:	922-5873			

Names of the Parties:	Florida Pediatric Society/The Florida Chapter of the American Academy of Pediatrics; Florida Academy of Pediatric Dentistry, Inc.; Ashley Dove, as the next friend of Kaleb Kelly, a minor child; Blanche Spell, as the next friend of Khalillah Spell, a minor child; Eva Carmona, as the next friend of Vanessa and Jennifer Patino, minor children; Amy Torchin, as the next friend of Theodore Torchin, minor child; and Rita Gorenflo and Lex Gorenflo, as the next friends of Thomas and Nathanial Gorenflo, minor children v. Alan Levine, in his official capacity as Secretary of the Florida Agency for Health Care Administration; Luci D. Hadi, in her official capacity as Secretary of the Florida Department of Children and Family Services; and M. Rony Francois, M.D., in his official capacity as the Secretary of the Florida Department of Health		
Court with Jurisdiction:	United States District Court for the Southern District of Florida		
Case Number:	05-23037-CIV-AJ		
Summary of the Complaint:	Class action lawsuit alleging failure of Florida state health officials to provide children in Florida who are enrolled in federally-funded medical assistance with essential medical and dental services as required by Title XIX of the Social Security Act, 42 U.S.C. §1396. The Plaintiffs seek declaratory and injunctive relief. They ask the court for injunctive relief to require the Agency to ensure that payments to providers are sufficient to ensure that Medicaid eligible children have access to care and services at least to the same extent that such care and services are available to other children in the same geographic area, and to assure that such payments are consistent with quality of care.		
Amount of the Claim:	The plaintiffs do not seek monetary damages; however, the monetary impact would likely exceed \$10 million annually in additional Medicaid payments if the plaintiffs were successful.		
Specific Law(s) Challenged:			
Status of the Case:	The Agency was served with the complaint on December 1, 2005. Agence counsel filed a Motion to Dismiss Complaint. Plaintiffs filed a response to the Motion to Dismiss Complaint. Hearing was held on the motion to dismiss on May 12, 2006. On January 11, 2007, the Court entered an Order on the Agency's Motion to Dismiss granting the Agency's motion to dismiss as to Count III and denied the remainder of the motion. The Agency filed a response to the Plaintiffs' Class Action Complaint on February 26, 2007. Discovery deadline is November 27, 2008. Hearing scheduled for October 28, 2008, on Plaintiff's Motion to Certify Class. Mediation deadline is set for March 13, 2009. Jury trial is set for August 2009.		
Who is representing (of record) the state in this	X Agency Counsel		
lawsuit? Check all that	X Office of the Attorney General or Division of Risk Management		

apply.	X Outside Contract Counsel		
If the lawsuit is a class	The class has not been certified to date.		
action (whether the class	Boies, Schiller & Flexner, LLP		
is certified or not),	Public Interest Law Center of Philadelphia		
provide the name of the	Miller, Keffer & Bullock, P.C.		
firm or firms			
representing the			
plaintiff(s).			

# **Schedule VII: Agency Litigation Inventory**

Governor's website.					
Agency:	Agency for Health Care Administration				
Contact Person:	William H. Roberts Phone Number: 850-922-5873				
Names of the Partie	Kindred Pharmacy Services East, LLC, Neighborcare Pharmacy Services Inc. ASCO Healthcare, Inc. Pharmacy Corporation of America Inc., Pharmerica Drug Systems, Inc., Omnicare Pharmacy of Florida, LP; Compscript-Boca, LLC; Badger Acquisition of Tampa, LLC v. State of Florida, Agency for Health Care Administration	Pharmerica Drug Systems, Inc., Omnicare Pharmacy of Florida, LP; Compscript-Boca, LLC; Badger Acquisition of Tampa, LLC v. State of			
Court with Jurisdict	Florida.				
Case Number:	04CA1291				
Summary of the Complaint:	agreement by reimbursing Plaintiffs at a Wholesale Acquisition Cost "WAC" rate, a level lower than the Average Wholesale Price "AWP" raset in statute. Pursuant to Section 409.912(40)(A)(2), Florida Statutes, reimbursement to pharmacies for Medicaid prescribed drugs shall be set AWP less 13.25%. Pursuant to Florida Administrative Code Section 59.4.250(2) all participating prescribed drug service providers enrolled in the Medicaid program must be compliant with the provisions of the Prescribe Drug Services Coverage Limitations and Reimbursement Handbook. The handbook requires, among other things, that reimbursement be at (1) the lower rate of AWP minus 13.25% also known as the Estimated Acquisite Cost or (2) the WAC plus 7% percent, plus a dispensing fee. Additional Plaintiffs are seeking declaratory relief finding that AHCA has exceeded its statutory authority by reimbursing at the WAC rate.	recipients, allege that AHCA committed a material breach of the provider agreement by reimbursing Plaintiffs at a Wholesale Acquisition Cost "WAC" rate, a level lower than the Average Wholesale Price "AWP" rate set in statute. Pursuant to Section 409.912(40)(A)(2), Florida Statutes, reimbursement to pharmacies for Medicaid prescribed drugs shall be set at AWP less 13.25%. Pursuant to Florida Administrative Code Section 59G-4.250(2) all participating prescribed drug service providers enrolled in the Medicaid program must be compliant with the provisions of the Prescribed Drug Services Coverage Limitations and Reimbursement Handbook. The handbook requires, among other things, that reimbursement be at (1) the lower rate of AWP minus 13.25% also known as the Estimated Acquisition Cost or (2) the WAC plus 7% percent, plus a dispensing fee. Additionally Plaintiffs are seeking declaratory relief finding that AHCA has exceeded			
Amount of the Clair	n: Potential exposure up to \$50 million.				

Specific Law(s) Challenged:				
Status of the Case:	On November 7, 2007, the Judge issued the Final Summary Judgment which denied the plaintiffs' motion for partial summary judgment and granted the defendant's cross-motion for partial summary judgment. The Judge stated that the Agency was authorized by law to reimburse Medicaid prescribed drug service providers using the formula, AWC +7%, for the period of April 30, 2002 through June 30, 2004. The Judge further granted the defendant's motion to dismiss count II of plaintiffs' third amended complaint. On December 6, 2007, plaintiffs appealed to the first District Court of Appeal. Case is fully briefed. Awaiting opinion from the Court.			
Who is representing (of record) the state in this	X	Agency Counsel		
lawsuit? Check all that	X	Office of the Attorney General or Division of Risk Management		
apply.		Outside Contract Counsel		
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).				

# Schedule VII: Agency Litigation Inventory

Agency:	Agen	Agency for Health Care Administration			
Contact Person:	Willi	am H. Roberts	Phone Number:	922-5873	
Names of the Parties:		Florida Association of Rehabilitation Facilities, Inc. v. State of Florida,  Agency for Health Care Administration			
Court with Jurisdiction:		Division of Administrative Hearings			
Case Number:		08-1512RP			
Summary of the Complaint:		FARF challenges proposed administrative rules 59G-13.081 and 59G-13.084. The first rule relates to the provider table for payment of services in a residential habilitation facility. The later rule relates to services requirements to insure safety of the population. These rules are mandated by the Florida Legislature. The FARF challenges the rates as insufficient to serve the population in need, approximately 25,000 persons. Also,			

	FARF challenges the service requirements as too burdensome for providers under the payment table.		
Amount of the Claim:	Monet	ary impact could exceed \$43,000,000.00	
Specific Law(s) Challenged:	59G-13.084 & 59G-13.081		
Status of the Case:	Petition received on March 26, 2008. Joint Status Report filed on April 12, 2008. Hearing scheduled for October 30 <sup>th</sup> and 31 <sup>st</sup> , 2008.		
Who is representing (of record) the state in this	X	Agency Counsel	
lawsuit? Check all that		Office of the Attorney General or Division of Risk Management	
apply.		Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

# Schedule VII: Agency Litigation Inventory

Agency:	Agency for Health Care Administration				
Contact Person:	Willi	am H. Roberts	Phone Number:	922-5873	
Names of the Parties: Agency for Health Car			Administration v.	Maria D. Gonzalez	
Court with Jurisdiction:		Division of Administrative Hearings			
Case Number:		07-3456MPI			
Summary of the Complaint:		Audit of Maria D. Gonzalez indicated that the defendant was overpaid for services that in whole or in part are not covered by Medicaid.			
Amount of the Claim:		\$1,647,960.81 plus \$2,000 fine is being sought by the Agency			
Specific Law(s) Challenged:					

Status of the Case:	Defendant received the Agency correspondence dated June 28, 2007, notifying the defendant that the Agency sought reimbursement for dates of service during the period January 1, 2003 through December 31, 2004 in the amount of \$5,309,263.56. Defendant provided additional documentation which the Agency reviewed and determined that the defendant was overpaid \$1,647,960.81. Case is currently in abeyance.		
Who is representing (of record) the state in this	X	Agency Counsel	
lawsuit? Check all that		Office of the Attorney General or Division of Risk Management	
apply.		Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

# **Schedule VII: Agency Litigation Inventory**

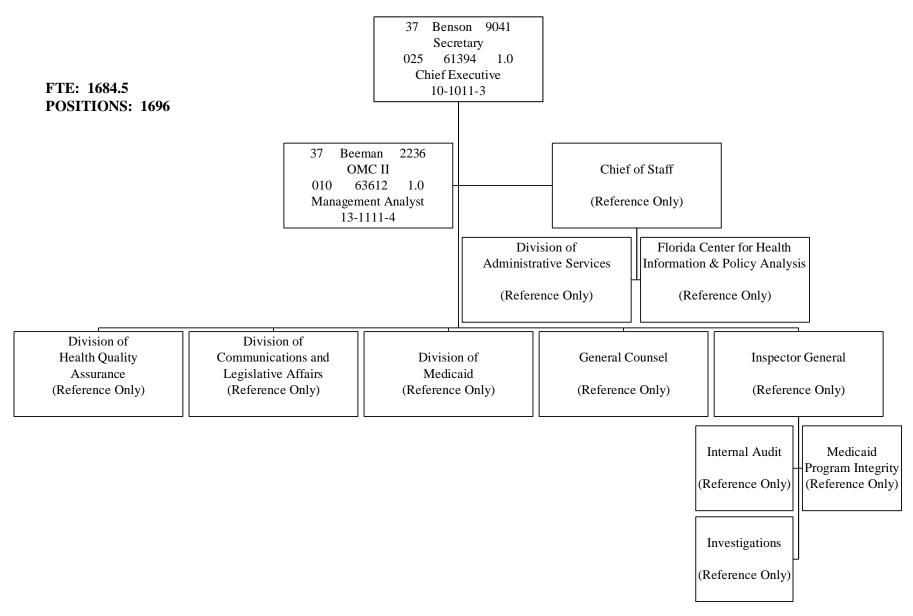
Agency:	Agency for Health Care Administration					
Contact Person:	Willi	iam H. Roberts	Phone Number:	922-5873		
Names of the Partie	es:	Gainesville, LLC d/b/a Pal LLC d/b/a Palm Garden of Garden of Largo, SA-PG N North Miami Beach, SA-P PG Orlando, LLC d/b/a Pa d/b/a Palm Garden of Pine Garden of Port St. Lucie, S City, SA-PG Tampa, LLC Beach, LLC d/b/a Palm Ga LLC d/b/a Palm Garden of	I/b/a Palm Garden of Clearwater, SA-PG Im Garden of Gainesville, SA-PG Jacksonville, Im Garden of Gainesville, SA-PG Jacksonville, Im Garden of Gainesville, SA-PG Largo, LLC d/b/a Palm Sarden of PG Ocala, LLC d/b/a Palm Garden of Ocala, SA-Im Garden of Orlando, SA-PG Pinellas, LLC In Garden of Orlando, SA-PG Pinellas, LLC In Garden of San Garden of Sun Garden of Sun Garden of Tampa, SA-PG Vero In Garden of Vero Beach, SA-PG West Palm Beach, In Garden of Vero Beach, SA-PG Winter Haven, LLC Iter Haven v. Agency for Health Care			
Court with Jurisdict	Agency for Health Care Administration					
Case Number:	08-238PH					

Summary of the Complaint:  Amount of the Claim:	Petitioner (Palm Gardens) challenges the audit findings and rates set by the Agency based on audit findings. Petitioner argues that it relied upon Generally Accepted Auditing Principles (GAAP), for expending insurance costs. The Agency found through the audit that no insurance was ever purchased and disallowed the expense. The disallowance also impacts future rates of the provider. The estimated future losses from MPA are about 9 million					
Specific Law(s) Challenged:		Monetary impact could exceed \$2,100,000.00  Chapter 409 and the Title XIX provider plan.				
Status of the Case:	Petitioner filed its Petition for Formal Administrative Hearing on February 26, 2008. Respondent filed its Motion to Dismiss Petition for Formal Administrative Hearing on March 20, 2008. Respondent filed its Amended Motion to Dismiss Petition for Formal Administrative Hearing on April 16, 2008. Petitioner filed its Response to Respondent's Amended Motion to Dismiss on April 21, 2008. Agency issued an Order on the Motion to Dismiss referring the matter for an informal hearing on April 23, 2008. On July 29, 2008, the Petitioner filed a Motion to Amend Petition for Formal Administrative Hearing and Request for Referral to DOAH. Respondent filed its Response to Petitioner's Motion to Amend Petition and Request for Referral to DOAH on July 29, 2008. Waiting Response from Hearing Officer					
Who is representing (of record) the state in this	X	Agency Counsel				
lawsuit? Check all that		Office of the Attorney General or Division of Risk Management				
apply.		Outside Contract Counsel				
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).						

## AGENCY FOR HEALTH CARE ADMINISTRATION

# **Executive Direction Secretary's Office**

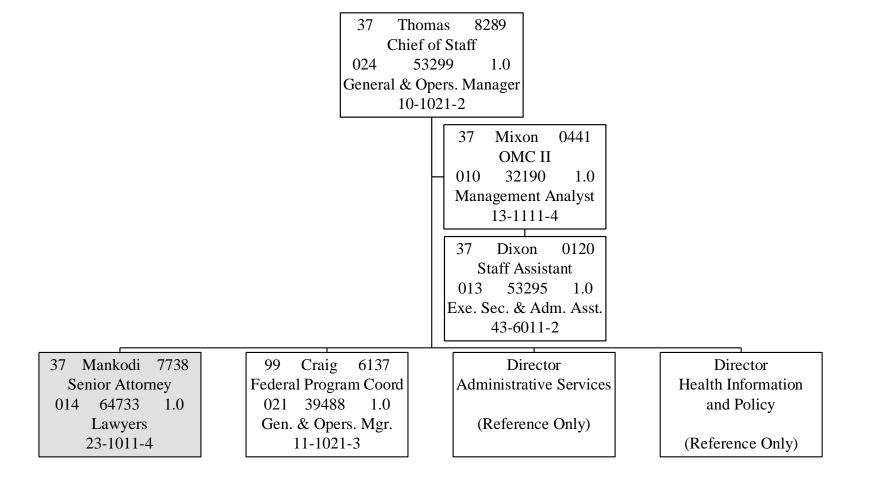
Effective Date: July 1, 2008 Org. Level: 68-10-00-000 FTEs: 2 Positions: 2



# AGENCY FOR HEALTH CARE ADMINISTRATION

# **Executive Direction Chief of Staff**

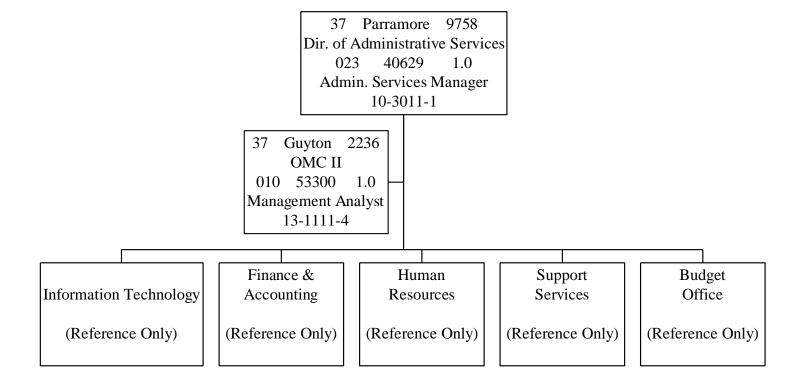
Effective Date: July 1, 2008 Org Level: 68-10-10-00-000 FTEs: 4 Positions: 4



<sup>\*</sup>Shaded position reports to org code 68-10-20-00-000 - General Counsel's Office

# Division of Administrative Services

Revised Date: July 1, 2008 Org Level: 68-20-01-00-000 FTEs: 2 Positions: 2



Org. Level: 68-20-10-00-000 Revised Date: July 1, 2008 FTEs: 46 Positions: 46

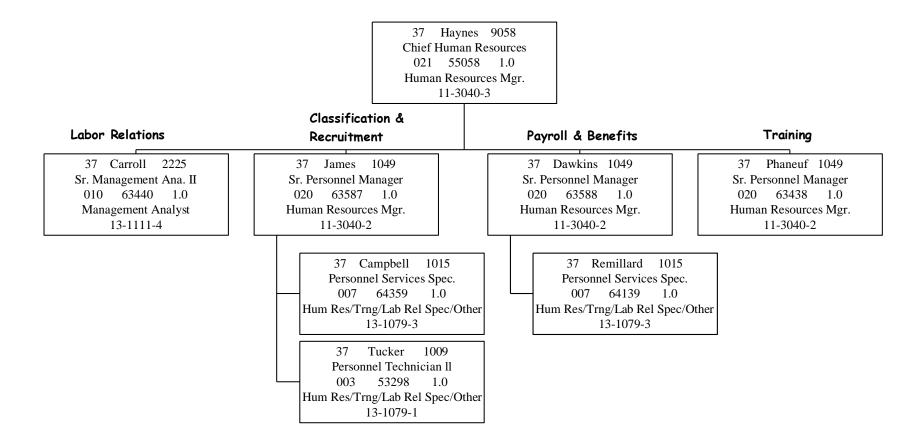
#### **Administrative Services -- Finance & Accounting**

37 Shirley 9057 Chief Fin. & Acctng. 021 53309 1.0 Financial Manager 11-3031-3 37 Trull 0120 37 Bradford 2225 Staff Assistant Government Anal. II 003 61382 1.0 010 00061 1.0 Management Analyst Exec. Sec. & Adm. Asst. 43-6011-2 13-1111-4 37 Clayton 0003 Clerk Specialist 001 64435 1.0 Office Clerk General 43-9061-2 Accounting Policy and Systems Revenue and Grants Reporting 37 Booker 2228 37 Evans 2228 37 Leath 2238 Sr. Mgmt. Anal. Supv. Sr. Mgmt. Anal. Supv. OMC Mgr. 010 26178 1.0 010 63602 1.0 010 63464 1.0 Management Analyst Management Analyst Management Analyst 13-1111-4 13-1111-4 13-1111-4 37 Thursby 1463 37 Young 1463 37 K. Davis 1439 37 Lvnn 1463 37 Aziz 2238 37 Derico-Harris 1442 37 Martin 2236 Fin. & Acctng. Dir. II Fin. & Accting. Dir. II Fin. & Acctng. Dir. II Accountant Supv. II **OMC Manager** Acct. Services Supv. I Gov. Opers. Cons. II 020 63435 1.0 Voucher 020 63603 1.0 020 63436 1.0 008 63437 1.0 020 64712 1.0 007 46641 1.0 010 64711 1.0 Financial Manager Processing Financial Manager Financial Mgr. Accountant & Auditor General & Opers. Mgr. Accountant & Auditor Management Analyst 11-3031-2 11-3031-2 11-3031-2 13-2011-3 11-1021-2 13-2011-3 13-1111-4 37 Coldiron 1436 37 Wilkins 1436 37 Kirkland 1418 37 Lombardi 1437 37 Skinner 1436 37 Austin 1427 1436 37 Lee 1427 Accountant III Accountant III Fiscal Assistant II Accountant IV-Coord. Accountant III Accountant I Accountant III Accountant I 006 63605 1.0 006 10522 1.0 003 11523 1.0 006 34405 1.0 004 48904 1.0 008 61962 1.0 006 63608 1.0 004 24175 1.0 Accountant & Auditor Accountant & Auditor Book, Acct & Aud Clerk Accountant & Auditor 13-2011-2 13-2011-2 13-2011-2 13-2011-1 13-2011-3 13-2011-1 13-2011-1 37 Dixon 1437 1427 1430 37 Wright 1469 37 Perry 1427 37 Kelly 1430 37 Benfield 1436 37 Lamb-Bivens 1427 Accountant IV Prof. Accountant Spec. Accountant I Accountant II Accountant I Accountant II Accountant III Accountant I 004 46643 1.0 008 63607 1.0 004 46545 1.0 008 48507 1.0 004 31343 1.0 004 26461 1.0 006 63606 1.0 004 34036 1.0 Accountant & Auditor 13-2011-3 13-2011-1 13-2011-1 13-2011-3 13-2011-4 13-2011-1 13-2011-1 13-2011-2 37 Nguyen 1437 37 Scott 1427 37 A. Collins 2236 37 Smith 1418 37 1418 37 Phillips 0442 37 C. Williams 1430 Accountant IV Accountant I Gov. Opers. Cons. II Fiscal Assistant II Fiscal Assistant II Acctng. Svcs. Supv. I Accountant II 008 59444 1.0 004 46548 1.0 010 64453 1.0 003 46645 1.0 003 00157 1.0 008 63604 1.0 004 63610 1.0 Accountant & Auditor Accountant & Auditor Management Analyst Book, Acct & Aud Clerk Book, Acct & Aud Clerk Accountant & Auditor Accountant & Auditor 13-2011-3 13-2011-1 13-1111-4 43-3031-2 43-3031-2 13-2011-3 13-2011-1 37 Hatcher 1436 37 1418 37 Bowering 1430 1427 Accountant III Fiscal Assistant II Accountant II Accountant I 006 64690 1.0 003 03574 1.0 004 20231 1.0 004 57489 1.0 Accountant & Auditor Book, Acct & Aud Clerk Accountant & Auditor Accountant & Auditor 13-2011-2 43-3031-2 13-2011-1 13-2011-1 37 Sims 1427 37 Brooks 1430 37 Michal 1430 Accountant I Accountant II Accountant II 004 17101 1.0 Accountant & Auditor Accountant & Auditor | Accountant & Auditor 13-2011-1 13-2011-1 13-2011-1 37 1418 Fiscal Assistant II 003 46644 1.0 Book, Acct & Aud Clerk 43-3031-2 37 Jordan 1427 Accountant I

004 37952 1.0 Accountant & Auditor 13-2011-1

Org. Level: 68-20-20-00-000 Revised Date: July 1, 2008 FTEs: 8 Positions: 8

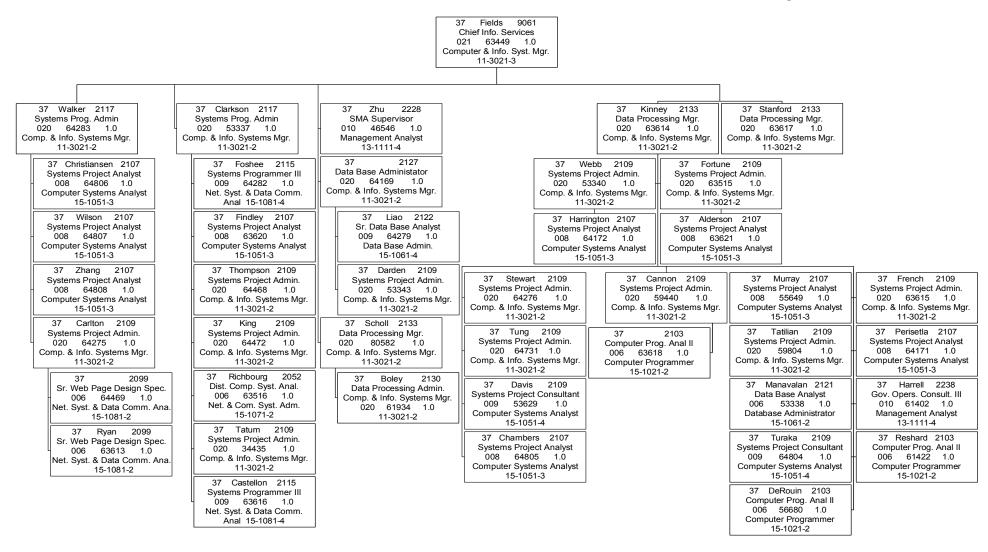
#### **Administrative Services - Human Resources**



**Administrative Services -- Information Technology** 

Org. Level: 68-20-30-00-000 Revised Date: July 1, 2008 FTEs: 70 Positions: 70

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#### AGENCY FOR HEALTH CARE ADMINISTRATION

#### **Chief of Staff**

#### **Administrative Services -- Information Technology**

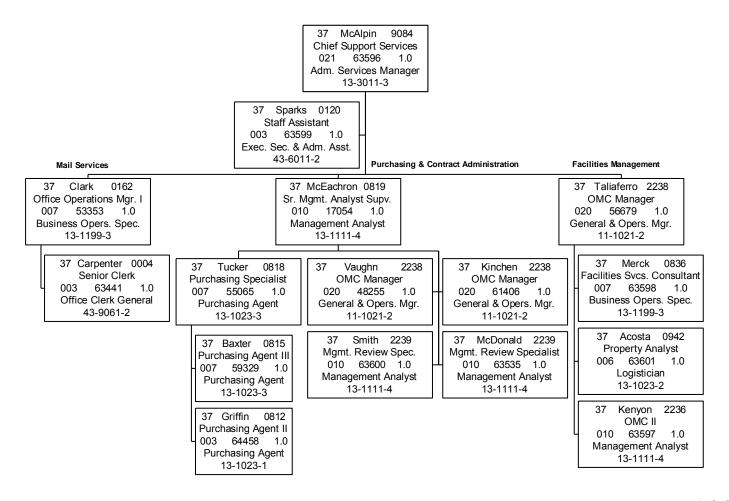
Org. Level: 68-20-30-00-000 Revised Date: July 1, 2008 FTEs: 70 Positions: 70

Page 2 of 2 Chief Information Svcs. 63449 Comp. & Info. Syst. Mar. (Reference Only) 37 Edwards 2133 37 Weeks 2228 Data Processing Manager SMA Supervisor 020 64278 1.0 010 63625 1.0 Comp. & Info. Syst. Mgr. Management Analyst 11-3021-2 13-1111-4 37 0712 Administrative Asst. II 005 64281 Exec. Sec. & Adm. Asst 01 Thiessen 2109 37 Underwood 2050 37 Terry 2109 43-6011-03 Systems Project Admin. Dist. Comp. Syst. Spec. Systems Project Admin. 64467 1.0 006 63623 1.0 19518 1.0 Comp. & Info. Syst. Mgr. Comp. & Info. Syst. Mgr. Net. & Comp. Syst. Admin. 11-3021-2 11-3021-2 15-1071-2 37 Bradley 2107 37 Gavin 2107 48 McDaniel 2052 29 Wheeler 2107 16 Stokes 2107 Systems Project Anal. Systems Project Analyst Dist. Comp. Syst. Anal. Systems Project Anal. Systems Proj. Anal. 008 63619 1.0 008 64280 1.0 006 55636 1.0 008 40796 1.0 008 53324 1.0 Comp. Systems Analyst Computer Syst. Analyst Net. & Comp. Syst. Admin Comp. Systems Analyst Comp. Systems Analyst 15-1051-3 15-1051-3 15-1071-2 15-1051-3 15-1051-3 37 Taylor 2109 37 Butler 2035 06 Ullman 2107 36 Worley 2052 Matz 2052 Systems Project Admin. Telecomm. Spec. III Systems Project Anal. Dist. Comp. Syst. Anal. Dist. Comp. Syst. Anal. 020 64471 1.0 006 64459 1.0 008 42572 1.0 006 55639 1.0 006 55641 1.0 Comp. & Info. Syst. Mgr. Net. Sys./Data Comm. Ana Comp. Systems Analyst Net. & Comp. Syst. Admin. Net. & Comp. Syst. Admin. 11-3021-2 15-1081-2 15-1051-3 15-1071-2 15-1071-2 37 Head 2031 2052 37 Broxton 2052 13 Kudehinbu 2052 52 Fuentes 2052 17 Eiland 2052 Telecomm, Spec. I Dist. Comp. Syst. Anal. 004 63627 1.0 006 64465 1.0 006 63624 1.0 006 46958 1.0 006 47908 1.0 006 00041 1.0 Net. Svs./Data Comm. Ana. Net. & Comp. Syst. Admin. 15-1081-1 15-1071-2 15-1071-2 15-1071-2 15-1071-2 15-1071-2 37 Poore 2041 37 Beck 2052 Brown 2052 Office Auto. Spec. I Dist. Comp. Syst. Analy Dist. Comp. Syst. Anal. 004 63511 1.0 006 59441 1.0 006 59453 1.0 Computer Support Spec. Net. & Comp. Syst. Admin. Net. & Comp. Syst. Admin. 15-1041-1 15-1071-2 15-1071-2 37 McLeod 2107 37 Umphress 2052 Systems Project Anal. Dist. Comp. Syst. Anal. 008 64470 1.0 006 59322 1.0 Comp. Systems Analyst Net. & Comp. Syst. Admin. 15-1051-3 15-1071-2

Org. Level: 68-20-40-00-000 Revised Date: July 1, 2008 FTEs: 16 Positions: 16

#### AGENCY FOR HEALTH CARE ADMINISTRATION Chief of Staff

#### **Administrative Services - Support Services**

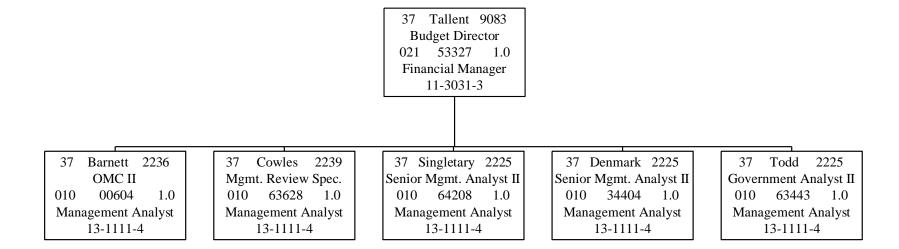


# AGENCY FOR HEALTH CARE ADMINISTRATION Org. Level: 68-20-70-00-000

**Chief of Staff** 

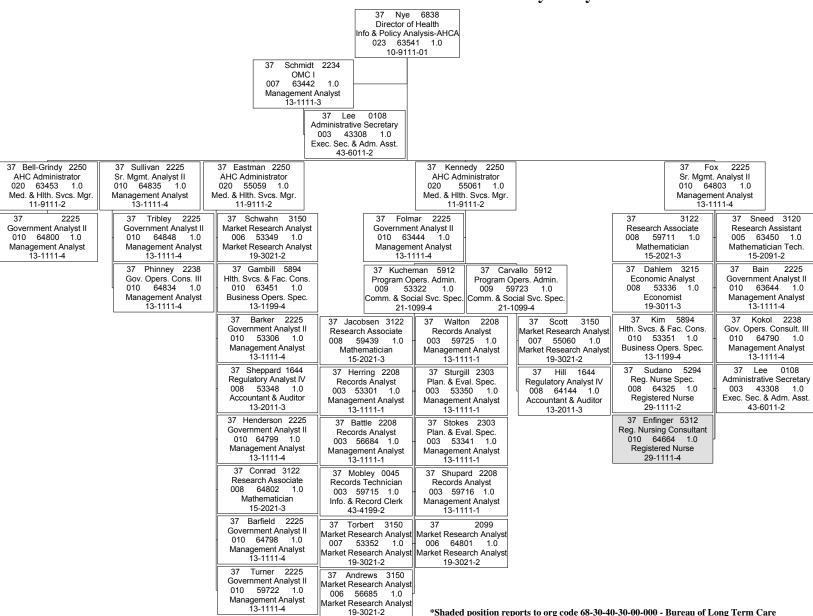
**Administrative Services - Budget Office** 

Revised Date: July 1, 2008 FTEs: 5 Positions: 5



Org. Level: 68-20-50-00-000 Revised Date: July 1, 2008 FTEs: 43 Positions: 43

#### Florida Center for Health Information & Policy Analysis



#### AGENCY FOR HEALTH CARE ADMINISTRATION

Revised Date: July 1, 2008 **Executive Direction - General Counsel** FTEs: 66.5 Positions: 67

Org. Level: 68 10 20 00 000

37 Smith 8538 General Counsel 024 32187 1.0 Manager Page 1 of 2 10-9199-2 37 Rumlin-Jordan 0120 37 Cooper 2236 Staff Assistant OMC II 003 56677 1.0 010 53297 1.0 Exe. Sec. & Adm. Asst. Management Analyst 13-1111-4 43-6011-2 37 Roberts 6080 37 Senior 7738 Deputy General Counsel Senior Attorney 014 63520 1.0 Agency Clerk **Appellate Unit** 022 00026 1.0 Manager Lawyer 11-9199-4 23-1011-4 37 Cooper 7738 37 Clemmons 2234 37 Shoop 7738 37 Belmont 0714 OMC II Senior Attorney Administrative Asst. II Senior Attorney 007 48271 1.0 014 53296 1.0 005 64688 1.0 014 59457 1.0 Management Analyst Exe. Sec. & Adm. Asst. Lawyer Lawyer 23-1011-4 13-1111-3 43-6011-3 23-1011-4 37 Dearborn 7738 Senior Attorney Facilities Legal 014 63529 1.0 Lawver 23-1011-4 37 Mathis 7738 52 Walsh 7738 13 Lawton-Russell 7738 McCallister 0709 13 Rodney 7738 37 Novak 7738 37 7736 Senior Attorney Senior Attorney Senior Attorney Administrative Asst. I Senior Attorney Senior Attorney Attorney 010 57506 1.0 014 26215 1.0 014 64445 1.0 014 64732 1.0 003 63331 1.0 014 31145 1.0 014 33761 1.0 Lawyer Lawyer Lawyer Lawyer Exe. Sec. & Adm. Asst. Lawyer Lawyer 23-1011-4 23-1011-4 23-1011-3 23-1011-4 43-6011-2 23-1011-4 23-1011-4 37 Moore 7738 7736 52 Ragano 7738 37 Hinley 7738 37 Mohan 13 Lopez 0714 Senior Attorney Senior Attorney Senior Attorney Attorney Administrative Asst. II 014 59726 1.0 48275 1.0 014 64657 1.0 014 64786 1.0 005 64660 1.0 Lawver Lawyer Lawver Exe. Sec. & Adm. Asst. Lawver 23-1011-3 23-1011-4 23-1011-4 23-1011-4 43-6011-3 37 Schorr 0108 37 Garcia 0108 37 David 7738 52 Harris 7738 Administrative Secretary Administrative Secretary Senior Attorney Senior Attorney 014 00005 1.0 003 26229 1.0 003 00028 1.0 014 64568 1.0 Exe. Sec. & Adm. Asst. Exe. Sec. & Adm. Asst. Lawyer Lawver 23-1011-4 43-6011-2 43-6011-2 23-1011-4 37 Mills 2225 37 Duffy 0441 13 Naranjo 7738 36 Lang 7738 37 Rine 7703 52 Davis 7703 52 Hong 0108 Gov. Analyst II Senior Attorney Regulatory Specialist II Senior Attorney Paralegal Specialist Paralegal Specialist Administrative Secretary 010 61407 1.0 014 64658 1.0 006 59720 1.0 014 64735 1.0 005 64737 1.0 005 53582 1.0 003 64186 1.0 Management Analyst Lawyer Compliance Officer Lawyer Para. & Legal Asst. Para. & Legal Asst. Exe. Sec. & Adm. Asst. 13-1111-04 23-1011-4 13-1041-2 23-1011-4 23-2011-1 23-2011-1 43-6011-2 37 Kalms 0714 37 West 0120 13 Torres 7703 13 Rodriguez 7738 52 Hoeler 7738 52 Natter 0714 Administrative Asst. II Staff Assistant Paralegal Specialist Senior Attorney Senior Attorney Administrative Asst. II 005 64661 1.0 003 64709 .5 005 37443 1.0 014 61370 1.0 014 63532 1.0 005 64659 1.0 Exe. Sec. & Adm. Asst. Exe. Sec. & Adm. Asst. Para. & Legal Asst. Lawyer Lawyer Exe. Sec. & Adm. Asst. 43-6011-3 43-6011-2 23-2011-1 23-1011-4 23-1011-4 43-6011-3 37 Robbins 0709 36 Jacobs 7738 37 Byrne 7738 Senior Attorney Senior Attorney Administrative Asst. I 014 64734 1.0 014 64787 1.0 003 64788 1.0 Exe. Sec. & Adm. Asst. Lawyer Lawver 23-1011-4 23-1011-4 43-6011-2 37 Haston 7738 37 Salman 7738 37 Jensen 7703 Paralegal Specialist Senior Attorney Senior Attorney 005 64738 1.0 014 64736 1.0 014 64595 1.0 Para, & Legal Asst. Lawver Lawver 23-1011-4 23-2011-1 23-1011-4

#### AGENCY FOR HEALTH CARE ADMINISTRATION Executive Direction - General Counsel

Org. Level: 68 10 20 00 000 Revised Date: July 1, 2008 FTEs: 66.5 Positions: 67

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Medicaid Legal

General Counsel

Manager (Reference Only)

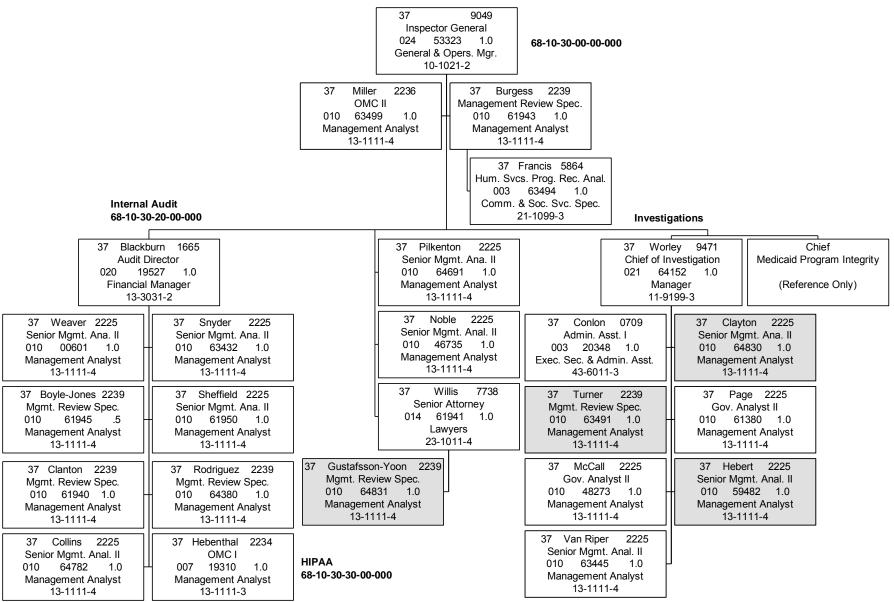
37 Kellum 7738 Senior Attorney 014 61937 1.0 Lawyer 23-1011-4

37 Thompson 0712 Administrative Asst. II 005 64687 1.0 Exe. Sec. & Adm. Asst. 43-6011-3

	37 Bennett 7738	37 Brown 7738	37 Lake 7738	37 Dexter 7738	37 Fridie 7738	37 LaPlante 7738	37 Haber 7738	37 Wilks 7738
	Senior Attorney	Senior Attorney	Senior Attorney	Senior Attorney	Senior Attorney	Senior Attorney	Senior Attorney	Senior Attorney
	014 64824 1.0	014 64686 1.0	014 64681 1.0	014 64825 1.0	014 63523 1.0	014 63521 1.0	014 64685 1.0	014 59301 1.0
	Lawyer	Lawyer	Lawyer	Lawyer	Lawyer	Lawyer	Lawyer	Lawyer
	23-1011-4	23-1011-4	23-1011-4	23-1011-4	23-1011-4	23-1011-4	23-1011-4	23-1011-4
	37 Turner 0709	37 Hussey 7703	37 Clark 0714	37 7736	37 Longordo 0108			
	Administrative Asst. I	Paralegal Specialist	Administrative Asst. II	Attorney	Administrative Secretary			
	003 64823 1.0	005 55644 1.0	005 64689 1.0	010 61936 1.0	003 61942 1.0			
	Exe. Sec. & Adm. Asst.	Paralegal & Legal Asst.	Exe. Sec. & Adm. Asst.	Lawyer	Exe. Sec. & Adm. Asst.			
	43-6011-2	23-2011-1	43-6011-3	23-1011-3	43-6011-2			
37 Blocker 7738	37 Nam 7738	37 7738			37 Porter 7738	37 Melvin 7738		
Senior Attorney	Senior Attorney	Senior Attorney			Senior Attorney	Senior Attorney		
014 64684 1.0	014 55643 1.0	014 64682 1.0			014 63522 1.0	014 64683 1.0		
Lawyer	Lawyer	Lawyer			Lawyer	Lawyer		
23-1011-4	23-1011-4	23-1011-4			23-1011-4	23-1011-4		
		37 Templeton 0709				37 Shufflebotham 7703		
		Administrative Asst. I				Paralegal Specialist		
		003 59458 1.0				005 61017 1.0		
		Exe. Sec. & Adm. Asst.				Paralegal & Legal Asst.		

# AGENCY FOR HEALTH CARE ADMINISTRATION Executive Direction - Inspector General

Revised Date: July 1, 2008 FTEs: 21.5 Positions: 22



#### AGENCY FOR HEALTH CARE ADMINISTRATION Executive Direction - Inspector General Medicaid Program Integrity

Org. Level: 68-10-30-10-000 Revised Date: July 1, 2008 FTEs: 83 Positions: 84

		37 Yor Chief Med. F 021 39/ Financial 11-30	Prog. Integrity 490 1.0 Manager		Page	1 of 3
		37 Williams 0712 Administrative Asst. II 005 19486 1.0 Exec. Sec. & Admin. Asst. 43-6011-3	37 Phillips 2234 OMC I 007 64698 1.0 Management Analyst 13-1111-3			
Administrative Support		37 Givens 1668 Audit Eval. & Review Anal. 008 64692 1.0 Accountant & Auditor 13-2011-3	37 Dawkins 1668 Audit Eval. & Review Anal. 008 64693 1.0 Accountant & Auditor 13-2011-3			
37 West 2250 AHC Administrator 020 24066 1.0 Med. & Hith. Svcs. Mgr. 11-9111-2		Field Offic 020 39 Admin. Svo	liams 6040 te Manager 19486 1.0 cs. Manager 1011-2	very and Program Support		
37 0108 Administrative Secretary 003 55650 1.0 Exec. Sec. & Admin. Asst. 43-6011-2	37 Jackson 5248 Senior Pharmacist 011 61960 .75 Pharmacist 29-1051-5		AHC Ac 020 5 Med. & Hit	oste 2250 dministrator 9484 1.0 th. Svcs. Mgr. 9111-2	Comm. & So	dministrator 498 1.0
37 Forche 2239 Management Rev. Spec. 010 63502 1.0 Management Analyst 13-1111-4	37 Mildenberger 5312 Registered Nursing Cons. 010 63496 1.0 Registered Nurse 29-1111-4	Program Ad 020 39 Comm.& So	eary 5916 dministrator 492 1.0 c. Serv. Mgr. 151-2	37 2107 Systems Project Analyst 008 29780 1.0 Computer Systems Anal. 15-1051-3	37 Cohen 5875 Med./Hith. Care Prog. Anal. 010 46727 1.0 Management Analyst 13-1111-4	37 Blackmon 3120 Research Assistant 007 24163 1.0 Mathematician Tech. 15-2091-2
37 Strickland 0108 Administrative Secretary 003 64797 .50 Exe. Sec. & Adm. Asst. 43-6011-2	37 Divens 5312 Registered Nursing Cons. 010 59480 1.0 Registered Nurse 29-1111-4	37 Al-fuaid 5875 Med./Hith. Care Prog. Anal. 010 64702 1.0 Management Analyst 13-1111-4	37 Luckhower 5875 Med./Hith. Care Prog. Anal. 010 63492 1.0 Management Analyst 13-1111-4	37 Fante 2239 Mgmt. Review Specialist 010 63506 1.0 Management Analyst 13-1111-4	37 Smith 3120 Research Assistant 005 39491 1.0 Mathematician Tech. 15-2091-2	37 Miller 4005 Consumer Complaint Anal. 003 63519 1.0 Compliance Officer 13-1041-1
	37 Dewey 5312 Registered Nursing Cons. 010 59479 1.0 Registered Nurse 29-1111-4	37 Joiner-Philcox 5875 Med./Hith. Care Prog. Anal. 010 59483 1.0 Management Analyst 13-1111-4	37 Hardy 5875 Med./Hith. Care Prog. Anal. 010 64832 1.0 Management Analyst 13-1111-4	37 Blue 3120 Research Assistant 005 39489 1.0 Mathematician Tech. 15-2091-2	37 Rushing 5864 Hum. Svcs. Prog. Rec. Anal. 007 63518 1.0 Comm. & Soc. Svc. Spec. 21-1099-3	37 Heiker 4005 Consumer Complaint Anal. 003 61938 1.0 Compliance Officer 13-1041-1
	37 Barker 0709 Administrative Asst. I 005 63514 1.0 Exec. Sec. & Admin. Asst. 43-6011-2	37 Brady 5875 Med./Hith. Care Prog. Anal. 010 64833 1.0 Management Analyst 13-1111-4	37 Davis 5877 Hum. Svcs. Prog. Spec. 007 63487 1.0 Comm. & Soc. Svc. Spec. 21-1099-3		37 Rodriguez 5864 Hum. Svcs. Prog. Recs. Anal. 003 64820 .75 Management Analyst 13-1111-1	

#### AGENCY FOR HEALTH CARE ADMINISTRATION

#### **Executive Direction - Inspector General Medicaid Program Integrity**

Org. Level: 68-10-30-10-000 Revised Date: July 1, 2008 FTEs: 83 Positions: 84

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			hief rog. Integrity		Page 2 o	13
			l Manager nce Only			
		Asst. Chief Mo 020 64 Financia	herd 7644 ed. Prog. Integ. 1694 1.0 I Manager 031-2			
Institutional	Medical	37 Alford 0709 Administrative Assist. I 003 63505 1.0 Exec. Sec. & Adm. Asst. 43-6011-2	Waiver Pr	rograms	Pharmacy and	Ancillary Services
37 Stivers 2250 AHC Administrator 020 64695 1.0 Med. & Hlth. Svc. Mgr. 11-9111-2	AHC Adn 020 63 Med. & Hith	nell 2250 ninistrator 475 1.0 n. Svc. Mgr. 111-2	AHC Adr 020 64 Med. & Hiti	tead 2250 ninistrator 696 1.0 h. Svc. Mgr. 111-2	AHC Adi 020 6 Med. & Hit	vart 2250 ministrator 3483 1.0 h. Svc. Mgr. 111-2
37 Story 0108 Administrative Secretary 003 63507 1.0 Exec. Sec. & Adm. Asst. 43-6011-2  48 Ryder 5312 Registered Nursing Cons. 010 55652 1.0 Registered Nurse 29-1111-4	37 Barker 5312 Registered Nurse Cons. 010 63495 1.0 Registered Nurse 29-1111-4	37 Notman 5312 Registered Nursing Cons. 010 22758 1.0 Registered Nurse 29-1111-4	37 Jefferson 0108 Administrative Secretary 003 63513 1.0 Exec. Sec. & Adm. Asst. 43-6011-2	37 Stephan 5875 Med./Hith. Care Prog. Ana. 010 63510 1.0 Management Analyst 13-1111-4	37 Holland 5248 Senior Pharmacist 011 55651 1.0 Pharmacist 29-1051-5	37 Livingston 4005 Consumer Complaint Anal. 003 63476 1.0 Compliance Officer 13-1041-1
37 Shiver 1668 Audit Eval. & Rev. Ana. 008 64700 1.0 Accountant & Auditor 13-2011-3  37 Humphries 5879 Sr. Hum. Serv. Prog. Ana. 007 55647 1.0 Comm. & Soc. Svc. Spec. 21-1099-3	37 Fortson 5875 Med./Hith. Care Prog. Ana. 010 46736 1.0 Management Analyst 13-1111-4	37 Maldonado 5875 Med./Hith. Care Prog. Ana. 010 64299 1.0 Management Analyst 13-1111-4	37 MacDonnell 5879 Sr. Hum. Svcs. Prog. Spec. 007 63486 1.0 Comm. & Soc. Svc. Spec. 21-1099-3	37 Satchell 5875 Med./Hith. Care Prog. Ana. 010 39493 1.0 Management Analyst 13-1111-4	37 Herold 5248 Senior Pharmacist 011 55646 1.0 Pharmacist 29-1051-5	37 Humphries 5875 Med./Hith. Care Prog. Ana. 010 64697 1.0 Management Analyst 13-1111-4
37 Lynn 5875 Med./Hith. Care Prog. Ana. 010 64376 1.0 Management Analyst 13-1111-4  37 Robinson 5879 Sr. Hum. Svcs. Prog. Spec. 007 63497 1.0 Comm. & Soc. Svc. Spec.	37 Smith 5875 Med./Hith. Care Prog. Ana. 010 63493 1.0 Management Analyst 13-1111-4	37 Balbo 5312 Registered Nursing Cons. 010 25874 1.0 Registered Nurse 29-1111-4	37 Ellingsen 5875 Med./Hlth. Care Prog. Ana. 010 61965 1.0 Management Analyst 13-1111-4	37 Riley 5312 Registered Nursing Cons. 010 64300 1.0 Registered Nurse 29-1111-4	37 Anderson 5248 Senior Pharmacist 011 64819 1.0 Pharmacist 29-1051-5	37 Johnson 5248 Senior Pharmacist 011 64818 1.0 Pharmacist 29-1051-5
37 Frisby 3120 Research Assistant 005 63478 1.0 Mathematician Tech. 15-2091-2  37 Gagne 3120 Research Assistant 005 19462 1.0 Mathematician Tech. 15-2091-2	37 Gulley 5879 Sr. Hum. Svcs. Prog. Spec. 007 64377 1.0 Comm. & Soc. Svc. Spec. 21-1099-3	37 Mosier 5312 Registered Nursing Cons. 010 47909 1.0 Registered Nurse 29-1111-4	37 Mock 5875 Med./Hith. Care Prog. Ana. 010 63490 1.0 Management Analyst 13-1111-4	37 Stone 5875 Med./Hith. Care Prog. Ana. 010 55653 1.0 Management Analyst 13-1111-4	37 Coumbe 5248 Senior Pharmacist 011 64829 1.0 Pharmacist 29-1051-5	37 Hughes-Poole 0108 Administrative Secretary 003 59481 1.0 Exec. Sec. & Adm. Asst. 43-6011-2
	37 0108 Administrative Secretary 003 63477 1.0 Exec. Sec. & Adm. Asst. 43-6011-2		37 T. Dean 5875 Med./Hith. Care Prog. Ana. 010 46733 1.0 Management Analyst 13-1111-4			

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# AGENCY FOR HEALTH CARE ADMINISTRATION Executive Direction Inspector Concret

Executive Direction - Inspector General Medicaid Program Integrity - Miami

Field Office Manager Page 3 of 3 11-3011-2 (Reference Only) 13 Rossello 2250 AHC Administrator 020 63509 1.0 Med. & Hlth. Svcs. Mgr. 11-9111-2 13 Scarlata 0108 Administrative Secretary 003 63508 1.0 Exec. Sec. & Admin. Asst. 43-6011-2 37 Taylor 5916 13 Solomon 5312 O'Quendo 2240 13 5916 Registered Nurse Cons. Inspector Specialist Program Administrator Program Administrator 010 63479 1.0 010 63480 1.0 020 63485 1.0 020 64699 1.0 Registered Nurse Compliance Officer Comm. & Soc. Serv. Mgr. Comm. & Soc. Serv. Mgr. 29-1111-4 13-1041-4 11-9151-2 11-9151-2 5312 13 Rosario 2240 37 Tapining 5875 29 Ragan 5875 Rojas 2240 Registered Nurse Cons. Inspector Specialist Med./Hith. Care Prog. Anal. Med./Hlth. Care Prog. Anal. Inspector Specialist 010 63481 1.0 010 63501 1.0 010 64378 1.0 010 63500 1.0 010 63482 1.0 Registered Nurse Compliance Officer Compliance Officer Management Analyst Management Analyst 29-1111-4 . 13-1041-4 13-1111-4 13-1111-4 13-1041-4 37 Stiles 5875 29 Herbest 5879 13 Chaparro 2240 13 Perpina 2240 Med./Hlth. Care Prog. Anal. Human Svcs. Prog. Spec Inspector Specialist Inspector Specialist 010 64374 1.0 010 64379 1.0 010 64821 1.0 010 64822 1.0 Management Analyst Comm/Soc. Svc. Spec. Compliance Officer Compliance Officer 13-1111-4 21-1099-3 13-1041-4 13-1041-4 16 Dixon 5879 13 5879 13 Ribera 2240 13 Jolly 2240 Human Svcs. Prog. Spec Sr. Human Svcs. Prog. Spec Inspector Specialist Inspector Specialist 010 64375 1.0 010 46726 1.0 010 64701 1.0 010 63488 1.0 Comm/Soc. Svc. Spec. Comm/Soc. Svc. Spec. Compliance Officer Compliance Officer 21-1099-3 21-1099-3 13-1041-4 13-1041-4 Sr. Human Svcs. Prog. Spec 010 63484 1.0 Comm/Soc. Svc. Spec. 21-1099-3

\*Shaded positions report to org code 68-10-30-10-00-000 - Bureau of Medicaid Program Integrity

A-7-2

Org. Level: 68-10-30-10-01-100

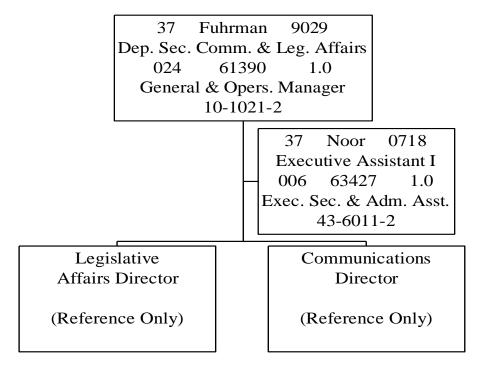
Revised Date: July 1, 2008

FTEs: 13 Positions: 13

# AGENCY FOR HEALTH CARE ADMINISTRATION **Division of Communications & Legislative Affairs Director's Office**

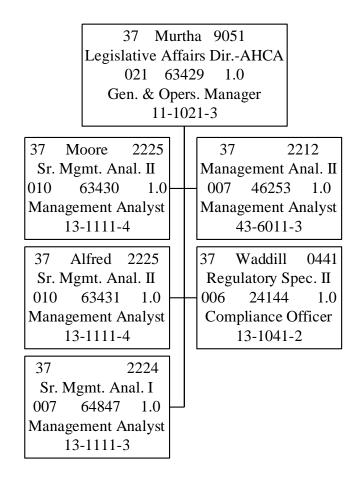
Effective Date: July 1, 2008 Org Level: 68-10-40-00-000

FTEs: 2 Positions: 2



# AGENCY FOR HEALTH CARE ADMINISTRATION Division of Communications and Legislative Affairs Legislative Affairs Office

Effective Date: July 1, 2008 Org Level: 68-10-40-20-00-000 FTEs: 6 Positions: 6



Revised Date: July 1, 2008 FTEs: 15 Positions: 15

## AGENCY FOR HEALTH CARE ADMINISTRATION Division of Communications & Legislative Affairs

### Division of Communications & Legislative Affairs Communications Office



68-10-40-10-20-000

37 Malphurs 0120 Staff Assistant 003 56683 1.0 Exec. Sec. & Adm. Asst. 43-6011-2

Senior Mgmt. Anal. II 010 64193 1.0 Management Analyst 13-1111-4

37 Durden 2224 Mgmt. Review Spec. 007 63446 1.0 Management Analyst 13-1111-3

Multi Media Design Unit 68-10-40-10-22-000

37 Holland 2250 AHC Administrator 020 00610 1.0 Med/Hlth Services Manager 11-9111-2

37 2228 Senior Mgmt. Analyst Supv. 010 53294 1.0 Management Analyst 13-1111-4 Community Resource 68-10-40-10-23-000

37 Goodson 2107 Systems Project Analyst 008 59710 1.0 Computer Systems Analyst 15-1051-3

37 Fincher 2107 Systems Project Analyst 008 00580 1.0 Computer Systems Analyst 15-1051-3 37 0120 Staff Assistant 003 00606 1.0 Exec. Sec. & Adm. Asst. 43-6011-2 37 Bryant 3736 Info. Specialist III 006 53318 1.0 Comp. & Info. Systs. Mgr. 27-3031-2

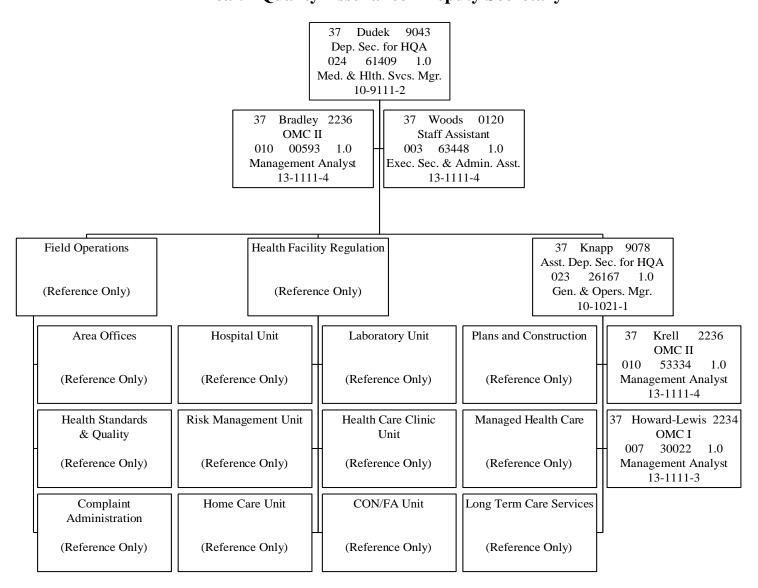
37 House 1334
Research & Trng. Specialist
010 63471 1.0
Training & Dev. Specialist
13-1073-4

37 Marky 2107 Systems Project Analyst 008 64335 1.0 Computer Systems Analyst 15-1051-3 37 Schlesinger 2224 Senior Mgmt. Anal. I 007 56678 1.0 Management Analyst 13-1111-3 37 Armstrong 3736 Info. Specialist III 006 44233 1.0 Comp. & Info. Systs. Mgr. 27-3031-2

37 Muse 2225 Government Anal. II 010 53347 1.0 Management Analyst 13-1111-4

# **AGENCY FOR HEALTH CARE ADMINISTRATION Health Quality Assurance - Deputy Secretary**

Org. Level: 68-30-00-000-000 Revised Date: July 1, 2008 FTEs: 6 Positions: 6



Revised Date: July 1, 2008 **Health Quality Assurance - Plans and Construction** FTEs: 46 Positions: 46

37 Gregory 9072 Chief Plans & Construction 021 46544 1.0 Engineering Manager Page 1 of 2 11-9041-3 37 0120 Staff Assistant 003 57488 1.0 Exec. Sec. & Adm. Asst 43-6011-2 37 Herwig 8639 37 Ramsey 8639 37 Rekoff 4521 37 Hutchings 2234 Architect Supervisor Prof. Engineer. Adm. Prof. Engineer. Adm. OMC I /Coord. 020 57493 1.0 020 57494 1.0 012 26201 1.0 007 64181 1.0 Engineering Manager Engineering Manager Management Analyst Surveyors 11-9041-2 11-9041-2 17-1022-5 13-1111-3 37 Buch 4660 13 Yadkouri 4633 37 Ferrer 4663 48 Nash 4660 13 Diberardinis 4518 37 Waltz 4517 13 Davis 0108 37 King 0108 Prof. Engineer II Engineer Spec. III Prof. Engineer II Prof. Engineer II Architect Architect Intem Admin. Secretary Admin. Secretary 011 48256 1.0 57496 1.0 011 57499 1.0 011 57503 1.0 48257 1.0 009 57508 1.0 003 57492 1.0 003 26190 1.0 Engineer Engineer Engineer Engineer Architect Architect Exec. Sec. & Adm. Asst. Exec. Sec. & Adm. Asst. 17-2199-4 17-2199-3 17-2199-4 17-2199-4 43-6011-2 17-1011-4 17-1011-3 43-6011-2 37 Schiller 4660 13 Fernandez 4660 13 Gutierrez 4660 13 Salim 4633 4518 37 Baniahmad 4518 0108 48 Marrero 0108 Prof. Engineer II Prof. Engineer II Prof. Engineer II Engineer Spec. III Architect Architect Intem Admin. Secretary Admin. Secretary 011 57495 1.0 011 57507 1.0 011 46549 1.0 009 57509 1.0 011 26699 1.0 011 57511 1.0 003 64177 1.0 003 64178 1.0 Engineer Engineer Engineer Architect Architect Exec. Sec. & Adm. Asst Exec. Sec. & Adm. Asst Engineer 17-2199-4 17-2199-4 17-2199-4 17-2199-3 17-1011-4 43-6011-2 43-6011-2 17-1011-4 37 Jiang 4633 48 Alston 4633 37 Masterson 4633 13 Mendoza 4633 Gonzalez 4518 4518 37 Gadsen 0108 37 Mino 0108 Engineer Spec. III Engineer Spec. III Engineer Spec. III Engineer Spec. III Architect Architect Admin. Secretary Admin. Secretary 009 57497 1.0 64182 1.0 009 57500 1.0 009 57510 1.0 011 30933 1.0 003 31654 1.0 003 64585 1.0 011 64179 1.0 Engineer Engineer Engineer Engineer Architect Architect Exec. Sec. & Adm. Asst Exec. Sec. & Adm. Asst 17-2199-3 17-2199-3 17-2199-3 17-2199-3 17-1011-4 17-1011-4 43-6011-2 43-6011-2 48 Rajashekaraiah 4660 48 Golden 4633 48 Hall 4633 37 Tala 4633 Slazinski 4518 48 Birkbeck 4518 Prof. Engineer II Engineer Spec. III Engineer Spec. III Engineer Spec. III Architect Architect 011 57498 1.0 009 64183 1.0 009 57502 1.0 009 64184 1.0 011 34739 1.0 64180 1.0 Engineer Engineer Engineer Engineer Architect Architect 17-2199-4 17-2199-3 17-2199-3 17-2199-3 17-1011-4 17-1011-4 13 Dabiri 4633 48 Loupe 4633 13 Kochhar 4517 Engineer Spec. III Engineer Spec. III Architect Intem 009 64187 1.0 64185 1.0 46542 1.0 Engineer Engineer Architect 17-2199-3 17-2199-3 17-1011-3

Org. Level: 68 30 10 00 000

# **AGENCY FOR HEALTH CARE ADMINISTRATION Health Quality Assurance - Plans and Construction**

Org. Level: 68 30 10 00 000 Revised Date: July 1, 2008 FTEs: 46 Positions: 46

Chief Plans & Construction **Engineering Manager** (Reference Only) 37 Temkin 2238 **OMC** Manager 28050 020 1.0 General & Opers. Mgr. 11-1021-2 37 Vasko 8804 48 Peka 8804 Fire Protection Spec. Fire Protection Spec. 007 61400 1.0 007 31652 1.0 Compliance Officer Compliance Officer 13-1041-3 13-1041-3 13 Grasso 8804 48 Teat 8804 Fire Protection Spec. Fire Protection Spec. 007 37451 1.0 007 64654 1.0 Compliance Officer **Compliance Officer** 13-1041-3 13-1041-3 29 Cranfield 8804 37 Starks 0440 Fire Protection Spec. Regulatory Spec. I 007 64656 1.0 003 57490 1.0 **Compliance Officer Compliance Officer** 13-1041-3 13-1041-1

Page 2 of 2

# AGENCY FOR HEALTH CARE ADMINISTRATION Division of Health Quality Assurance Health Facility Regulation

Revised Date: July 1, 2008 FTEs 80 Positions: 80

			-			
		Chief of HI	th. Fac. Reg.			
		Medical & Hea	Ith Services Mg	ır.		Page 3 of 3
	e of Need and	(Refere	nce Only)		Home Care	
68-30-20-8	-	(1.10.0.0	,		68-30-20-50-000	
37 McLemore 5895 Hith. Svcs. & Fac. Cons. Supv. 020 00643 1.0 Management Analyst 13-1111-4  37 Mittleman 0108 Administrative Secretary 003 02002 1.0 Exec. Sec. & Adm. Asst. 43-6011-2  37 Green 5894 Hith. Svcs. & Fac. Cons. 010 48276 1.0 Business Opers. Spec. 13-1199-4  37 Vice 5894 Hith. Svcs. & Fac. Cons. 010 00641 1.0 Business Opers. Spec. 13-1199-4	37 Fitch Regulatory A	n 1645 nalyst Supv. 310 1.0 ce Officer 141-4 37 Kenned Regulatory / 008 550 Accountant 13-201	Analyst IV 63 1.0 & Auditor 11-3 n 5894 Fac. Cons. 12 1.0 ers. Spec. 19-4	37 Forbes 0108 Administrative Secretary 003 29805 1.0 Ex. Sec. & Adm. Asst. 43-6011-2  37 Lawrence 5911 Program Administratio 020 64558 1.0 Comm. & Soc. Svc. Mg. 11-9151-2  37 Dubois 5894 Hlth. Svcs. & Fac. Cons. 010 64559 1.0 Business Opers. Spec. 13-1199-4  37 5879 67. Hum. Svcs. Prog. Spec. 007 26170 1.0 Comm. & Soc. Serv. Spec. 21-1099-3  37 Corley 0440 Regulatory Specialist I 003 48727 1.0 Compliance Officer 13-1041-1  37 Boone 0108 Administrative Secretary 003 64556 1.0 Ex. Sec. & Adm. Asst. 43-6011-2  37 Clawson 5894 Hlth. Svcs. & Fac. Cons. 010 58477 1.0 Business Opers. Spec. 13-1199-4	37 Menard 5895 Hith. Svcs. & Fac. Cons. Supv 020 48387 1.0 Management Analyst 13-1111-4  37 Benesh 2238 OMC Mgr. 020 53518 1.0 General Opers. Mgr. 11-1021-2  37 Lowry 5894 Hith. Svcs. & Fac. Cons. 010 26232 1.0 Business Opers. Spec. 13-1199-4  37 Guilford 5875 Med./Hith. Care Prog. Anal. 010 64402 1.0 Management Analyst 13-1111-4  37 Houston 5879 Sr. Hum. Svcs. Prog. Spec. 007 64557 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3  37 Barnes 5894 Hith. Svcs. & Fac. Cons. 010 64594 1.0 Business Opers. Spec. 13-1199-4  37 Footman 0108 Administrative Secretary 003 26171 1.0 Ex. Sec. & Adm. Asst.	37 0108 Administrative Sec. 003 53346 1.0 Exec. Sec. & Adm. Asst. 43-6011-2  37 Richardson 5879 Sr. Hum. Svcs. Prog. Spec. 007 47188 1.0 Comm. & Soc. Serv. Spec. 21-1099-3  37 Ibrahim 5894 Hlth. Svcs. & Fac. Cons. 010 64773 1.0 Business Opers. Spec. 13-1199-4  37 Watkins 0441 Regulatory Specialist II 006 64401 1.0 Compliance Officer 13-1041-2
			s	37 Boortz 5879 Sr. Hum. Svcs. Prog. Spec. 007 48292 1.0	43-6011-2	
			C	Comm. & Soc. Serv. Spec. 21-1099-3		

#### **Division of Health Quality Assurance Health Facility Regulation**

Chief of Hlth. Facility Reg.

Revised Date: July 1, 2008 FTEs: 80 Positions: 80

		Medical &	Health Services Mgr.			Page 2 of 3
		(Re	ference Only)			
68-30-20 Hospital			68-30-20 Laborate		68-30-20-	-10-000 are Clinics
	afferty 5895			era 5895	37 Bell 5895	
Hlth. Svcs. &	Fac. Cons. Supv.		Hlth. Svcs. & I	Fac. Cons. Supv.	Hlth. Svcs. & Fac. Cons.	Supv.   Administrative Secretary
	6198 1.0 ent Analyst			5216 1.0 ent Analyst	010 64765 1.0 Management Analy	
13-1	111-4		13-1	111-4	13-1111-4	43-6011-2
37 Bass 5894 37 Johnston 5894 Hlth. Svcs. & Fac. Cons. Hlth. Svcs. & Fac. Cons.	37 Clark 0108 Admin. Secretary	37 Collier 0108 Admin, Secretary	37 5879 Sr. Hum. Svcs. Prog. Spec.	37 Asbell 5894 Hlth. Svcs. & Fac. Cons.	37 LaRosa 2238 OMC Manager	37 Vidal 5894 Hlth. Svcs. & Fac. Cons.
010 29752 1.0 010 64157 1.0	003 64400 1.0	003 48648 1.0	007 64188 1.0	010 63225 1.0	020 64766 1.0	010 64769 1.0
Business Opers. Spec. 13-1199-4 Business Opers. Spec. 13-1199-4	Exec. Sec & Adm. Asst. 43-6011-2	Exec. Sec & Adm. Asst. 43-6011-2	Comm. & Soc. Svcs. Spec. 21-1099-3	Business Opers. Spec. 13-1199-4	Gen. & Ops. Managers 11-1021-2	Business Opers. Spec. 13-1199-4
37 Baker 0108 37 Stewart 2238	37 Hajdukiewicz 5894	37 Stock 0441	37 McMillan 0441	37 Ehlers 5879	37 Gordon 5894	37 Hitchens 5894
Admin. Secretary Gov. Opers. Cons. III 003 64156 1.0 010 64441 1.0	Hlth. Svcs. & Fac. Cons. 010 64791 1.0	Regulatory Specialist II 006 63226 1.0	Regulatory Specialist II 006 48635 1.0	Sr. Hum. Svcs. Prog. Spec. 007 61377 1.0	Hlth. Svcs. & Fac. Cons. - 010 64777 1.0	Hlth. Svcs. & Fac. Cons. 010 64774 1.0
Exec. Sec & Adm. Asst. Management Analyst 43-6011-2 13-1111-4	Business Opers. Spec. 13-1199-4	Compliance Officer 13-1041-2	Compliance Officer 13-1041-2	Comm. & Soc. Svcs. Spec. 21-1099-3	Business Opers. Spec.	Business Opers. Spec. 13-1199-4
37 Dickens 0441 37 Plagge 5916	13-1199-4	13-1041-2	37 Dubose 2022	37 Carter 0108	13-1199-4 37 Martinez 5894	37 Stone 5894
Regulatory Specialist II   Program Administrator			Computer Operator II 004 61375 1.0	Admin. Secretary 003 28289 1.0	Hlth. Svcs. & Fac. Cons.	Hlth. Svcs. & Fac. Cons. 010 64775 1.0
006 53304 1.0 020 63320 1.0 Compliance Officer Comm. & Soc. Sycs. Mgr.			Computer Spec.	Exec. Sec & Adm. Asst.	010 64771 1.0 Business Opers. Spec.	Business Opers. Spec.
13-1041-2 11-9151-2			15-1099-1 37 Cox 5879	43-6011-2 37 Jones 0108	13-1199-4	13-1199-4
37 Young 5894 37 Barab Hlth. Svcs. & Fac. Cons. Hlth. Svcs. &			Sr. Hum. Svcs. Prog. Spec.	Admin. Secretary	37 Rollins 5894 Hlth. Svcs. & Fac. Cons.	37 Schmigel 5894 Hlth. Svcs. & Fac. Cons.
010 61372 1.0 010 534 Business Opers. Spec. Business O			007 63323 1.0 Comm. & Soc. Svcs. Spec.	003 64189 1.0 Exec. Sec & Adm. Asst.	- 010 64772 1.0 Business Opers. Spec.	010 64776 1.0 Business Opers. Spec.
13-1199-4 Business O			21-1099-3	43-6011-2	13-1199-4	13-1199-4
37 Wooten 5894 Hlth, Sycs, & Fac, Cons. Hlth, Sycs, &			37 Crain 5894 Hlth. Svcs. & Fac. Cons.	37 Butler 0004 Senior Clerk	37 Plummer 0004 Senior Clerk	37 Colvin 5894 Hlth. Svcs. & Fac. Cons.
010 64155 1.0 010 344	39 1.0		010 64405 1.0	003 48717 1.0	011 64779 1.0	010 64768 1.0
Business Opers. Spec. Business O			Business Opers. Spec. 13-1199-4	Office Clerk 43-9061-2	Office Clerk 43-9061-2	Business Opers. Spec. 13-1199-4
			37 Arnold 2238 Govt. Operations Cons. III	37 Colvin 0108 Admin. Secretary	37 Johnson 0004	
			010 64176 1.0	003 53317 1.0	Senior Clerk - 011 64778 1.0	
			Management Analyst 13-1111-4	Exec. Sec & Adm. Asst. 43-6011-2	Office Clerk 43-9061-2	
			37 Mitchell 5894	37 Rutherford 0130	37 Smith 5894	
			Hlth. Svcs. & Fac. Cons. 010 48274 1.0	Records Specialist 003 37815 1.0	Hlth. Svcs. & Fac. Cons. 010 64770 1.0	
			Business Opers. Spec.	Info. & Records Clerk	Business Opers. Spec.	
			13-1199-4 37 Abbott 5894	43-4199-2	13-1199-4	
			Hlth. Svcs. & Fac. Cons.			
			010 63315 1.0 - Business Opers. Spec.	-		
			13-1199-4			

# AGENCY FOR HEALTH CARE ADMINISTRATION Division of Health Quality Assurance Health Facility Regulation

Revised Date: July 1, 2008 FTEs 80 Positions: 80

				• 0			
			Chief of HI	th. Fac. Reg.			
	Certificat	e of Need and	Medical & Hea	Ith Services Mo	gr.		Page 3 of 3
	Financial 68-30-20-	Analysis	(Refere	nce Only)		Home Care 68-30-20-50-000	
37 McLemo Hlth. Svcs. & Fac. 020 0064; Managemeni 13-111	re 5895 . Cons. Supv. 3 1.0 t Analyst	37 Fito Regulatory / 010 53 Compliar	ch 1645 Analyst Supv. 310 1.0 nce Officer 041-4		37 Forbes 0100 Administrative Secretary 003 29805 1.0 Ex. Sec. & Adm. Asst. 43-6011-2	37 Menard 5895	
003 02002 1.0	37 Biddle 0108 Administrative Secretary 003 11160 1.0 Exec. Sec. & Adm. Asst. 43-6011-2	37 3215 Economic Analyst 008 53326 1.0 Economist 19-3011-3	37 Kenner Regulatory 008 550 Accountant 13-20	Analyst IV 63 1.0 & Auditor	37 Lawrence 591: Program Administrato 020 64558 1.0 Comm. & Soc. Svc. Mg 11-9151-2	r OMC Mgr. 020 53518 1.0	37 0108 Administrative Sec. 003 53346 1.0 Exec. Sec. & Adm. Asst. 43-6011-2
37 Green 5894	43-6011-2  37 Love 5894 Hith. Svcs. & Fac. Cons. 010 34018 1.0 Business Opers. Spec. 13-1199-4	19-3011-3  37 Austin 1644 Regulatory Analyst IV 008 53315 1.0 Accountant & Auditor 13-2011-3  37 Broussard 5894 Hith. Svcs. & Fac. Cons. 010 00614 1.0 Business Opers. Spec. 13-1199-4	13-20' 37 Hillma Hith. Svcs. & 010 533 Business Op 13-119	n 5894 Fac. Cons. 12 1.0 ers. Spec. 99-4	11-9151-2  37 Dubois 5894 Hith. Svcs. & Fac. Cons. 010 64559 1.0 Business Opers. Spec. 13-1199-4  37 5879 Sr. Hum. Svcs. Prog. Spec. 007 26170 1.0 Comm. & Soc. Serv. Spec. 21-1099-3  37 Corley 0440 Regulatory Specialist I 003 48727 1.0 Compliance Officer 13-1041-1  37 Boone 0108 Administrative Secretary 003 64556 1.0 Ex. Sec. & Adm. Asst. 43-6011-2  37 Clawson 5894 Hith. Svcs. & Fac. Cons. 010 58477 1.0 Business Opers. Spec. 13-1199-4	37 Lowry 5894 Hith. Svcs. & Fac. Cons. 010 26232 1.0 Business Opers. Spec. 13-1199-4  37 Guilford 5875 Med./Hith. Care Prog. Anal. 010 64402 1.0 Management Analyst 13-1111-4  37 Houston 5879 Sr. Hum. Svcs. Prog. Spec. 007 64557 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3  37 Barnes 5894 Hith. Svcs. & Fac. Cons. 010 64594 1.0 Business Opers. Spec. 13-1199-4  37 Footman 0108 Administrative Secretary 003 26171 1.0 Ex. Sec. & Adm. Asst. 43-6011-2	
					Sr. Hum. Svcs. Prog. Spec. 007 48292 1.0 Comm. & Soc. Serv. Spec. 21-1099-3		

# Health Quality Assurance (Field Operations)

37 Weaver 9065 Chief, Field Operations 021 26175 1.0 Gen. & Op. Manager 11-1021-3

37 Harrington 0108 Admin. Assistant I 003 51310 1.0 Ex. Sec. & Admin. Assist 43-6011-2

Complaint Administration

Survey & Integrity Support Branch 68-30-30-35-00-000

Org Code: 68-30-30-00-000

Revised Date: July 1, 2008

FTEs: 18 Positions: 18

,		43-0011-2	Complaint Administration	68-30-30-35-00-000		
Area Office 2 37 Tallahassee (30 FTEs) Ref. Only	Area Office 3 01 Gainesville (28 FTEs) Ref. Only	Sr. Mgmt. 010 64 Manageme	11 2228 Anal. Supv. 1652 1.0 ent Analyst 111-4	020 334	e Manager 416 1.0 es. Manager	
Area Office 4 16 Jacksonville (36 FTEs) Ref. Only	Area Office 5 52 St. Petersburg (77 FTEs) Ref. Only	37 Hart 5894 Hlth. Svcs. & Fac. Consult. 010 64648 1.0 Business Opers. Spec. 13-1199-4	37 Kerr 0108 Administrative Secretary 003 64792 1.0 Exe. Sec. & Adm. Asst. 43-6011-2	52 Maloney 2225 Government Analyst II 010 64161 1.0 Business Operations 13-1111-4	01 5248 Senior Pharmacist 011 25997 1.0 Pharmacist 29-1051-5	
Area Office 7 48 Orlando (33 FTEs) Ref. Only	Area Office 8 36 Fort Myers (42 FTEs) Ref. Only	37 Figgers 0444 Regulatory Specialist III 007 64644 1.0 Compliance Officer 13-1041-3	37 Moore 5312 Registered Nursing Cons. 010 64643 1.0 Registered Nurse 29-1111-4	50 Segui 5248 Senior Pharmacist 011 29840 1.0 Pharmacist 29-1051-5	29 Hanns 5312 Registered Nursing Cons. 010 64382 1.0 Registered Nurse 29-1111-4	
Area Office 9 50 West Palm Beach (65 FTEs) Ref. Only	Area Office 11 13 Miami (52 FTEs) Ref. Only	37 Renfroe 0440 Regulatory Specialist I 003 64645 1.0 Compliance Officer 13-1041-1	37 Pearce 5312 Registered Nursing Cons. 010 64793 1.0 Registered Nurse 29-1111-4	48 Parkinson 5894 Hlth. Svcs. & Fac. Consult. 010 64162 1.0 Business Opers. Spec. 13-1199-4	52 Buman 0108 Administrative Secretary 003 26236 1.0 Exe. Sec. & Adm. Asst. 43-6011-2	
		37 Morthier 5294 Registered Nurse Specialist 008 64640 1.0 Registered Nurse 29-1111-3		37 2225 Government Analyst II 010 61418 1.0 Business Operations 13-1111-4		

## **Health Quality Assurance**

### Field Operations - Health Standards & Quality

Revised Date: July 1, 2008 Org Level: 68-30-30-30-00-000 FTEs: 31.5 Position: 32

Survey & Certification	1 Support B	ranch	Field ( (Reference of the second of the seco	nief of Operations ence Only)  oak 2228 nt. Anal. Supv. 64569 1.0 nent Analyst 1111-4		Pa	ge 1 of 2
010 6 Business	37 Koc Senior Mgi 010 300 Manageme 13-11 5894 & Fac. Cons. 64730 .5 S Op. Spec.	mt Anal. II 513 1.0 ent Analyst	y Spec. II 210 1.0 ce Officer	37 Higgir Senior Mgm 010 646/ Managemen 13-111 37 Roberts-T Admin. Se 003 2619 Ex. Sec. & Ad 43-601	nt Anal. II 29 1.0 nt Analyst 11-4 Paylor 0108 ecretary 91 1.0 min. Assist.	37 Gressel 2225 Government Analyst II 010 64630 1.0 Management Analyst 13-1111-4  37 Heiberg 2225 Government Analyst II 010 64633 1.0 Management Analyst 13-1111-4	
37 Burkett 2107 Systems Proj. Analyst 008 64729 1.0 Computer Sys. Analyst 15-1051-3  37 Howard 2224 Government Analyst I 007 48715 1.0 Management Analyst 13-1111-3		nalyst I 125 1.0 nt Analyst	37 Regulatory 003 646 Compliance 13-104	42 1.0 e Officer	37 Williams 5312 Registered Nursing Consu 010 64569 1.0 Registered Nurse 29-1111-4	dt.	

C-4-1

## Health Quality Assurance Field Operations - Health Standards & Quality

Org Level: 68-30-30-30-000 Revised Date: July 1, 2008 FTEs: 31.5 Positions: 32

Page 2 of 2

Chief Field Operations

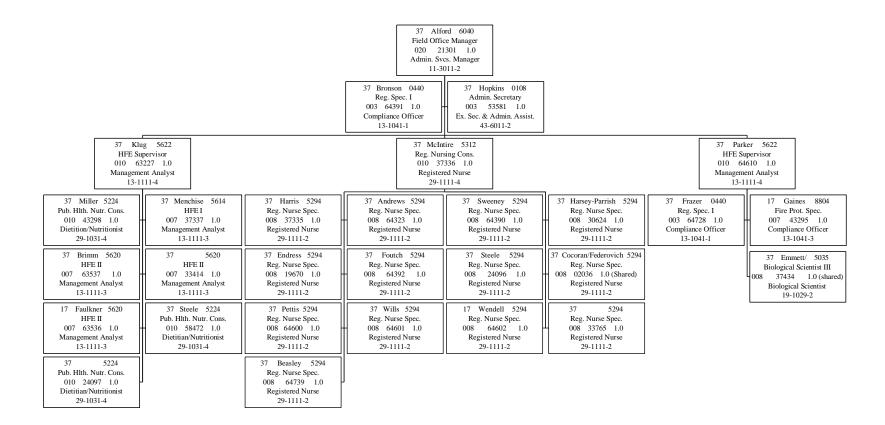
(Reference Only)

37 Acker 5345 Nursing Services Director 020 27627 1.0 Med. & Hlth. Svcs. Mgr. 11-9111-2

52 Sierra-Dieppa 5294 Reg. Nurse Spec. 010 64578 1.0 Registered Nurse 29-1111-2	29 Morera 5312 Regi. Nursing Cons. 010 64581 1.0 Registered Nurse 29-1111-4	13 Williams-Josephs 5312 Reg. Nursing Cons. 010 64584 1.0 Registered Nurse 29-1111-4	29 Carey 5312 Reg. Nursing Cons. 010 64579 1.0 Registered Nurse 29-1111-4
13 Lofton 5312 Reg. Nursing Cons. 010 64583 1.0 Registered Nurse 29-1111-4	13 Penczykowski 5312 Reg. Nursing Cons. 010 64586 1.0 Registered Nurse 29-1111-4	17 Bonnell 5312 Reg. Nursing Cons. 010 64574 1.0 Registered Nurse 29-1111-4	48 Cavanuagh 5312 Reg. Nursing Cons. 010 64580 1.0 Registered Nurse 29-1111-4
48 Dillehay 5312  Reg. Nursing Cons. 010 64582 1.0  Registered Nurse 29-1111-4	16 Norris 5312 Reg. Nursing Cons. 010 64577 1.0 Registered Nurse 29-1111-4	01 Lauter 5312 Reg. Nursing Cons. 010 64576 1.0 Registered Nurse 29-1111-4	37 Smith 5294 Reg. Nurse Spec. 008 64631 1.0 Registered Nurse 29-1111-2
16 Ryan 5294 Reg. Nurse Spec. 008 64632 1.0 Registered Nurse 29-1111-2	29 5294 Reg. Nurse Spec. 008 64634 1.0 Registered Nurse 29-1111-2	13 Ramcharan 5294 Reg. Nurse Spec. 008 64638 1.0 Registered Nurse 29-1111-2	48 White 5294 Reg. Nurse Spec. 008 64646 1.0 Registered Nurse 29-1111-2
37 Barron 5294 Reg. Nurse Spec. 008 64647 1.0 Registered Nurse 29-1111-2	37 0108 Admin. Secretary 003 64730 .5 Exec. Sec. & Adm. Asst. 43-6011-2		

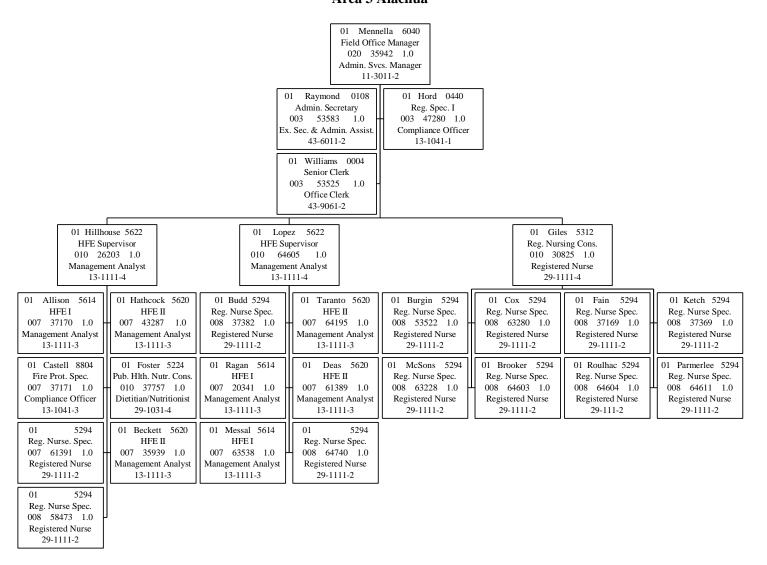
Health Quality Assurance
Area 2 - Tallahassee

Org. Level: 68 30 30 02 000 Revised Date: July 1, 2008 FTEs: 29 Positions: 29



# Health Quality Assurance Area 3 Alachua

Org. Level: 68 30 30 03 000 Revised Date: July 1, 2008 FTEs: 28 Positions: 28



## Health Quality Assurance

#### Area 4 - Jacksonville

16 Marsh 6040 Field Office Manager 020 26197 1.0 Admin. Svcs. Manager 11-3011-2

16 Gill 0441 Reg. Spec. II 006 31144 1.0 Compliance Officer 13-1041-2 16 0108 Admin. Secretary 003 43307 1.0 Ex. Sec. & Admin. Assist. 43-6011-2

16 Walker 0440 Reg. Spec. I 003 26211 1.0 Compliance Officer 13-1041-1

16 Edstrom 5312 Reg. Nursing Cons. 010 26207 1.0 Registered Nurse 29-1111-4

008 40043 1.0 Registered Nurse 29-1111-2 16 Dickson 5622 HFE Supervisor 010 48821 1.0 Management Analyst 13-1111-4 16 Havird 5622 HFE Supervisor 010 64196 1.0 Management Analyst 13-1111-4

29-11	111-4	13-1	111-4	13-1	111-4
16 Kirkland 5294	16 Haas 5294	16 Greene 5620	16 Pearce 5614	16 Folsom 5035 Bio. Scientist III 008 63328 1.0 Biological Scientist 19-1029-2	16 Strong 5620
Reg. Nurse Spec.	Reg. Nurse Spec.	HFE II	HFE I		HFE II
008 26172 1.0	008 64159 1.0	007 34825 1.0	007 39472 1.0		007 48812 1.0
Registered Nurse	Registered Nurse	Management Analyst	Management Analyst		Management Analyst
29-1111-2	29-1111-2	13-1111-3	13-1111-3		13-1111-3
16 Glover-Ogunsan 5224	16 Shigo 5294 Reg. Nurse Spec. 008 61393 1.0 Registered Nurse 29-1111-2	16 Fox 5620	16 Morgan 0004	16 Nagles 5294	16 Linardi 8804
Pub. Hlth. Nutr. Cons.		HFE II	Senior Clerk	Reg. Nurse Spec.	Fire Prot. Spec.
010 37433 1.0		007 26224 1.0	003 26187 1.0	008 34821 1.0	007 31653 1.0
Dietitian/Nutritionist		Management Analyst	Office Clerk	Registered Nurse	Compliance Officer
29-1031-4		13-1111-3	43-9061-2	29-1111-2	13-1041-3
16 Ragosta 5294	16 Lynch 5294	16 Agostinelli 5614	16 Lyons 5620	16 Reed 5224 Pub. Hlth. Nutr. Cons. 010 48817 1.0 Dietitian/Nutritionist 29-1031-4	16 Dalton 5294
Reg. Nurse Spec.	Reg. Nurse Spec.	HFE I	HFE II		Reg. Nurse Spec.
008 64741 1.0	008 26223 1.0	007 48234 1.0	007 30707 1.0		008 48722 1.0
Registered Nurse	Registered Nurse	Management Analyst	Management Analyst		Registered Nurse
29-1111-2	29-1111-2	13-1111-3	13-1111-3		29-1111-2
16 Pippin 5294	16 Washington 5294 Reg. Nurse Spec. 008 43291 1.0 Registered Nurse 29-1111-2	16 Walker 5294	16 5294	16 Herrin 5294	16 Powell 5294
Reg. Nurse Spec.		Reg. Nurse Spec.	Reg. Nurse Spec.	Reg. Nurse Spec.	Reg. Nurse Spec.
008 24099 1.0		008 64614 1.0	008 30623 1.0	008 30836 1.0	008 64606 1.0
Registered Nurse		Registered Nurse	Registered Nurse	Registered Nurse	Registered Nurse
29-1111-2		29-1111-2	29-1111-2	29-1111-2	29-1111-2
16 Ray 5294 Reg. Nurse Spec. 008 64612 1.0 Registered Nurse 29-1111-2	16 Peeple 5294 Reg. Nurse Spec. 008 58474 1.0 Registered Nurse 29-1111-2			16 Bragg 5294 Reg. Nurse Spec. 008 63229 1.0 Registered Nurse 29-1111-2	
16 Byrne 5294 Reg. Nurse Spec.					

Org. Level: 68 30 30 04 000 Revised Date: July 1, 2008

FTEs: 35 Positions: 35

Health Quality Assurance Area 5 - St. Petersburg

52 Varga 5622

HFE Supervisor

010 48819 1.0

Management Analyst

13-1111-4

52 Lux 5614

HFE I

007 34826 1.0

Management Analyst

13-1111-3

HFE I

007 36139 1.0

Management Analyst

13-1111-3

52 Jones 5620

HFE II

007 21300 1.0

Management Analyst

13-1111-3

52 Dunbar 0004

Senior Clerk

Office Clerk

43-9061-2

35945 1.0

5614

52 Benjamin

52 Sievers 5035

Bio. Scientist III

008 26559 1.0

Biological Scientist

19-1029-2

Senior Clerk

003 31496 1.0

Office Clerk

43-9061-2

52 Aromola 5620

HFE II

007 64744 1.0

Management Analyst

13-1111-3

Senior Clerk

003 37230 1.0

Office Clerk

43-9061-2

0004

52

52 Gordon 5614

007 48235 1.0

Management Analyst

13-1111-3

52 McCrary 5620

HFE II

007 48809 1.0

Management Analyst

13-1111-3

52 Burdick 5614

HFE I

007 21075 1.0

Management Analyst

13-1111-3

Reg. Spec. I

003 43306 1.0

Compliance Officer

13-1041-1

Rose

0440

52 Reid 6040 Field Office Manager 020 26231 1.0 Page 1 of 2 Admin. Svcs. Manager 11-3011-2 52 Keith 0441 52 Urguhart 0441 Reg. Spec. II Reg. Spec. II 006 31655 1.0 006 64743 1.0 Compliance Officer Compliance Officer 13-1041-2 13-1041-2 37 Linebaugh 0440 Reg. Spec. I 003 61417 1.0 Compliance Officer 13-1041-1 Roy 5622 52 Allen 5312 52 Freed 5312 HFE Supervisor Registered Nursing Cons. Registered Nursing Cons 010 26206 1.0 010 53520 1.0 010 64794 1.0 Management Analyst Registered Nurse Registered Nurse 13-1111-4 29-1111-4 29-1111-4 52 Wagoner 5035 52 Kanter 5224 52 Gilner 5294 52 Nagy 5294 5294 Bio. Scientist III Pub. Hlth. Nutr. Cons. Reg. Nurse Spec. Reg. Nurse Spec. Reg. Nurse Spec. 008 63330 1.0 010 48816 1.0 008 53578 1.0 008 64742 1.0 008 31649 1.0 Biological Scientist Dietitian/Nutritionist Registered Nurse Registered Nurse Registered Nurse 19-1029-2 29-1031-4 29-1111-2 29-1111-2 29-1111-2 52 Hall 0108 52 Bauer 5294 52 Challen 5294 52 52 Mackey 5224 Reg. Nurse Spec. Pub. Hlth. Nutr. Cons. Admin. Secretary Reg. Nurse Spec. Reg. Nurse Spec. 003 26226 1.0 008 37427 1.0 008 61404 1.0 008 30838 1.0 010 30840 1.0 Ex. Sec. & Admin. Assist Registered Nurse Registered Nurse Registered Nurse Dietitian/Nutritionist 43-6011-2 29-1111-2 29-1111-2 29-1111-2 29-1031-4 52 Buchan 5620 52 Bermes 5294 52 Thompson 5294 52 Donald 5294 52 HFE II Reg. Nurse Spec. Reg. Nurse Spec. Reg. Nurse Spec. Reg. Nurse Spec. 007 64745 1.0 008 61403 1.0 008 64622 1.0 008 30621 1.0 008 64637 1.0 Management Analyst Registered Nurse Registered Nurse Registered Nurse Registered Nurse 13-1111-3 29-1111-2 29-1111-2 29-1111-2 29-1111-2 52 Cherbonnier 0108 52 Perrone 5294 52 Sannella 5294 52 Hollar 5294 52 Pumphrey 5294 Administrative Secretary Reg. Nurse Spec. Reg. Nurse Spec. Reg. Nurse Spec. Reg. Nurse Spec. 003 21078 1.0 008 63231 1.0 008 37201 1.0 008 61398 1.0 008 64197 1.0 Exe. Sec. & Adm. Asst. Registered Nurse Registered Nurse Registered Nurse Registered Nurse 43-6011-2 29-1111-2 29-1111-2 29-1111-2 29-1111-2

5294

Reg. Nurse Spec. 008 64615 1.0 Registered Nurse 29-1111-2

C-4-6

Org Level: 68 30 30 05 00

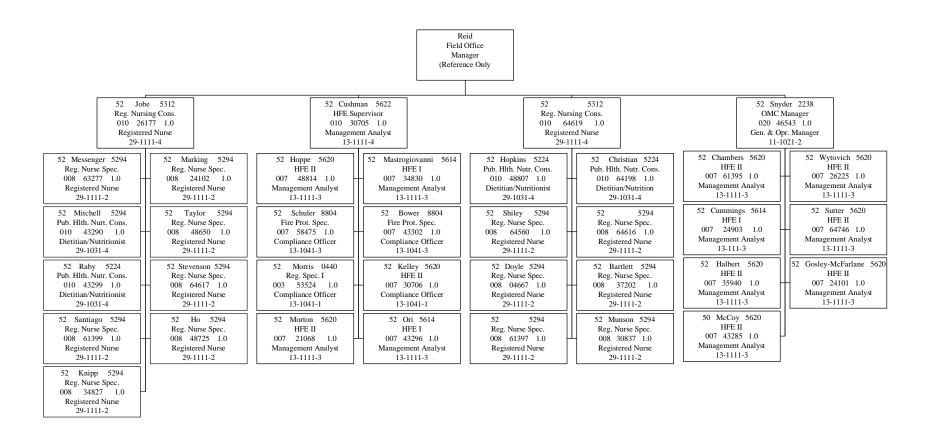
Revised Date: July 1, 2008

FTEs: 77 Positions: 77

#### AGENCY FOR HEALTH CARE ADMINISTRATION Health Quality Assurance Area 5 - St. Petersburg

Org. Level: 68 30 30 05 000 Revised Date: July 1, 2008 FTEs: 77 Positions: 77

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Org. Level: 68 30 30 07 000 Revised Date: July 1, 2008 FTEs: 33 Positions: 33

Health Quality Assurance **Area 7 - Orlando** 

48 Libby 6040 Field Office Manager 020 26195 1.0 Adm. Serv. Manager 11-3011-2 48 Reardon 0440 Reg. Spec. I 003 26193 1.0 Compliance Officer 13-1041-1 48 DeCanio 5312 48 Spivey 5622 48 King 5622 Reg. Nursing Cons. HFE Supervisor HFE Supervisor 010 37435 1.0 010 48636 1.0 010 26233 1.0 Registered Nurse Management Analyst Management Analyst 29-1111-4 13-1111-4 13-1111-4 48 Erkens 0004 48 Woodson 5294 48 Fortin 5294 48 5294 48 Williams 5294 48 Metcalfe 5614 48 Delgado 0004 Senior Clerk Reg. Nurse Spec. Reg. Nurse Spec. Reg. Nurse Spec. Reg. Nurse Spec. HFE I Senior Clerk 003 53526 1.0 008 24100 1.0 008 26182 1.0 008 30622 1.0 007 33415 1.0 003 48719 1.0 008 48236 1.0 Office Clerk Registered Nurse Registered Nurse Registered Nurse Management Analyst Office Clerk Registered Nurse 43-9061-2 29-1111-2 29-1111-2 29-1111-2 29-1111-2 13-1111-3 43-9061-2 48 Baez 5620 48 Barton 5294 48 Mitchell 5294 48 Fusselman 5294 48 Lane 5294 48 Henry 5620 48 Campbell 0108 Reg. Nurse Spec. Reg. Nurse Spec. Reg. Nurse Spec. Reg. Nurse Spec. Admin. Secretary HFE II HFE II 007 30708 1.0 008 48723 1.0 008 26185 1.0 008 48651 1.0 008 64389 1.0 007 20678 1.0 003 43305 1.0 Registered Nurse Registered Nurse Registered Nurse Registered Nurse Management Analyst Management Analyst Ex. Sec. & Admin. Assist. 29-1111-2 29-1111-2 29-1111-2 29-1111-2 13-1111-3 13-1111-3 43-6011-2 48 Cockayne 5294 48 Changcoco 5294 48 Pellot 5294 48 Gray 8804 48 Shaw 5620 48 Kemp 5294 48 Seltzer 5224 Reg. Nurse Spec. Reg. Nurse Spec. Reg. Nurse Spec. Pub. Hlth. Nutr. Cons. Reg. Nurse Spec. Fire Prot. Spec. HFE II 008 64620 1.0 008 43293 1.0 007 63622 1.0 008 64623 1.0 008 64624 1.0 010 26222 1.0 007 31651 1.0 Registered Nurse Registered Nurse Registered Nurse Dietitian/Nutritionist Registered Nurse Compliance Officer Management Analyst 29-1111-2 29-1111-2 29-1111-2 29-1031-4 29-1111-2 13-1041-3 13-1111-3 48 Foronda 5224 48 Johnson 5294 48 Phillips 5294 48 Fisher 5035 48 Monroe 5294 48 Hardy 5614 Pub. Hlth. Nutr. Cons. Reg. Nurse Spec. Reg. Nurse Spec. Bio. Scientist III Reg. Nurse Spec. HFE I 008 64748 1.0 008 34829 1.0 007 19662 1.0 010 26217 1.0 008 64747 1.0 008 26558 1.0 Dietitian/Nutritionist Registered Nurse Registered Nurse Biological Scientist Registered Nurse Management Analyst 29-1031-4 29-1111-2 29-1111-2 19-1029-2 29-1111-2 13-1111-3 48 Bulger 5620 HFE II 007 39450 1.0 Management Analyst 13-1111-3

#### AGENCY FOR HEALTH CARE ADMINISTRATION Health Quality Assurance Area 8 - Ft. Myers

Org. Level: 68 30 30 08 000 Revised Date: July 1, 2008 FTEs: 41 Positions: 41

36 Williams 6040 Field Office Manager 020 53521 1.0 Adm. Serv. Manager 11-3011-2

36 Dunham 0440 Reg. Spec. I 003 64326 1.0 Compliance Officer 13-1041-1

36 Werts 5622 HFE Supervisor 010 26204 1.0 Management Analyst 13-1111-4	36 Day 5622 HFE Supervisor 010 64200 1.0 Management Analyst 13-1111-4	Reg. Nurs 010 64 Register	kk 5312 sing Cons. 639 1.0 ed Nurse 111-4	HFE St 010 48 Managem	son 5622 apervisor 1813 1.0 ent Analyst 111-4	Reg. Nur 010 64 Register	er 5312 sing Cons. 1650 1.0 red Nurse 111-4
36 K. Smith 5620 HFE II 007 64387 1.0 Management Analyst 13-1111-3	36 Scavella 5294 Reg. Nurse Spec. 008 63233 1.0 Registered Nurse 29-1111-2	36 Seehawer 5294 Reg. Nurse Spec. 008 31574 1.0 Registered Nurse 29-1111-2	36 Herbert 5294 Reg. Nurse Spec. 008 30625 1.0 Registered Nurse 29-1111-2	13 Flores 5620 HFE II 007 34833 1.0 Management Analyst 13-1111-3	13 Edge 5224 Pub. Hlth. Nutr. Cons. 010 26184 1.0 Dietitian/Nutritionist 29-1031-4	36 B. Birch 5294 Reg. Nurse Spec. 008 24104 1.0 Registered Nurse 29-1111-2	36 Negahdari 0108 Admin. Secretary 003 25182 1.0 Ex. Sec. & Admin. Assist. 43-6011-2
36 Furdell 5620 HFE II 007 19457 1.0 Management Analyst 13-1111-3	36 Pettigrew 5035 Bio. Scientist III 008 37436 1.0 Biological Scientist 19-1029-2	36 Wolfe 5294 Reg. Nurse Spec. 008 63232 1.0 Registered Nurse 29-1111-2	36 Purje 5294 Reg. Nurse Spec. 010 34822 1.0 Registered Nurse 29-1111-2	13 Saenz 5224 Pub. Hlth. Nutr. Cons. 010 48806 1.0 Dietitian/Nutritionist 29-1031-4	13 Laudadio 5620 HFE II 007 37428 1.0 Management Analyst 13-1111-3	36 Pinto 5224 Pub. Hlth. Nutr. Cons. 010 64609 1.0 Dietitian/Nutritionist 29-1031-4	36 Gilfert 5294 Reg. Nurse Spec. 008 64628 1.0 Registered Nurse 29-1111-2
36 Elias 5620 HFE II 007 33417 1.0 Management Analyst 13-1111-3	36 Furdell 8804 Fire Prot. Spec. 007 48808 1.0 Compliance Officer 13-1041-3	36 Seville 5294 Reg. Nurse Spec. 008 31578 1.0 Registered Nurse 29-1111-2	36 McGuire 5294 Reg. Nurse Spec. 008 64627 1.0 Registered Nurse 29-1111-2	13 5620 HFE II 007 35941 1.0 Management Analyst 13-1111-3	13 5620 HFE II 007 64608 1.0 Management Analyst 13-1111-3	36 5294 Reg. Nurse Spec. 008 64625 1.0 Registered Nurse 29-1111-2	36 Mozen 5294 Reg. Nurse Spec. 008 63230 1.0 Registered Nurse 29-1111-2
36 Steiner 5620 HFE II 007 64194 1.0 Management Analyst 13-1111-3	36 0004 Senior Clerk 003 64388 1.0 Office Clerk 43-9061-2	13 Lawson 0440 Reg. Spec. I 003 00567 1.0 Compliance Officer 13-1041-1	36 W. Birch 5294 Reg. Nurse Spec. 008 21982 1.0 Registered Nurse 29-1111-2	13 Bereijo 5294 Reg. Nurse Spec. 008 64567 1.0 Registered Nurse 29-1111-2	13 Shepard 5294 Reg. Nurse Spec. 008 64393 1.0 Registered Nurse 29-1111-2	36 Dolan 5294 Reg. Nurse Spec. 008 37828 1.0 Registered Nurse 29-1111-2	36 Kadera 5294 Reg. Nurse Spec. 008 64626 1.0 Registered Nurse 29-1111-2
36 Alter 0441 Reg. Spec. II 006 61419 1.0 Compliance Officer 13-1041-2	36 Stuckey 8804 Fire Prot. Spec. 007 43301 1.0 Compliance Officer 13-1041-3	36 Lehman 5224 Pub. Hlth. Nutr. Cons. 010 61405 1.0 Dietitian/Nutritionist 29-1031-4		13 Tyree 5224 Pub. Hlth. Nutr. Cons. 010 64398 1.0 Dietitian/Nutritionist 29-1031-4	36 Pescatore/O'Connell 5294 Reg. Nurse Spec. (shared) 008 63276 1.0 Registered Nurse 29-1111-2	36 Johnson 5294 Reg. Nurse Spec. 008 43283 1.0 Registered Nurse 29-1111-2	
36 S. Smith 0441 Reg. Spec. II 006 64749 1.0 Compliance Officer 13-1041-2	36 Manjarres 0004 Senior Clerk 003 25178 1.0 Office Clerk 43-9061-2			36 Barrau 5294 Reg. Nurse Spec. 008 61396 1.0 Registered Nurse 29-1111-2			
36 N. Smith 5620 HFE II 007 21873 1.0 Management Analyst 13-1111-3							

\*Shaded positions report to org code 68-30-30-11-00-000 - HQA , Area 11 Field Office

C-4-9

36 McAllister 5620 HFE II

007 64761 1.0 Management Analyst 13-1111-3

#### Health Quality Assurance Area 9 - West Palm Beach

Org. Level: 68 30 30 09 000 Revised Date: July 1, 2008 FTEs: 65 Positions: 65

			020 5 Adm. Se	-Davis 604 ice Manager 3579 1.0 rv. Manager 3011-2	0		Page 1 of 2
		Admi 003 Ex. Sec. &	uentes 0108 in. Secretary 31657 1.0 & Admin. Assist. 3-6011-2	Reg 006 Compl	nylor 0441 g. Spec. II 26188 1.0 iance Officer i-1041-2		7
010 40 Managem	5622 ipervisor 0042 1.0 ent Analyst 111-4	Reg. N 010 Regis	Salerni 5312 Nursing Cons. 64621 1.0 stered Nurse 9-1111-4		50 Bartley 5622 HFE Supervisor 010 63278 1.0 Management Analyst 13-1111-4	Reg. Nu 010 6 Registe	owitz 5312 rsing Cons. 4202 1.0 red Nurse
50 Kaufman 5620 HFE II 007 43286 1.0 Management Analyst 13-1111-3	50 Thurman-Smith 5614 HFE I 007 61411 1.0 Management Analyst 13-1111-3	50 Bornstein 5294 Reg. Nurse Spec. 008 24103 1.0 Registered Nurse 29-1111-2	008 5 Registe	5294 urse Spec. 8479 1.0 red Nurse 1111-2	50 0004 Senior Clerk 003 43304 1.0 Office Clerk 43-9061-2	50 Battaglia 5294 Reg. Nurse Spec. 008 63235 1.0 Registered Nurse 29-1111-2	50 Clancy-Boyles 5224 Pub. Hlth. Nutr. Cons. 010 58480 1.0 Dietitian/Nutritionist 29-1031-4
50 Derastel 0440 Reg. Spec. I 003 26186 1.0 Compliance Officer 13-1041-1	50 Stanton 5620 HFE II 007 64385 1.0 Management Analyst 13-1111-3	50 Allen 5294 Reg. Nurse Spec. 008 26208 1.0 Registered Nurse 29-1111-2	Reg. N 008 4 Registe	reier 5294 urse Spec. 8649 1.0 ered Nurse	50 Largent 0440 Reg. Spec. I 003 26460 1.0 Compliance Officer 13-1041-1	50 5294 Reg. Nurse Spec. 008 64563 1.0 Registered Nurse 29-1111-2	50 Gatten 5294 Reg. Nurse Spec. 008 43292 1.0 Registered Nurse 29-1111-2
50 McKee 5620 HFE II 007 63539 1.0 Management Analyst 13-1111-3	50 Wedges 5614 HFE I 007 39524 1.0 Management Analyst 13-1111-3	50 Lucas 5294 Reg. Nurse Spec. 008 37312 1.0 Registered Nurse 29-1111-2	H 007 6 Managen	piro 5614 FE I 1410 1.0 nent Analyst 1111-3	50 Seider 0004 Senior Clerk 003 48239 1.0 Office Clerk 43-9061-2	50 McKenzie 5294 Reg. Nurse Spec. 008 64384 1.0 Registered Nurse 29-1111-2	50 Strauss 8804 Fire Prot. Spec. 007 58482 1.0 Compliance Officer 13-1041-3
50 5614 HFE I 007 43294 1.0 Management Analyst 13-1111-3	50 Jarma 5614 HFE I 007 21641 1.0 Management Analyst 13-1111-3	50 Dixon-Brown 5294 Reg. Nurse Spec. 008 48711 1.0 Registered Nurse 29-1111-2	Reg. N 008 6 Registe	send 5294 urse Spec. 1412 1.0 red Nurse 1111-2	50 Leonard 0004 Senior Clerk 003 64383 1.0 Office Clerk 43-9061-2	50 Neely 5294 Reg. Nurse Spec. 008 63234 1.0 Registered Nurse 29-1111-2	50 Hughes 5294 Reg. Nurse Spec. 008 63279 1.0 Registered Nurse 29-1111-2
50 Sanders 5614 HFE I 007 43294 1.0 Management Analyst 13-1111-3		50 MacPherson 5294 Reg. Nurse Spec. 008 26180 1.0 Registered Nurse 29-1111-2			50 Walker 0440 Reg. Spec. I 003 64565 1.0 Compliance Officer 13-1041-1	50 Burns 5294 Reg. Nurse Spec. 008 64618 1.0 Registered Nurse 29-1111-2	

### Health Quality Assurance Area 9 - West Palm Beach

Org Code: 68 30 30 09 000 Revised Date: July 1, 2008 FTEs: 65 Positions: 65

		Field Mar	o-Davis Office nager nce Only)		Page 2 of 2
HFE S 010 2 Managen	upervisor 6412 1.0 hent Analyst	010 64 Register	5312 sing Cons. 203 1.0 red Nurse 111-4	Reg. Nur 010 64 Register	vell 5312 sing Cons. 1795 1.0 reed Nurse
50 Foster 5620 HFE II 007 64641 1.0 Management Analyst 13-1111-3	50 Jeghers 8804 Fire Prot. Spec. 007 64655 1.0 Compliance Officer 13-1041-3	50 Hector-George 5294 Reg. Nurse Spec. 008 53519 1.0 Registered Nurse 29-1111-2	50 DelDotto 5294 Reg. Nurse Spec. 008 48818 1.0 Registered Nurse 29-1111-2	50 Motta 5294 Reg. Nurse Spec. 008 24105 1.0 Registered Nurse 29-1111-2	50 Thurmond 5294 Reg. Nurse Spec. 008 34834 1.0 Registered Nurse 29-1111-2
50 Singh 5224 Pub. Hlth. Nut. Cons. 010 43297 1.0 Dietitian/Nutritionist 29-1031-4	50 Goldman 5224 Pub. Hlth. Nut. Cons. 010 19467 1.0 Dietitian/Nutritionist 29-1031-4	50 Pelin 5620 HFE II 007 64753 1.0 Management Analyst 13-1111-3	50 Greenwood 5620 HFE II 007 64752 1.0 Management Analyst 13-1111-3	50 Kelly 5294 Reg. Nurse Spec. 008 40044 1.0 Registered Nurse 29-1111-2	50 Wilson 5294 Reg. Nurse Spec. 008 64562 1.0 Registered Nurse 29-1111-2
50 Meerow 5620 HFE II 007 48712 1.0 Management Analyst 13-1111-3	50 Thomas 5620 HFE II 007 26196 1.0 Management Analyst 13-1111-3	50 DeGruccio 5620 HFE II 007 64754 1.0 Management Analyst 13-1111-3	50 Grimm 5294 Reg. Nurse Spec. 008 64750 1.0 Registered Nurse 29-1111-2	50 Dillon 5294 Reg. Nurse Spec. 008 64635 1.0 Registered Nurse 29-1111-2	50 Warnock 5224 Pub. Hlth. Nut. Cons. 010 30839 1.0 Dietitian/Nutritionist 29-1031-4
50 Berry 5614 HFE I 007 39528 1.0 Management Analyst 13-1111-3	50 Wilson 5614 HFE I 007 39466 1.0 Management Analyst 13-1111-3	50 Fann 0441 Reg. Spec. II 006 64751 1.0 Compliance Officer 13-1041-2		50 Rizzuto 5294 Reg. Nurse Spec. 008 58478 1.0 Registered Nurse 29-1111-2	
50 Frias 5614 HFE I 007 39453 1.0 Management Analyst 13-1111-3					

#### AGENCY FOR HEALTH CARE ADMINISTRATION Health Quality Assurance Area 11 - Miami

Org. Level: 68 30 30 11 000 Revised Date: July 1, 2008 FTEs: 53 Positions: 53

13 Emiling 6040 Field Office Mgr. 020 26230 1.0 Admin. Svcs. Manager 11-3011-2

13 Rayneri/ 0441 Reg. Spec. II 006 53523(shared) 1.0 Compliance Officer 13-1041-2 13 Chillon 5312 Reg. Nursing Cons. 010 61413 1.0 Registered Nurse 29-1111-4

			13	-1041-2	29-1	111-4				
Opers. & M 007 63	era 2234 gmt. Cons. I 312 1.0 ent Analyst 111-4	13 Castillejo 5622 HFE Sup. 010 64764 1.0 Management Analyst 13-1111-4	13 Lubin 5622 HFE Sup. 010 43284 1.0 Management Analyst 13-1111-4		HFE 010 63 Mgmt.	asem 5622 E Sup. 275 1.0 Analyst		13 Archibald 5622 HFE Sup. 010 26194 1.0 Mgmt. Analyst 13-111-4	Reg. Nu 010 6 Registe	rcia 5312 rsing Cons. 4796 1.0 red Nurse
13 Yong 0441 Reg. Spec. II 006 64396 1.0 Compliance Officer 13-1041-2	13 Jimenez 0440 Reg. Spec. I 003 64204 1.0 Compliance Officer 13-1041-1	HFE II	13 Ody 5620 HFE II 007 37437 1.0 Management Analyst 13-1111-3	13 Gonza HFI 007 632 Manageme 13-11	E II 236 1.0 ent Analyst	007 64 Managem	5035 FE II 1756 1.0 ent Analyst 111-3	13 5620 Reg. Nurse Spec. 008 64399 1.0 Registered Nurse 29-1111-2	13 Vianna 5294 Reg. Nurse Spec. 008 61414 1.0 Registered Nurse 29-1111-2	13 Alfonso 5294 Reg. Nurse Spec. 008 61416 1.0 Registered Nurse 29-1111-2
13 Blanco 0441 Reg. Spec. II 006 64755 1.0 Compliance Officer 13-1041-2	13 0004 Senior Clerk 003 48241 1.0 Office Clerk 43-9061-2	13 Cajina 5035 HFE II 007 64759 1.0 Management Analyst 13-1111-3	13 Morales 5620 HFE II 007 64324 1.0 Management Analyst 13-1111-3	13 Aske HFI 007 64' Manageme 13-11	E II 757 1.0 ent Analyst	HF - 007 64 Managem	ker 5035 EE II 1763 1.0 ent Analyst 111-3	13 5035 Bio. Scientist III 008 29751 1.0 Biological Scientist 19-1029-2	13 Perez 5294 Reg. Nurse Spec. 008 64394 1.0 Registered Nurse 29-1111-2	13 Smutny 5035 Bio. Scientist III 008 64613 1.0 Biological Scientist 19-1029-2
13 Yanes 0004 Senior Clerk 003 64653 1.0 Office Clerk 43-9061-2	13 Alvarez 0004 Senior Clerk 003 64386 1.0 Office Clerk 43-9061-2	13 Rivera 5035 HFE II 007 64760 1.0 Management Analyst 13-1111-3	13 Kincaid 5620 HFE II 007 64564 1.0 Management Analyst 13-1111-3	13 Reg. Nur 008 535 Registere 29-11	576 1.0 ed Nurse	Reg. Nur 010 64 Register	eitzer 5312 sing Cons. 199 1.0 red Nurse 111-4	13 Weinstein 5035 Bio. Scientist III 008 26420 1.0 Biological Scientist 19-1029-2	13 Saintfleur 5294 Reg. Nurse Spec. 008 64607 1.0 Registered Nurse 29-1111-2	13 5294 Reg. Nurse Spec. 008 48724 1.0 Registered Nurse 29-1111-2
13 Oroz 0108 Admin. Secretary 003 33762 1.0 Ex. Sec. & Admin. Assist. 43-6011-2		13 Dedans 5035 HFE II 007 64762 1.0 Management Analyst 13-1111-3	13 Sarros 5620 HFE II 007 43289 1.0 Management Analyst 13-1111-3						13 Wilson 5294 Reg. Nurse Spec. 008 61415 1.0 Registered Nurse 29-1111-2	13 Mardimingo 5294 Reg. Nurse Spec. 008 48726 1.0 Registered Nurse 29-1111-2
									13 5294 Reg. Nurse Spec. 008 63317 1.0 Registered Nurse 29-1111-2	13 Valme 5294 Reg. Nurse Spec. 008 26234 1.0 Registered Nurse 29-1111-2
									13 Cowart 5294 Reg. Nurse Spec. 008 64561 1.0 Registered Nurse 29-1111-2	

# **AGENCY FOR HEALTH CARE ADMINISTRATION Health Quality Assurance - Managed Health Care**

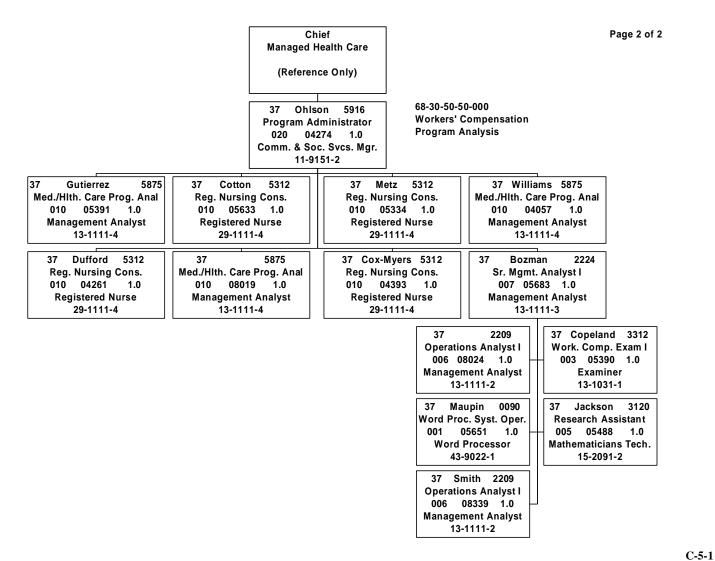
37 Warring 9074 Chief Managed Hlth, Care 68-30-50-00-000 021 53308 1.0 Med. & Hlth. Svcs. Mgr 11-9111-3 0120 Staff Assistant 003 64217 1.0 Exec. Sec. & Adm. Asst 43-6011-2 0108 0108 Administrative Secretary Administrative Secretary Contract Management & Statewide Provider & Subscriber 003 64221 1.0 003 11520 1.0 **Network Services Unit** Legislation **Medicaid Program Compliance Data Analysis Unit** Exec. Sec. & Adm. Asst. Exec. Sec. & Adm. Asst. Assistance Program (SPSAP) 68-30-50-30-000 68-30-50-10-000 68-30-50-80-000 68-30-50-40-000 68-30-50-90-000 43-6011-2 43-6011-2 37 37 Rumph 2250 37 Brattain 2250 37 Stamm 2250 37 Radke 2250 2250 **AHC Administrator AHC Administrator AHC Adminstrator AHC Adminstrator AHC Adminstrator** 020 64212 1.0 020 61379 1.0 020 64214 1.0 020 64573 1.0 020 64419 1.0 Med. & Hith. Svcs. Mgr. Med. & Hlth. Svcs. Mgr. Med. & Hith. Svcs. Mgr. Med. & Hlth. Svcs. Mgr. Med. & Hith. Svcs. Mgr. 11-9111-2 11-9111-2 11-9111-2 11-9111-2 11-9111-2 2234 37 Hudson 5875 37 LoCastro 5312 06 Armand 5294 37 Boatwright 2234 37 Jacobson 5875 Med./Hith.Care Prog. Anal. Gov't. Opers. Cons. I Med./Hith. Care Prog. Anal. Reg. Nursing Cons. Reg. Nurse Spec. Gov't Opers. Cons. I 007 46547 1.0 010 45556 1.0 010 64215 1.0 010 64412 1.0 007 64410 1.0 010 64206 1.0 **Management Analyst** Management Analyst Management Analyst Management Analyst Registered Nurse Registered Nurse 13-1111-3 13-1111-4 29-1111-4 29-1111-2 13-1111-3 13-1111-4 37 Hampton 5875 37 Hannah 5875 48 Merifield 5294 37 Baker 2234 37 Alexander 5875 37 Austin 5875 led./Hith. Care Prog. Anal. Med./Hith. Care Prog. Anal. Reg. Nurse Spec. Gov't Opers. Cons. I Med./Hith. Care Prog. Anal Med./Hith.Care Prog. Anal. 010 64411 1.0 010 24120 1.0 010 64414 1.0 007 64418 1.0 010 21778 1.0 64447 **Management Analyst** Management Analyst Registered Nurse Management Analyst Management Analyst Management Analyst 13-1111-4 13-1111-3 13-1111-4 13-1111-4 13-1111-4 29-1111-2 37 Miller 5875 5875 Eddy 5875 37 Washingon 5875 37 Martin 5875 37 37 Starn 5875 ed./Hith. Care Prog. Anal. Med./Hith, Care Prog. Anal. Med./Hith. Care Prog. Anal. ed./Hith. Care Prog. Anal. Med./Hith. Care Prog. Anal. Med./Hith.Care Prog. Anal. 010 64423 1.0 010 61958 1.0 010 58470 1.0 010 64448 1.0 010 48473 1.0 010 64449 Management Analyst Management Analyst Management Analyst Management Analyst Management Analyst **Management Analyst** 13-1111-4 13-1111-4 13-1111-4 13-1111-4 13-1111-4 13-1111-4 37 Greenberg 5916 37 Calhoun 5312 37 Greenwood 5916 37 Barr-Platt 5916 37 Breedlove 5875 Registered Nursing Cons. **Program Administrator Program Administrator Program Administrator** Med./Hith.Care Prog. Anal. 010 64222 1.0 64416 1.0 020 24300 1.0 020 40631 1.0 010 64317 1.0 Comm. & Soc. Svcs. Mgr. Registered Nurse Comm. & Soc. Svcs. Mgr. Comm. & Soc. Svcs. Mgr. Management Analyst 13-1111-4 13-1111-4 11-9151-2 11-9151-2 13-1111-4 Wilson 5312 37 Singleton 5875 37 Orduna 5875 37 37 Mesler 5875 5875 Registered Nurse Cons. led./Hith. Care Prog. Anal. Med./Hith. Care Prog. Anal. Med./Hith. Care Prog. Anal Med./Hith. Care Prog. Anal. 010 64446 1.0 010 61956 1.0 010 64417 1.0 010 64225 1.0 010 64219 1.0 Management Analyst 13-1111-4 **Management Analyst** Management Analyst Registered Nurse Management Analyst 29-1111-4 13-1111-4 13-1111-4 13-1111-4 37 Bailey 2234 29 Perry-Ingram 5875 37 Zanders 5875 37 Sandvoss 5875 Med./Hith. Care Prog. Anal. Gov't Opers. Cons. I Med./Hith. Care Prog. Anal Med./Hith. Care Prog. Anal. 007 64226 1.0 010 64140 61388 1.0 010 61383 Management Analyst Management Analyst Management Analyst Management Analyst 13-1111-4 13-1111-4 13-1111-3 29-1111-2 37 Tull 4009 37 White 2234 Sr. Cons. Comp. Analyst Gov't Opers. Cons. I 006 64450 1.0 007 64649 1.0 Compliance Officer Management Analyst Shaded position reports to org code 68-30-30-00-000 - Health Standards & Quality 13-1111-3 13-1041-2

Revised Date: July 1, 2008

FTEs: 42 Positions: 42

#### AGENCY FOR HEALTH CARE ADMINISTRATION **Health Quality Assurance - Managed Health Care**

Revised Date: June, 2008 FTEs: 56 Positions: 56



#### Health Quality Assurance Bureau of Long Term Care Services

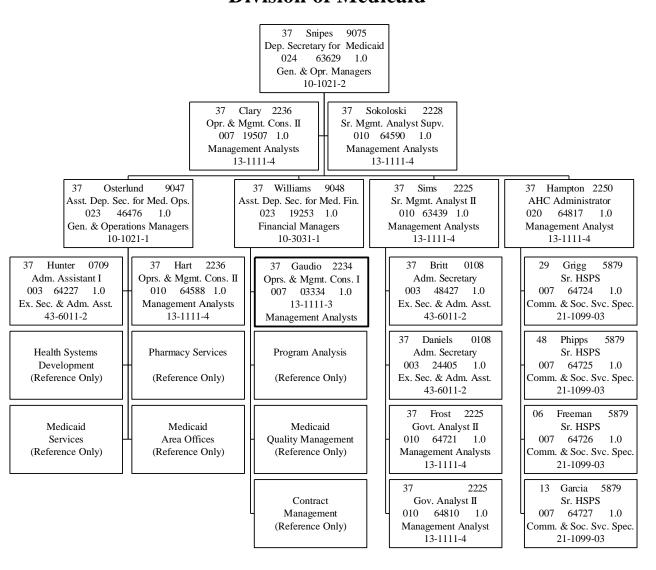
37 McKinstry 7264 Chief Long Term Care Svcs. 68-30-40-00-00-000 58980 Med. & Hlth. Svcs. Mgr. 11-9111-3 37 Smith 0120 Staff Assistant 003 64190 1.0 Ex. Sec. & Admin. Asst. 43-6011-2 Long Term Care-CSMU Long Term Care Unit **Assisted Living Unit** 68-30-40-30-000 68-30-40-20-000 68-30-40-10-000 37 Starnes 2228 37 Hudson 5895 37 Granger 5895 Senior Mgmt. Analyst Supv. Hlth. Svcs. & Fac. Cons. Supv Hith. Svcs. & Fac. Cons. Supv. 010 48811 1.0 010 43738 1.0 010 64201 1.0 Management Analyst Management Analyst Management Analyst 13-1111-4 13-1111-4 13-1111-4 37 0108 37 Daniels 0108 O'Keefe Munn 2238 37 Williams 2238 Administrative Secretary Hlth. Svcs. & Fac. Cons. Admin. Secretary OMC Manager **OMC Manager** 003 64443 1.0 48293 1.0 010 48647 വവദ 48714 1.0 010 53313 1.0 37 Dombrowski 5894 Exec. Sec. & Adm. Asst. Exec. Sec. & Adm. Asst. Business Opers. Spec. Gen. & Ops. Managers Gen. & Ops. Managers Hlth. Svcs. & Fac. Cons. 43-6011-2 43-6011-2 13-1199-4 11-1021-2 11-1021-2 64571 Business Opers. Spec. Fincher 2238 Boerger 2238 37 Spicer 5894 37 McQueen 5894 37 Howard 0441 13-1199-4 OMC Manager Gov. Opers. Cons. III Hlth. Svcs. & Fac. Cons. Hlth. Svcs. & Fac. Cons. Regulatory Specialist II 020 64321 1.0 010 48820 010 47420 1.0 010 48710 1.0 37 Henderson 5894 37 Henderson 5894 006 64322 1.0 Gen. & Ops. Managers Management Analyst Business Opers. Spec. Business Opers. Spec. Hlth. Svcs. & Fac. Cons. Compliance Officer Hlth. Svcs. & Fac. Cons. 11-1021-2 13-1111-4 13-1199-4 13-1199-4 61378 13-1041-2 010 61378 Business Opers. Spec. 37 Woodberry 2238 Business Opers. Spec. 37 Coleman 5894 Bowen 5894 37 Austin OMC Manager 13-1199-4 OMC Manager 13-1199-4 Hlth. Svcs. & Fac. Cons. Hlth. Svcs. & Fac. Cons. Human Svcs. Prog. Spec. 020 64360 1.0 020 64662 1.0 010 64320 1.0 010 58471 1.0 37 Buie 0108 37 Manzie 0130 64572 Gen. & Ops. Managers Gen. & Ops. Managers Business Opers. Spec. Business Opers. Spec. Administrative Secretary Comm. & Soc. Svcs. Spec Records Specialist 11-1021-2 11-1021-2 13-1199-4 13-1199-4 003 30662 1.0 21-1099-3 26227 1.0 Exec. Sec. & Adm. Asst. Info. & Record Clerk 37 Fraizer 2239 37 Clark 5894 37 Sellers 0441 37 Buckles 2022 37 Ewald 5894 Goff 5894 43-6011-2 43-4199-2 Opers. Review Spec. Hlth. Svcs. & Fac. Cons. Regulatory Spec. II Computer Operator II Hlth. Svcs. & Fac. Cons. Hlth. Svcs. & Fac. Cons. 010 64205 1.0 010 64406 006 64665 1.0 004 64444 1.0 010 63533 1.0 Ramos 010 64570 1.0 0108 Management Analyst Business Opers. Spec. Compliance Officer Computer Spec. Business Opers. Spec. Administrative Secretary Business Opers, Spec. 13-1111-4 13-1199-4 15-1099-1 13-1041-2 13-11-4 003 63531 10 13-1199-4 Exec. Sec. & Adm. Asst. 37 Kaempfer 2238 37 Henry 2238 37 Tyburski 5894 37 Hightower 5877 37 Nash 2041 37 Bradwell 5877 OMC Manager 43-6011-2 OMC Manager Hlth. Svcs. & Fac. Cons. Human Svcs. Prog. Spec. Office Automation Spec. Human Svcs. Prog. Spec. 020 64404 1.0 020 34823 1.0 010 64663 1.0 64781 1.0 64434 1.0 37 O'Dea 5894 007 64555 1.0 Gen. & Opers. Manager Gen. & Opers. Manager Business Opers. Spec. Compliance Officer Computer Support Spec. Hlth. Svcs. & Fac. Cons. Comm. & Soc. Svcs. Spec. 13-1199-4 13-1041-2 15-1041-1 11-1021-2 11-1021-2 21-1099-3 010 64403 1.0 37 P. Smith 5894 Business Opers. Spec. 37 Donham 0441 37 Cook 5894 37 McGriff 0441 37 Ramos 0130 37 B. Smith 5894 13-1199-4 Regulatory Spec. II Records Specialist Hlth. Svcs. & Fac. Cons. Hlth. Svcs. & Fac. Cons. Regulatory Spec. II Hlth. Svcs. & Fac. Cons. 006 64158 1.0 003 43739 1.0 010 64780 1.0 010 61371 0.5 006 26444 1.0 37 Weatherspoon 5894 010 63530 1.0 Compliance Officer Info. & Record Clerk Bus. Ops. Specialist Business Opers. Spec. Compliance Officer Hlth. Svcs. & Fac. Cons. Bus. Opers. Spec. 13-1041-2 43-4199-2 13-1199-4 13-1199-4 13-1041-2 13-1199-4 010 64191 1.0 Bus. Opers. Spec. 37 Haxter 0130 37 Markham 5879 13-1199-4 Records Specialist Sr. Hum. Svcs. Prog. Spec 003 26228 1.0 007 43303 Info. & Record Clerk comm. & Soc. Svcs. Spec 43-4199-2 21-1099-3

Revised Date: July 1, 2008

FTEs: 47.5 Positions: 48

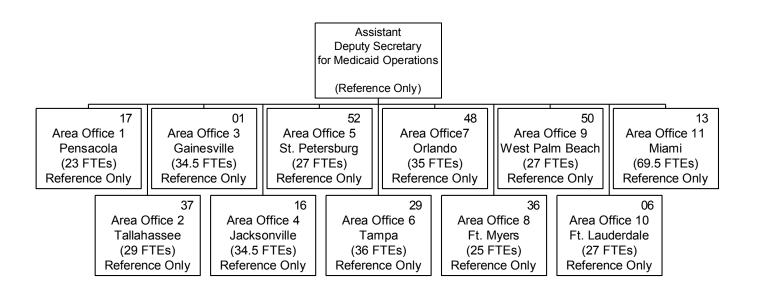
# AGENCY FOR HEALTH CARE ADMINISTRATION Division of Medicaid

Org. Level: 68500000000 Revised Date: July 1, 2008 FTEs: 18 Positions: 18



# AGENCY FOR HEALTH CARE ADMINISTRATION MEDICAID AREA OFFICES

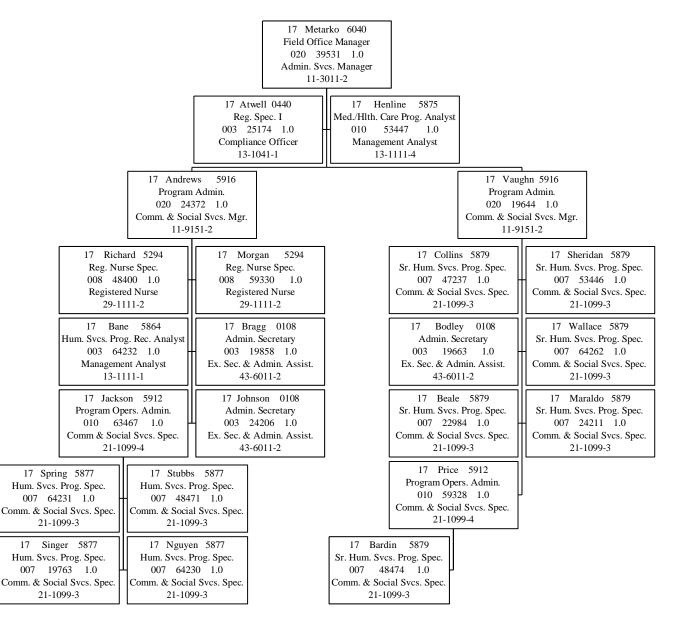
Org. Level: 68 50 10 00 000 Revised Date: July 1, 2008 FTEs: 367.5 Positions: 372



# AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid

Org. Level: 68 50 10 01 000 Revised Date: July 1, 2008 FTEs: 23 Positions: 23

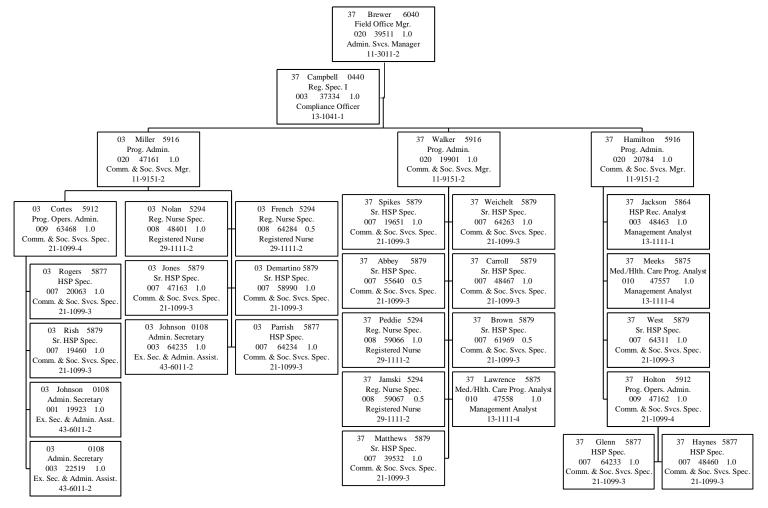
Area 1 - Pensacola



## Medicaid

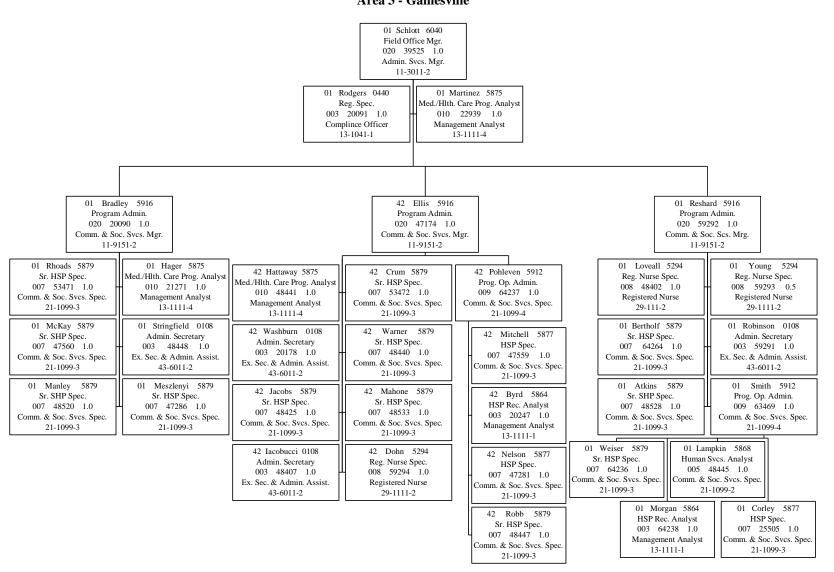
#### Area 2 - Tallahassee

Org. Level: 68 50 10 02 000 Revised Date: July 1, 2008 FTEs: 29 Positions: 31



# AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid Area 3 - Gainesville

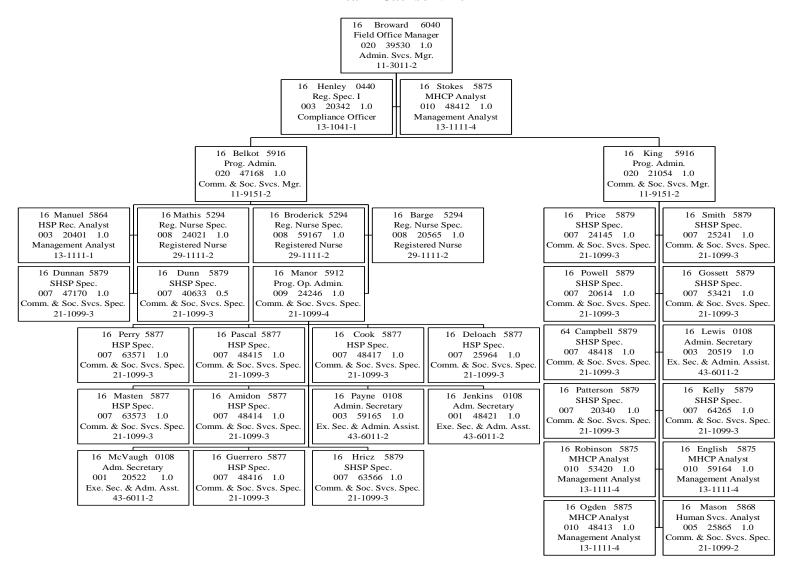
Org. Level: 68 50 10 03 000 Revised Date: July 1, 2008 FTEs: 34.5 Positions: 35



## AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid

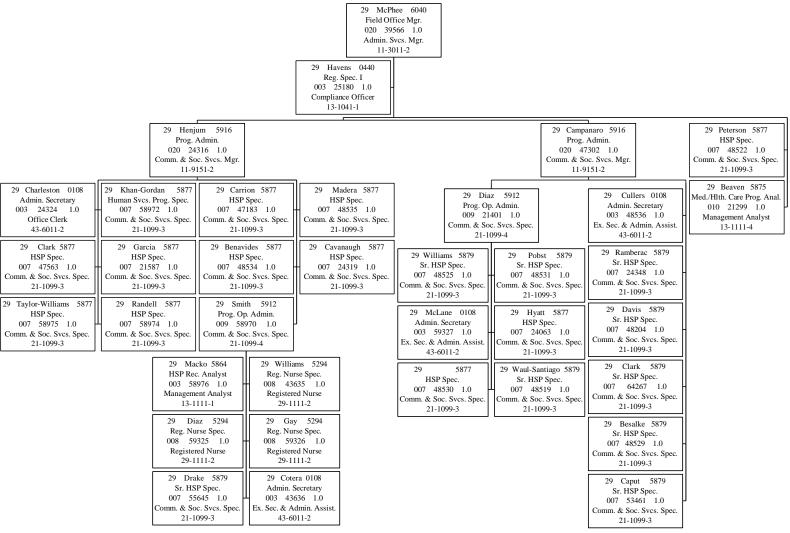
#### Area 4 - Jacksonville

Org. Level: 68 50 10 04 000 Revised Date: July 1, 2008 FTEs: 34.5 Positions: 35



# AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid Area 6 - Tampa

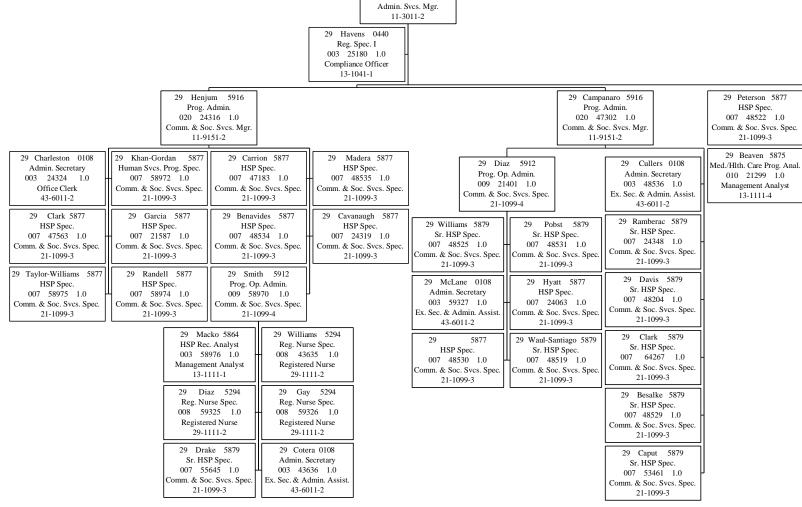
Org. Level: 68 50 10 06 000 Revised Date: July 1, 2008 FTEs: 36 Positions: 36



# AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid

Area 6 - Tampa

29 McPhee 6040 Field Office Mgr. 020 39566 1.0 Admin. Svcs. Mgr. 11-3011-2



E-4-6

Org. Level: 68 50 10 06 000 Revised Date: July 1, 2008

FTEs: 36 Positions: 36

# AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid

Org. Level: 68 50 10 07 000 Revised Date: July 1, 2008 FTE: 35 Positions: 35

## Area 7 - Orlando

48 6040 Field Office Mgr. 020 39753 1.0 Admin. Svcs. Mgr. 11-3011-2

48 Ayala 0440 Reg. Spec. I 003 63584 1.0 Compliance Officer 13-1041-1 48 Mercier 0108 Admin. Secretary 003 44433 1.0 Ex. Sec. & Admin. Assist. 43-6011-2

48 Smith 5875 Med./Hlth. Care Prog. Anal. 010 63570 1.0 Management Analyst 13-1111-4

48 Bacchus 5916 Program Admin. 020 47158 1.0 Comm. & Soc. Svcs. Mgr. 11-9151-2 48 Jacobs 5916 Program Admin. 020 24124 1.0 Comm. & Soc. Svcs. Mgr. 11-9151-2

	11-9151-2						11-91	51-2		
48 Vazquez 58 Sr. HSP Spec. 007 24858 1. Comm. & Soc. Sves. 21-1099-3	Sr. HS 0 007 55 Spec. Comm. & So 21-1	otny 5879 SP Spec. 5637 1.0 oc. Svcs. Spec. 1099-3		48 Reg. Nur 008 593 Registere 29-11	323 1.0 ed Nurse	Reg. No 008 48 Registe	npson 5294 urse Spec. 8459 1.0 ered Nurse		48 Lloy Prog. Op 009 63: Comm. & Soo 21-10	o. Admin. 562 1.0 c. Svcs. Spec.
48 Bretz 5875 Med/Hlth. Care Prog. 010 48458 1. Management Anal 13-1111-4	Anal. Sr. HS 0 007 55 yst Comm. & So	de 5879 SP Spec. 5638 1.0 oc. Svcs. Spec.		48 Czeslov Reg. Nur 008 425 Registere 29-11	rse Spec. 506 1.0 ed Nurse	Admin. 003 59 Ex. Sec. & A	bio 0108 Secretary 9324 1.0 Admin. Assist. 5011-2	48 Parran HSP : 007 635 Comm. & Soc 21-10	Spec. 574 1.0 c. Svcs. Spec.	48 Alvini 5877 HSP Spec. 007 63576 1.0 Comm. & Soc. Sves. Spec. 21-1099-3
48 Akinola 58' Sr. HSP Spec. 007 53473 1. Comm. & Soc. Sves. 21-1099-3	Sr. HS 0 007 53 Spec. Comm. & So	rez 5879 SP Spec. 3474 1.0 oc. Svcs. Spec. 1099-3	Cc	48 Mitch Prog. Op 009 484 Comm. & Soc 21-10	. Admin. 437 1.0 c. Svcs. Spec.			48 HSP : 007 635 Comm. & Soc 21-10	577 1.0 c. Svcs. Spec.	48 Lopez 5864 HSP Rec. Analyst 003 20679 1.0 Management Analyst 13-1111-1
48 Christie 01 Admin. Secretar 003 20681 1. Ex. Sec. & Admin. A 43-6011-2	y Sr. HS 0 007 24 cssist. Comm. & So	SP Spec. 4649 1.0 oc Sycs Spec 00	8 Staana Admin. Sec. 33 48454 Sec. & Ac. 43-6011	cretary 4 1.0 dm. Asst.	48 Caldw HSP 5 - 007 589 Comm. & Soc 21-10	Spec. 973 1.0 Svcs. Spec.		HSP 3	556 1.0 c. Svcs. Spec.	48 Jones 5877 HSP Spec. 007 45555 1.0 Comm. & Soc. Sves. Spec. 21-1099-3
48 Matthews 58 Sr. HSP Spec. 007 20677 Comm. & Soc. Svcs. 21-1099-3	1.0		HSP Spe 07 48487	ec. 7 1.0 Svcs. Spec.	48 Sanch Sr. HSF 007 635 Comm. & Soc 21-10	Spec. 75 1.0 Svcs. Spec.		48 Gonza HSP: 007 206 Comm. & Soc 21-10	Spec. 509 1.0 c. Svcs. Spec.	48 Pompey 5877 HSP Spec. 007 48470 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3
		48	Keller HSP Spe 07 47562	ec.	48 Cherve Sr. HSF 007 642	Spec.				

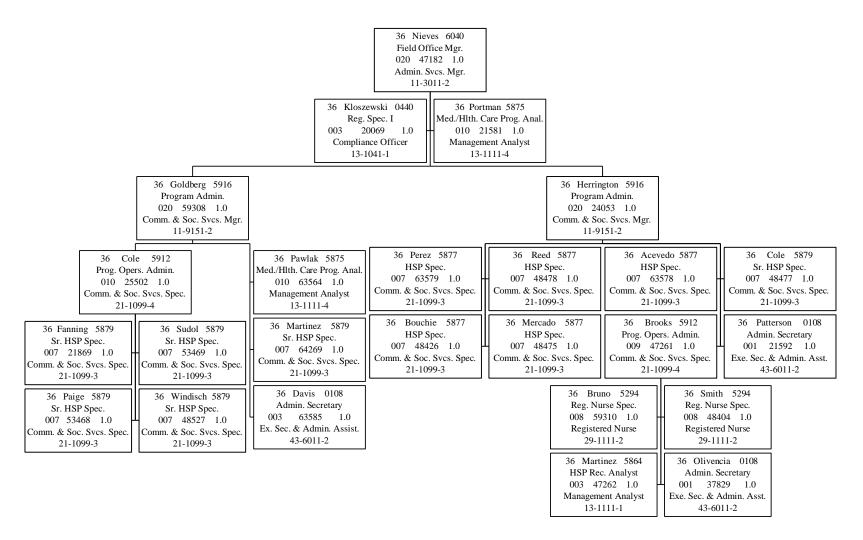
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21-1099-3

21-1099-3

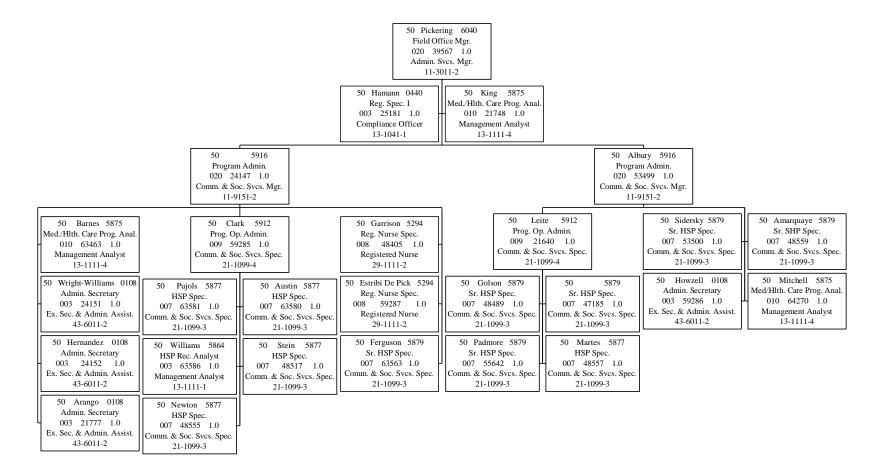
# AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid Area 8 - Ft. Myers

Org. Level: 68 50 10 08 000 Revised Date: July 1, 2008 FTEs: 25 Positions: 25



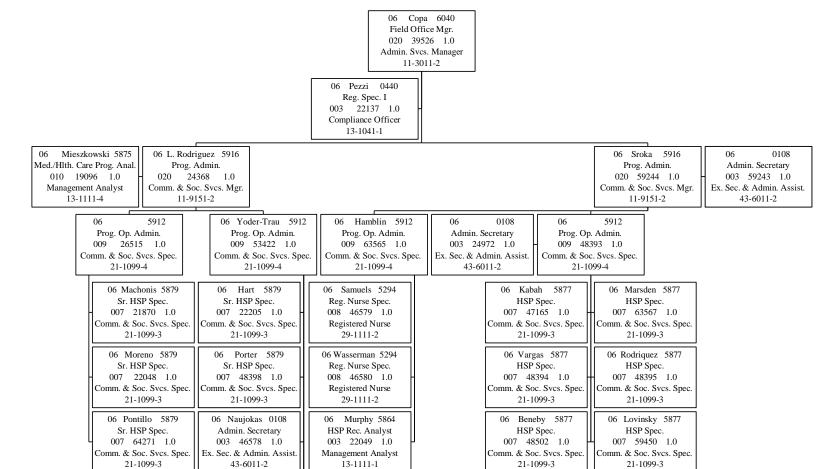
#### AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid Area 9 - West Palm Beach

Org. Level: 68 50 10 09 000 Revised Date: July 1, 2008 FTEs: 27 Positions: 27



#### Area 10 - Ft. Lauderdale

Org. Level: 68 50 10 10 000 Revised Date: July 1, 2008 FTEs: 27 Positions: 27



06 Schneider 5879 Sr. HSP Spec. 007 22139 1.0 Comm. & Soc. Svcs. Spec 21-1099-3

AREA 11 - Miami

13 6040 Field Office Manager 020 39444 1.0 Page 1 of 2 Admin. Svcs. Mgr. 11-3011-2 13 Amador 5875 13 0440 MHC Prog. Analyst Reg. Spec. I 010 24411 1.0 003 24435 1.0 Management Analyst Compliance Officer 13-1041-1 13-1111-4 13 Hernandez 2234 Op. & Mgmt. Cons. I 007 59205 1.0 Management Analyst 13-1111-3 13 Coca 5864 13 Ruiz 2234 13 Gray 5916 Op. & Mgmt. Cons. I/Coord. HSP Rec. Analyst Prog. Admin. 020 22241 1.0 007 58981 1.0 003 48523 1.0 Comm. & Soc. Svcs. Mgr. Management Analyst Management Analyst 11-9151-2 13-1111-1 13-1111-3 13 Simmons-Pinckney 5912 13 Marcos 5912 13 Truax 0108 Prog. Ops. Admin. Prog. Ops. Admin. Adm. Secretary 009 48491 1.0 009 47155 1.0 001 36262 1.0 Comm. & Soc. Svcs. Spec. Exec. Sec. & Adm. Asst. Comm. & Soc. Svcs. Spec. 21-1099-4 21-1099-4 43-6011-2 13 Leon 0108 13 Dazza 5877 13 Arrango 5877 13 Antoine 5877 13 Perez 5879 13 Bichotte 5864 13 Jarrett-Smathers 5879 Admin. Secretary HSP Spec. HSP Spec. SHSP Spec. HSP Rec. Analyst HSP Spec. SHSP Spec. 003 22325 1.0 007 24407 1.0 007 24419 1.0 007 48515 1.0 003 48494 1.0 007 48498 1.0 007 48492 1.0 Ex. Sec. & Admin. Assist. Comm. & Soc. Svcs. Spec. Comm. & Soc. Svcs. Spec. Comm. & Soc. Svcs. Spec. Management Analyst Comm. & Soc. Svcs. Spec. Comm. & Soc. Svcs. Spec. 43-6011-2 21-1099-3 21-1099-3 21-1099-3 13-1111-1 21-1099-3 21-1099-3 13 Erviti 0108 13 Davila 5877 13 Rodriguez 5879 13 Guastella 5877 13 T. Bequer 5864 13 Haupt 5868 Lezcano Admin. Secretary HSP Spec. SHSP Spec. HSP Spec. HSP Rec. Analyst HSP Rec. Analyst Human Svcs. Analyst 003 64240 1.0 007 64248 1.0 007 48396 1.0 007 48500 1.0 003 48497 1.0 003 25183 1.0 005 64243 1.0 Ex. Sec. & Admin. Assist. Comm. & Soc. Svcs. Spec. Comm. & Soc. Svcs. Spec. Comm. & Soc. Svcs. Spec. Management Analyst Management Analyst Comm. & Soc. Svcs. Spec. 43-6011-2 21-1099-3 21-1099-2 21-1099-3 21-1099-3 13-1111-1 13-1111-1 13 Alvarez-Buylla 5877 13 Saintphard 5877 13 5864 HSP Spec. HSP Spec. HSP Rec. Analyst 007 64244 1.0 007 64239 1.0 003 59208 1.0 Comm. & Soc. Svcs. Spec Comm. & Soc. Svcs. Spec. Management Analyst 21-1099-3 21-1099-3 13-1111-1 13 Pagan 5877 13 Castaneda 5877 HSP Spec. HSP Spec. 007 24925 1.0 007 61935 1.0 Comm. & Soc. Svcs. Spec Comm. & Soc. Svcs. Spec. 21-1099-3 21-1099-3

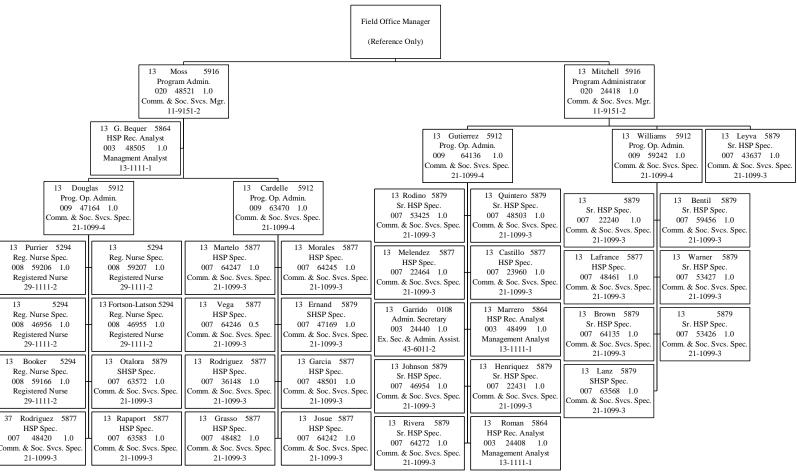
Org. Level: 68 50 10 11 000 Revised Date: July 1, 2008

FTEs: 69.5 Positions: 70

## AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid AREA 11 - Miami

Org. Level: 68 50 10 11 000 Revised Date: July 1, 2008 FTEs: 69.5 Positions: 70

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#### AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid PROGRAM ANALYSIS

Org. Level: 68 50 50 00 000 Revised Date: July 1, 2008 FTEs: 61 Positions: 61

37 Hudson 8861 Chief, Medicaid Prog. Analysis 021 39495 1.0 Financial Manager 11-3031-3

Page 1 of 2

37 Towels 0120 Staff Assistant 003 19476 1.0 Ex. Sec. & Admin. Assist. 43-6011-2

37 Stephens 2238 Op. & Mgmt. Cons. Mgr. 020 55434 1.0 Gen. & Op. Mgr. 11-1021-2

#### **Cost Reimbursement**

37 Warren 1643

Reg. Analyst III

008 61953 1.0

Accountant/Auditor

13-2011-3

37 Wallace 2228	
SMA Supervisor	
010 19502 1.0	
Management Analyst	
13-1111-4	
	Γ

**Fiscal Planning** 

37 Jones 0108 Admin. Secretary 003 19257 1.0 Ex. Sec. & Admin. Assist. 43-6011-2

37 J. Robinson 5875

MHCP Analyst

010 64297 1.0

Management Analyst

13-1111-4

37 Day 5875

MHCP Analyst

010 63525 1.0

Management Analyst

13-1111-4

Admin. Secretary

003 20476 1.0

Ex. Sec. & Admin. Assist.

43-6011-2

Mitchell 0108

37 Hagler 1645 Reg. Analyst Supv. 010 39496 1.0 Compliance Officer 13-1041-4

37 Behenna 1645 Reg. Analyst Supv. 010 46478 1.0 Compliance Officer 13-1041-4

007 47263 1.0

Comm. & Soc. Svcs. Spec.

21-1099-3

37 Lowe 5875 Med./Hlth. Care Prog. Anal. 010 19530 1.0 Management Analyst 13-1111-4

37 Bracko 5875 Med./Hlth. Care Prog. Anal. 010 59474 1.0 Management Analyst 13-1111-4

37 Caudill 5875 Med./Hlth. Care Prog. Anal. 010 59476 1.0 Management Analyst 13-1111-4

37 Snellgrove 2238 Op. & Mgmt. Cons. Mgr. 020 19482 1.0 Gen. & Op. Mgr. 11-1021-2

37 Collins 0108 Admin. Secretary 003 19180 1.0 Ex. Sec. & Admin. Assist. 43-6011-2

Nobles Medicaid CRP Admin. 020 19365 1.0 Financial Manager 11-3031-2

37 Scanlon 1641

Reg. Analyst I

006 24095 1.0

Compliance Officer

13-1041-2

37 Russell 5875 MHCP Analyst/Coord. 010 63526 1.0 Management Analyst 13-1111-4

37 Jordan 1643 37 Gunn 1643 Reg. Analyst III Reg. Analyst III 59470 1.0 007 23840 1.0 Accountant/Auditor Comm. & Soc. Svcs. Spec 13-2011-3 21-1099-3

37 Pounds 1642 Reg. Analyst II 48203 1.0 Accountant/Auditor 13-2011-2

37 Isted 1643 Reg. Analyst III 008 59469 1.0 Accountant/Auditor 13-2011-3

Reg. Analyst I 006 59468 1.0 Accountant/Auditor 13-2011-2

37 Parker 1642 Reg. Analyst II 006 55433 1.0 Accountant/Auditor 13-2011-2

37 Samuel 2245 Medicaid CRP Admin. 020 46114 1.0 Financial Manager

> 37 Bradley 1643 Reg. Analyst III 008 17111 1.0 Accountant/Auditor 13-2011-3

11-3031-2

Stone

Reg. Analyst III

008 63171 1.0

Accountant/Auditor

13-2011-3

1643

37 Farcas 5912 Program Opers. Admin 009 64259 1.0 Comm & Soc. Svc. Spec.

37 Perry 1643 Reg. Analyst III 008 61952 1.0 Accountant/Auditor 13-2011-3

37 Pridgeon 1643 Reg. Analyst III 008 61954 1.0 Accountant/Auditor 13-2011-3

37 Flanigan 5879 Baker 2245 Sr. HSP Spec. Medicaid CRP Admin.

11-3031-2 37 Eddy 2107 Sys. Proj. Analyst 008 46113 1.0 Computer Sys. Analyst

020 63524 1.0

Financial Manager

37 Ponnabalam 2107 Sys. Proj. Analyst 008 64258 1.0 Computer Sys. Analyst 15-1051-3

15-1051-3

E-7-1

# AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid Program Analysis

Org Level: 68505000000 Revised Date: July 1, 2008 FTE: 61 Positions: 61

Chief Medicaid Program Analysis (Reference Only)

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				Data Bas	rson 2127 e Admin. 410 1.0	
				Comp. & In	fo. Sys. Mgr.	
	Systems Support	Focus Review			021-2 Services	Third Party Liability 68-50-70-00-000
С	37 Shi 2127 Data Base Admin. 020 48409 1.0 omp. & Info. Sys. Mgr. 11-3021-2	37 2228 Sr. Mgmt. Analyst Sup. 010 64151 1.0 Management Analyst 13-1111-4	-	37 Milt Sr. Mgmt. A 010 48 Manageme	on 2228 Analyst Sup. 966 1.0 ent Analyst	37 Barrett 2250 AHC Admin. 020 64251 1.0 Med. & Hlth. Svcs. Mgr 11-9111-2
	37 Ying 2122 Sr. Data Base Analyst 009 40795 1.0 Database Admin. 15-1061-4	37 Swinson 2225 Sr. Mgmt. Analyst II 010 64716 1.0 Management Analyst 13-1111-4	37 Ros Admin. S 003 002 Ex. Sec. & Ad 43-60	252 1.0 dmin. Assist.	37 Young 1668 Audit Eval. & Rev. Analyst 008 00136 1.0 Accountant/Auditor 13-2011-3	37 Suhrweir 2238 Op. & Mgmt. Cons. Mgr. 020 00159 1.0 Gen. & Op. Mgr. 11-1021-2
	37 Quinn 2122 Sr. Data Base Analyst 009 48411 1.0 Database Admin. 15-1061-4	37 1643 Reg. Analyst III 008 19523 1.0 Accountant/Auditor 13-2011-3	37 Audit Eval. & 008 001 Accountar 13-20	142 1.0 nt/Auditor	52 Patterson 1668 Audit Eval. & Rev. Analyst 008 00194 1.0 Accountant/Auditor 13-2011-3	37 Peacock 2239 Op. Rev. Spec. 010 64253 1.0 Management Analyst 13-1111-4
	37 Hughes 2122 Sr. Data Base Analyst 009 64256 1.0 Database Admin. 15-1061-4		52 Diacz Audit Eval. & 008 002 Accountar 13-20	Rev. Analyst 244 1.0 nt/Auditor	16 Williams 1668 Audit Eval. & Rev. Analyst 008 00255 1.0 Accountant/Auditor 13-2011-3	37 Gemora 5864 HSP Rec. Analyst 003 61016 1.0 Management Analyst 13-1111-1
	37 Hall 2122 Sr. Data Base Analyst 009 64842 1.0 Database Admin. 15-1061-4		37 Curr Audit Eval. & 008 002 Accountar 13-20	Rev. Analyst 256 1.0 nt/Auditor	37 Bauman 1668 Audit Eval. & Rev. Analyst 008 19591 1.0 Accountant/Auditor 13-2011-3	37 Roy 2239 Op. Rev. Spec. 010 64254 1.0 Management Analyst 13-1111-4
	37 Ramamani 5916 Program Admin. 020 64841 1.0 Comm. Soc. Svcs. Specs. 11-9151-2		37 Bosqu MHC Prog 010 195 Manageme 13-11	g. Analyst 522 1.0 nt Analyst	37 Odum 5875 Med./Hlth. Care Prog. Anal. 010 59475 1.0 Management Analyst 13-1111-4	

#### AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid

### Medicaid Services

37 Kidder TBA

**Medicaid State Plan** 

37 Dellosso 5875

MHCP Analyst

010 61450 1.0

Management Analyst

13-1111-4

37 Thomas 5875

MHCP Analyst

010 24167 1.0

Management Analyst

13-1111-4

37 Core 5312

Reg. Nursing Cons.

010 59504 1.0

Registered Nurse

29-1111-4

37 Bair 5875

MHCP Analyst

010 59459 .50

Management Analyst

13-1111-4

010 59466 1.0

Management Analyst

13-1111-4

16 McCullough 5312 Reg. Nursing Cons.

010 64473 1.0

Registered Nurse

29-1111-4

Vine 5916

Prog. Admin.

020 46480 1.0

Comm. & Soc. Svcs. Mgr.

11-9151-2

37 Boone 5312

Reg. Nursing Cons.

010 25870 1.0

Registered Nurse

29-1111-4

37 Heiser 0108

Admin. Secretary

003 56425 1.0

Ex. Sec. & Admin. Assist.

43-6011-2

HSP Spec.

007 46484 1.0

Comm. & Soc. Svcs. Spec.

21-1099-3

37 Moore 5875

MHCP Analyst

010 59460 1.0

Management Analyst 13-1111-4

Mino 5877

Org Level: 68 50 60 00 000 Revised Date: July 1, 2008 FTEs: 67 Positions: 68

Page 1 of 2

Chief, Medicaid Services 021 19298 1.0 Financial Manager 11-3031-3 37 Armstrong 2234 Ward 0120 Op. & Mgmt. Cons. I Staff Assistant 007 64260 1.0 003 19394 1.0 Management Analyst Ex. Sec. & Admin. Assist. MediKids 13-1111-3 43-6011-2 37 Bolin 2250 37 Hansen 5916 AHC Admin. Prog. Admin. 020 39484 1.0 020 64371 1.0 Med. & Hlth. Svcs. Mgr. Comm. & Soc. Svcs. Mgr. 11-9111-2 11-9151-2 37 Peterson 0108 37 Sanchez 5875 Admin. Secretary MHCP Analyst 003 21743 1.0 010 64372 1.0 Ex. Sec. & Admin. Assist. Management Analyst Acute Care Services 43-6011-2 13-1111-4 37 Mazzoccoli 5916 37 McGrath 5916 37 Wiggins 5875 Prog. Admin. Prog. Admin. MHCP Analyst 020 59463 1.0 020 59478 1.0 010 64373 1.0 Comm. & Soc. Svcs. Mgr. Comm. & Soc. Svcs. Mgr Management Analyst 11-9151-2 11-9151-2 13-1111-4 37 0108 37 Rutledge/Kenny 5312 5312 37 Canfield 5312 Admin. Secretary Reg. Nursing Cons. Reg. Nursing Cons. Reg. Nursing Cons. 003 64295 1.0 010 19528 (shared) 1.0 010 59462 1.0 010 59502 1.0 Ex. Sec. & Admin. Assist. Registered Nurse Registered Nurse Registered Nurse 43-6011-2 29-1111-4 29-1111-4 29-1111-4 37 Jackson 5875 37 Cerasoli 5875 37 DeMarco 5312 37 Simpson 5875 MHCP Analyst MHCP Analyst Reg. Nursing Cons. MHCP Analyst 010 64456 1.0 010 39485 1.0 010 64255 1.0 010 59467 1.0 Management Analyst Management Analyst Registered Nurse Management Analyst 13-1111-4 13-1111-4 29-1111-4 13-1111-4 37 Harrah 5312 37 Kumar 5312 37 Brown-Jefferson 5875 Reg. Nursing Cons. Reg. Nursing Cons. MHCP Analyst 010 25875 1.0 010 19531 1.0 010 19512 1.0 Registered Nurse Registered Nurse Management Analyst 29-1111-4 29-1111-4 13-1111-4 Stephens 5875 37 Harper 5875 37 5312 MHCP Analyst Reg. Nursing Cons. MHCP Analyst

010 19470 1.0

Management Analyst

13-1111-4

37 Gabric 5875

MHCP Analyst

010 59503 1.0

Management Analyst

13-1111-4

E-8-1

010 64814 1.0

Registered Nurse

29-1111-4

Admin. Secretary

003 21558 1.0

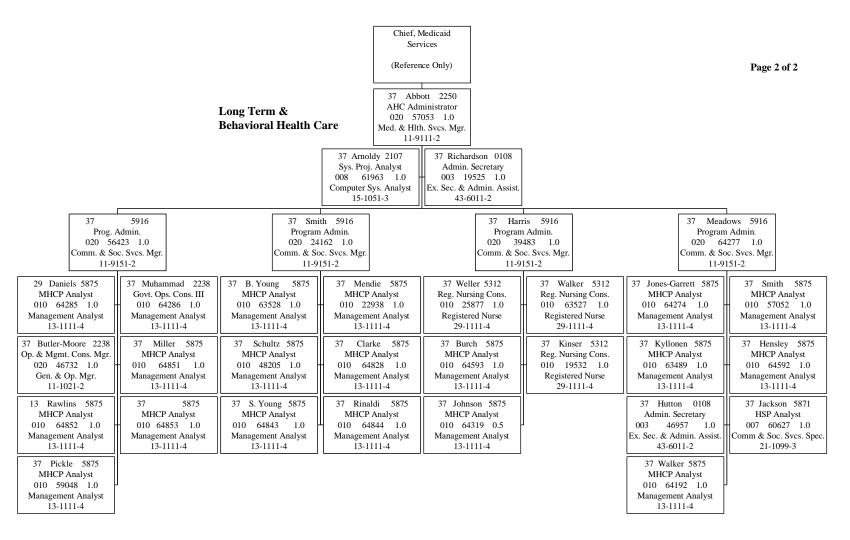
Ex. Sec. & Admin. Assist.

43-6011-2

Kimball 0108

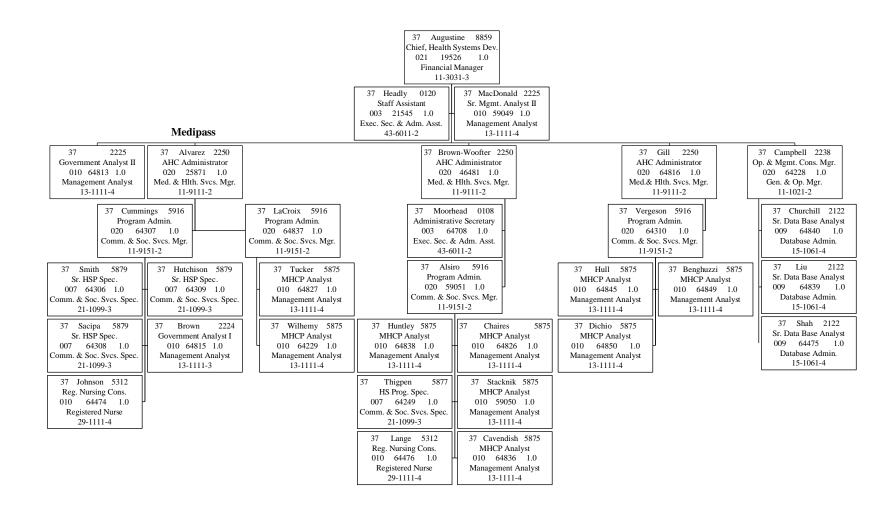
# AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid Medicaid Services

Org. Level: 68 50 60 00 000 Revised Date: July 1, 2008 FTEs: 67 Positions: 68



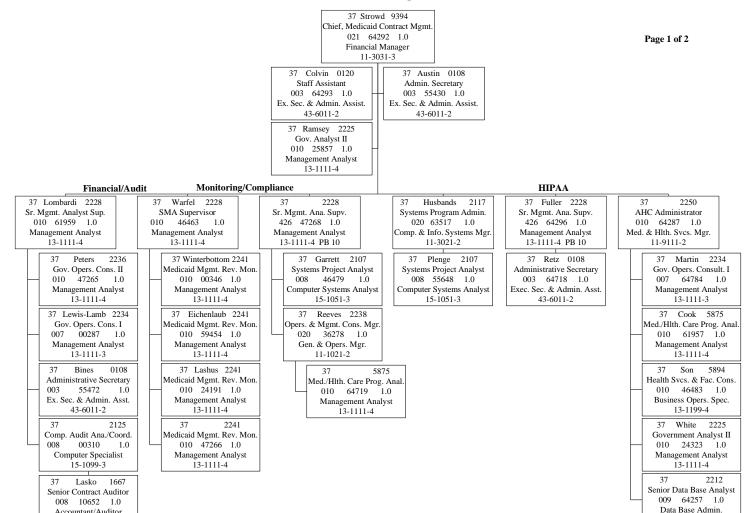
## AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid Health Systems Development

Org. Level: 68 50 40 00 000 Revised Date: July 1, 2008 FTEs: 32 Positions: 32



#### AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid

#### **Contract Management**



E-9-1

15-1061-04

Org. Level: 68 50 80 00 000

Revised Date: July 1, 2008

FTEs: 53 Positions: 53

Accountant/Auditor

13-2011-3

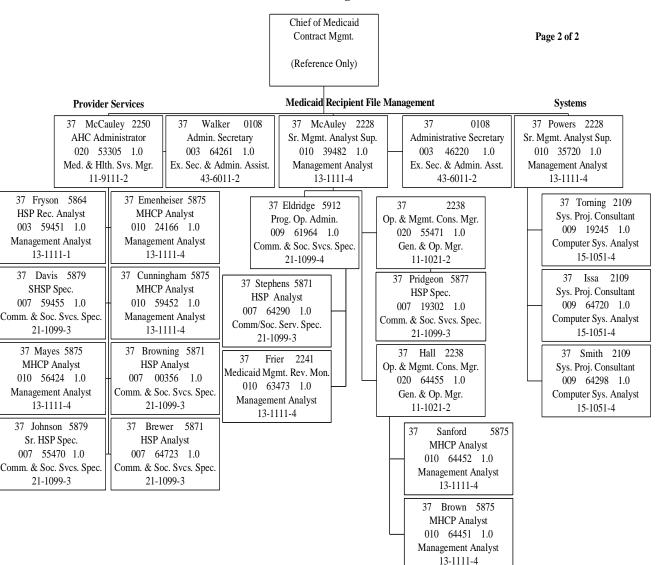
### AGENCY FOR HEALTH CARE ADMINISTRATION

#### Medicaid **Contract Management**

FTEs: 53 Positions: 53

Revised Date: July 1, 2008

Org. Level: 68 50 80 00 000



E-9-2 Е

### AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid

#### **Pharmacy Services**

8951 37 Wells Chief, Medicaid Pharmacy Svcs. 021 64589 1.0 Med. & Hlth. Svcs. Mgr. 11-9111-3

37 Frost-Penn 0120 Staff Assistant 64591

Ex. Sec. & Admin. Assist. 43-6011-2 37 Barnes 5254 37 Hardy 5254 37 Donnelly 2225 Pharmaceutical Prog. Mgr. Pharmaceutical Prog. Mgr. Gov. Anal. II 020 19357 1.0 020 61948 1.0 010 64846 1.0 Med. & Hlth. Svcs. Mgr. Med. & Hlth. Svcs. Mgr. Management Analyst 11-9111-2 11-9111-2 13-1111-4 37 Gibson 2225 Jones 5248 37 Elliott 5248 Coley 5248 37 Fortson 5875 Gov. Analyst II Sr. Pharmacist Sr. Pharmacist Med./Hlth. Care Prog. Anal. Sr. Pharmacist 010 61967 1.0 011 61947 1.0 010 61968 1.0 61946 1.0 011 61955 1.0 Management Analyst Pharmacist Pharmacist Pharmacist Management Analyst 13-1111-4 29-1051-5 29-1051-5 29-1051-5 13-1111-4 37 Alsentzer 5875 37 Freeman 5879 Rubin 5248 37 Parrott 2225 Sr. Human Serv. Prog. Spec. Med./Hlth. Care Prog. Anal. Sr. Pharmacist Gov. Analyst II 010 19511 1.0 64289 1.0 011 64809 1.0 010 64811 1.0 Management Analyst Comm./Soc. Serv. Spec. Management Analyst Pharmacist 13-1111-4 21-1099-3 29-1051-5 13-1111-4 37 McKnight 5875 37 Aldridge 2225 37 5875 Gov. Analyst II Med./Hlth. Care Prog. Anal. Med./Hlth. Care Prog. Anal. Gov. Analyst II 010 61966 1.0 010 64783 1.0 010 64722 1.0 010 31740 1.0 Management Analyst Management Analyst Management Analyst Management Analyst 13-1111-4 13-1111-4 13-1111-4 13-1111-4 0108 0108 37 Wigglesworth Administrative Secretary Admin. Secretary 003 64785 1.0 003 53776 1.0 Ex. Sec. & Admin. Assist. Exe. Sec. & Admin. Asst. 43-6011-2 43-6011-2

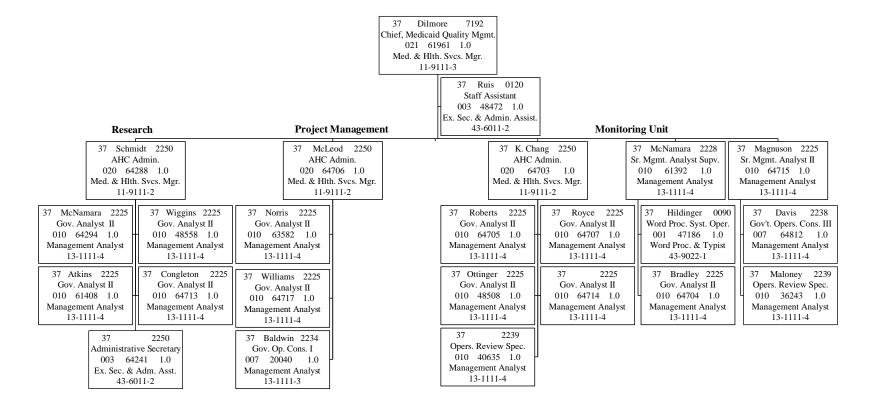
Org Level: 68-50-90-00-000

Revised Date: July 1, 2008

FTE: 20 Positions: 20

# AGENCY FOR HEALTH CARE ADMINISTRATION Division of Medicaid Medicaid Quality Management

Org Level: 68-50-20-00-000 Revised Date: July 1, 2008 FTE: 24 Positions: 24



### AGENCY FOR HEALTH CARE ADMINISTRATION Revised Date: July 1, 2008 Florida Statewide Advocacy Council

Org. Level: 68-80-00-00-000 FTEs: 6 Positions: 6

37 Littlefield 5883 **FSAC Director** 140 44041 1.0 Comm. & Soc. Svc. Mgr. 11-9151-2

37 2225 Sr. Mgmt. Analyst II - SES 007 21738 1.0 Management Analyst 13-1111-4

Popper 2228 Sr. Mgmt. Anal. Supv. - SES 010 65018 1.0 Management Analyst 13-1111-4

48 Morgan 2225 Sr. Mgmt. Analyst II - SES 010 44040 1.0 Management Analyst 13-1111-4

37 Connelly 2236 OMC II - SES 010 04388 1.0 Management Analyst 13-1111-4

36 Vallario 2236 OMC II - SES 010 19521 1.0 Management Analyst 13-1111-4

AGENCY FOR HEALTH CARE ADMINISTRATION			FISCAL YEAR 2007-08	
SECTION I: BUDGET		C	DPERATING	FIXED CAPITA OUTLAY
TAL ALL FUNDS GENERAL APPROPRIATIONS ACT			17,090,900,578	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)			(593,927,995)	
NAL BUDGET FOR AGENCY			16,496,972,583	
3.2.000L11 VIII VEEIV			10,490,972,303	
	Number of			
SECTION II: ACTIVITIES * MEASURES	Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
ecutive Direction, Administrative Support and Information Technology (2)	1 599 792	678.55	1.101.074.371	
Prepaid Health Plans - Elderly And Disabled * Number of case months Medicaid program services purchased  Prepaid Health Plans - Families * Number of case months Medicaid program services purchased	7,352,844	154.66	1,153,457,025	
Elderly And Disabled/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased	422,289	2,843.67	1,218,038,750	
Elderly And Disabled/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased  Elderly And Disabled/Fee For Service/Medipass - Physician Services * Number of case months Medicaid program services purchased	422,289 422,289	1,773.89 691.20	759,816,923 296,061,688	
Elderly And Disabled Fee For Service/Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased	422,289	531.90	227,831,220	
Elderly And Disabled/Fee For Service/Medipass - Supplemental Medical Insurance * Number of case months Medicaid program services purchased	285,735	2,668.49	773,393,073	
Elderly And Disabled/Fee For Service/Medipass - Early Periodic Screening Diagnosis And Treatment * Number of case months Medicaid program services purchased  Elderly And Disabled/Fee For Service/Medipass - Patient Transportation * Number of case months Medicaid program services purchased	80,344 422,289	115.47 132.57	9,410,309 56,785,530	
Elderly And Disabled/Fee For Service/Medipass - Case Management * Number of case months Medicaid program services purchased	422,289	195.57	83,771,099	
Elderly And Disabled/Fee For Service/Medipass - Home Health Services * Number of case months Medicaid program services purchased	422,289	182.19	78,038,087	
Elderly And Disabled/Fee For Service/Medipass - Therapeutic Services For Children * Number of case months Medicaid program services purchased  Elderly And Disabled/Fee For Service/Medipass - Hospital Insurance Benefit * Number of case months Medicaid program services purchased	80,344 258,034	276.76 378.28	22,554,064 99,005,889	
Elderly And Disabled/Fee For Service/Medipass - Hospice * Number of case months Medicaid program services purchased	422,289	381.34	163,341,417	
Elderly And Disabled/Fee For Service/Medipass - Private Duty Nursing * Number of case months Medicaid program services purchased	80,344	1,309.30 1.180.73	106,700,280	
Elderly And Disabled/Fee For Service/Medipass - Other * Number of case months Medicaid program services purchased  Women And Children/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased	422,289 614,680	1,180.73 1,370.65	505,747,246 854,568,311	
Women And Children/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased	614,680	396.57	247,249,981	
Women And Children/Fee For Service / Medipass - Physician Services * Number of case months Medicaid program services purchased	614,680 614,680	612.01 474.20	381,574,650 295,651,009	
Women And Children/Fee For Service / Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased  Women And Children/Fee For Service / Medipass - Supplemental Medical Insurance * Number of case months Medicaid program services purchased	706	197,355.94	141,327,446	
Women And Children/Fee For Service / Medipass - Early Periodic Screening Diagnosis And Treatment * Number of case months Medicaid program services purchased	570,017	195.08	112,788,751	
Women And Children/Fee For Service / Medipass - Patient Transportation * Number of case months Medicaid program services purchased	614,680 614,680	105.83 16.35	65,981,780 10,195,729	
Women And Children/Fee For Service / Medipass - Case Management * Number of case months Medicaid program services purchased  Women And Children/Fee For Service / Medipass - Home Health Services * Number of case months Medicaid program services purchased	614,680	210.81	131,432,963	
Women And Children/Fee For Service / Medipass - Therapeutic Services For Children * Number of case months Medicaid program services purchased	614,680	108.11	67,401,190	
Women And Children/Fee For Service / Medipass - Clinic Services * Number of case months and Medicaid program services purchased  Women And Children/Fee For Service / Medipass - Other * Number of case months Medicaid program services purchased	614,680 614,680	152.14 605.81	94,857,838 377,707,725	
Women And Children Fee For Service / Medipass - Other - Number of case months Medicaid program services purchased  Medically Needy - Hospital Inpatient * Number of case months Medicaid program services purchased	18,607	8,405.62	158,641,794	
Medically Needy - Prescribed Medicines * Number of case months Medicaid program services purchased	18,607	5,731.84	108,178,837	
Medically Needy - Physician Services * Number of case months Medicaid program services purchased  Medically Needy - Hospital Outpatient * Number of case months Medicaid program services purchased	18,607 18,607	2,170.26 2,434.84	40,959,991 45,953,460	
Medically Needy - Supplemental Medical Insurance * Number of case months Medicaid program services purchased	2,520	1,870.61	4,781,409	
Medically Needy - Early Periodic Screening Diagnosis And Treatment * Number of case months Medicaid program services purchased	2,647	182.79	490,759	
Medically Needy - Patient Transportation * Number of case months Medicaid program services purchased  Medically Needy - Case Management * Number of case months Medicaid program services purchased	18,607 18,607	108.77 79.41	2,052,917 1,498,810	
Medically Needy - Home Health Services * Number of case months Medicaid program services purchased	18,607	109.14	2,059,870	
Medically Needy - Therapeutic Services For Children * Number of case months Medicaid program services purchased	2,647 18,607	16.76 55,038.14	45,000	
Medically Needy - Other * Number of case months Medicaid program services purchased  Refugees - Hospital Inpatient * Number of case months Medicaid program services purchased	10,029	314.64	1,038,751,648 3,200,729	
Refugees - Prescribed Medicines * Number of case months Medicaid program services purchased	10,029	42,566.14	433,005,600	
Refugees - Physician Services * Number of case months Medicaid program services purchased Refugees - Hospital Outpatient * Number of case months Medicaid program services purchased	10,029 10,029	300.68 150.63	3,058,664 1,532,333	
Refugees - Prospital Outpatient * Number of case months medicate program services purchased  Refugees - Early Periodic Screening Diagnosis And Treatment * Number of case months Medicaid program services purchased	657	229.89	1,532,333	
Refugees - Patient Transportation * Number of case months Medicaid program services purchased	10,029	2.99	30,429	
Refugees - Case Management * Number of case months Medicaid program services purchased	10,029 10,029	0.55 9.68	5,579 98,514	
Refugees - Home Health Services * Number of case months Medicaid program services purchased  Refugees - Therapeutic Services For Children * Number of case months Medicaid program services purchased	657	0.44	294	
Refugees - Other * Number of case months Medicaid program services purchased	10,029	170.28	1,732,179	
Nursing Home Care * Number of case months Medicaid program services purchased  Home And Community Based Services * Number of case months Medicaid program services purchased	76,868 63,052	32,223.38 17,137.29	2,512,396,858 1,096,005,239	
Home And Community Based Services * Number of case months Medicaid program services purchased  Intermediate Care Facilities For The Developmentally Disabled - Sunland Centers * Number of case months Medicaid program services purchased	727	141,332.59	104,219,346	
Mental Health Disproportionate Share Program * Number of case months Medicaid program services purchased	612	99,671.06	61,871,711	
Long Term Care - Other * Number of case months Medicaid program services purchased  Purchase Medikids Program Services * Number of case months	29,232 27,986	19,972.33 1.765.73	592,186,927 50.123.040	
Purchase Medikids Program Services Number of case months  Purchase Children's Medical Services Network Services * Number of case months	15,218	6,818.99	105,256,510	
Purchase Florida Healthy Kids Corporation Services * Number of case months	189,608	1,401.10	269,462,299	
Certificate Of Need/Financial Analysis * Number of certificate of need (CON) requests/financial reviews conducted  Health Facility Regulation (compliance, Licensure, Complaints) - Tallahassee * Number of licensure/certification applications	1,100 35,651	1,969.53 518.97	2,197,489 18,766,562	
reann Faculty Regulation (compliance, Licensure, Complianns) - Tallarnassee "Number of incensure/certification applications Faculty Field Operations (compliance, Complaints) - Field Offices Survey Staff * Number of surveys and complaint investigations	68,538	780.69	54,272,842	
Health Standards And Quality * Number of transactions	2,333,307	2.44	5,773,969	
Plans And Construction * Number of reviews performed  Managed Health Care *	5,270 264	1,371.45 22,402.64	7,330,988 5,998,943	
Organ And Tissue Donor * Number of donor designations	1,634,137	0.21	343,037	
Background Screening * Number of requests for screenings	62,907	17.62	1,123,971	
Subscriber Assistance Panel * Number of cases  Health Facilities And Practitioner Regulation - Medicaid Choice Counseling * Number of new enrollees provided choice counseling	517 167,080	2,336.54 52.56	1,225,281 8,907,591	
AL SECTION III: RECONCILIATION TO BUDGET			16,239,458,962	
STHROUGHS				
TRANSFER - STATE AGENCIES				
AID TO LOCAL GOVERNMENTS				
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS				
			234,619,446	

TOTAL			16,239,458,962					
SECTION III: RECONCILIATION TO BUDGET								
PASS THROUGHS								
TRANSFER - STATE AGENCIES								
AID TO LOCAL GOVERNMENTS								
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS								
OTHER			234,619,446					
REVERSIONS			22,894,175					
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)			16,496,972,583					
SCHEDULE XI/EXHIBIT VI: AGENCY-LEVEL UNIT COST SUMMARY								

<sup>(1)</sup> Some activity unit costs may be overstated due to the allocation of double budgeted items.

<sup>(2)</sup> Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.

<sup>(3)</sup> Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.

<sup>(4)</sup> Final Budget for Agency and Total Budget for Agency may not equal due to rounding.

IUCSSP03 LAS/PBS SYSTEM SP 09/18/2008 10:05

BUDGET PERIOD: 1999-2010

SCHED XI: AGENGY-LEVEL UNIT COST SUMMARY

STATE OF FLORIDA AUDIT REPORT AGENCY/HEALTH CARE ADMIN

ACTIVITY ISSUE CODES SELECTED:

TRANSFER-STATE AGENCIES ACTIVITY ISSUE CODES SELECTED:

1-8

AID TO LOCAL GOVERNMENTS ACTIVITY ISSUE CODES SELECTED:

1-8:

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THE FOLLOWING STATEWIDE ACTIVITIES (ACT0010 THROUGH ACT0490) HAVE AN OUTPUT STANDARD (RECORD TYPE 5) AND SHOULD NOT:

\*\*\* NO ACTIVITIES FOUND \*\*\*

\_\_\_\_\_\_

THE FCO ACTIVITY (ACT0210) CONTAINS EXPENDITURES IN AN OPERATING CATEGORY AND SHOULD NOT:

(NOTE: THIS ACTIVITY IS ROLLED INTO EXECUTIVE DIRECTION, ADMINISTRATIVE SUPPORT AND INFORMATION TECHNOLOGY)

\*\*\* NO OPERATING CATEGORIES FOUND \*\*\*

THE FOLLOWING ACTIVITIES DO NOT HAVE AN OUTPUT STANDARD (RECORD TYPE 5) AND ARE REPORTED AS 'OTHER' IN SECTION III: (NOTE: 'OTHER' ACTIVITIES ARE NOT 'TRANSFER-STATE AGENCY' ACTIVITIES OR 'AID TO LOCAL GOVERNMENTS' ACTIVITIES. ALL ACTIVITIES WITH AN OUTPUT STANDARD (RECORD TYPE 5) SHOULD BE REPORTED IN SECTION II.)

BE PC CODE TITLE EXPENDITURES FCO 68200000 1602000000 ACT2170 STATE CENTER FOR HEALTH STATISTICS 6,324,635

TOTALS FROM SECTION I AND SECTIONS II + III:

DEPARTMENT: 68 EXPENDITURES FCO

FINAL BUDGET FOR AGENCY (SECTION I): 16,208,677,685
TOTAL BUDGET FOR AGENCY (SECTION III): 16,208,677,772

-----

DIFFERENCE: 87-

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THE FOLLOWING STATEWIDE ACTIVITIES (ACT0010 THROUGH ACT0490) HAVE AN OUTPUT STANDARD (RECORD TYPE 5) AND SHOULD NOT:

\*\*\* NO ACTIVITIES FOUND \*\*\*

\_\_\_\_\_\_

THE FCO ACTIVITY (ACT0210) CONTAINS EXPENDITURES IN AN OPERATING CATEGORY AND SHOULD NOT: (NOTE: THIS ACTIVITY IS ROLLED INTO EXECUTIVE DIRECTION, ADMINISTRATIVE SUPPORT AND INFORMATION TECHNOLOGY)

\*\*\* NO OPERATING CATEGORIES FOUND \*\*\*

## **Administration and Support**

## **Schedules**



## **Schedule I Series**



Fund: 2003 Health Care Trust Fund

**Budget Entity: 68200000 Administration and Support** 

#### **Five Percent Narrative:**

The Agency was required to complete a Schedule ID (Request for Creation, Re-creation, Retention, Termination or Modification of a Trust Fund) in the 2008-09 LBR. This budget entity no longer receives funding or appropriation in the Health Care Trust Fund.

#### **Section III Adjustments Narrative:**

September reversions of \$67,620 are the result of unexpended certified forward appropriations.

Prior Year Adjustments of \$55,715 are necessary to record prior year FLAIR adjustments required by the Department of Financial Services.

Current Year Adjustments of \$21,862 are current year payables identified after the certified forward period had expired.

#### **Revenue Estimating Methodology Narrative:**

This budget entity no longer receives revenue.

Fund: 2021 Administrative Trust Fund

**Budget Entity: 68200000 Administration and Support** 

Per instructions Administrative Trust Fund is exempt from the reserve computations.

#### Section III Adjustments Narrative:

September reversions of \$15,383 are the result of unexpended certified forward appropriations.

Current Year Adjustments of \$(19,397) are current year payables identified after the certified forward period had expired.

Prior Year Adjustments of \$43,906 are necessary to record prior year FLAIR adjustments required by the Department of Financial Services.

#### Revenue Estimating Methodology Narrative:

Calculations began with the previous year requested amount. The amounts were first adjusted based on any Legislative Budget Requests being submitted. Then prior years activity was analyzed to determine if there were upward or downward trends and based on that analysis adjustments were incorporated.

#### Fund: 2122 Tobacco Settlement Trust Fund

**Budget Entity: 68200000 Administration and Support** 

The Tobacco Settlement Trust Fund is exempt from 5% reserve.

#### Section III Adjustments Narrative: No adjustments

### **Revenue Estimating Methodology Narrative:**

This budget entity no longer receives revenue.

### SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Department: Agency for Health Care Administration Budget Period 2009-10 Budget Entity: Administration and Support** (68200000) Fund: Health Care Trust Fund(2003) (1) (2) (3) (4) **FUNDING SOURCE ACTUAL ESTIMATED REQUEST** FY2007-08 FY2008-09 FY2009-10 Receipts: Fees 7,622,845 0 Total \* 0 7,622,845 \* Must equal total on Schedule 1, line I.

## SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Department: Agency for Health Care Administration Budget Period 2009-10 Budget Entity: Administration and Support** (68200000) **Fund: Administrative Trust Fund (2021)** (1) (2) (3) (4) **FUNDING SOURCE ACTUAL ESTIMATED REQUEST** FY2007-08 FY2008-09 FY2009-10 Receipts: Transfer in from MCTF(2474) 0 Total \* 0 0 \* Must equal total on Schedule 1, line I.

### LBR Technical Review Checklist

Department/Budget Entity (Service): Agency for Health Care Administration / Administration and Support

Agency Budget Officer/OPB Analyst Name: Michele Tallent / Brian Clark

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

		Flogia	ill of Serv	vice (Buage	t Entity C	oues)
	Action	68200000				
1. GENI	EDAI					
1.1	Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay set to TRANSFER CONTROL for DISPLAY status only? (CSDI)					
		Yes				
1.2	Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Yes				
AUDITS	S:					
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. ( <b>EXBR, EXBA</b> )	Yes				
1.4	Has security been set correctly? (CSDR, CSA)	Yes				
TIP	The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.					
2. EXHI	IBIT A (EADR, EXA)					
2.1	Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 53 of the LBR Instructions?	Yes				
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Yes				
2.3	Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 25)? Do they clearly describe the issue?	Yes				
2.4	Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 25) been followed?	Yes				
3. EXHI	IBIT B (EADR, EXB)					
3.1	Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	N/A				

		Progra	m or Servi	ce (Budge	t Entity Co	odes)
	Action	68200000				
ALIDITO.						
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")					
		Yes				
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B02? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Yes				
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.					
TIP	Exhibit B - A02 equal to B02: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.					
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.					
4. EXHII	BIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 56 of the LBR Instructions?	Yes				
4.2	Is the program component code and title used correct?	Yes				
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.					
5. EXHII	BIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Yes				
AUDITS:						
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Yes				
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column G07? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Yes				
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column G08? (EXBR, EXBD - Differences need to be corrected in Column A01.)	Yes				
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.					

			Progra	m or Servi	ice (Budge	t Entity Co	odes)
		Action	68200000				
	TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.					
	TIP	Exhibit B - A01 less than G07: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2007-08 approved budget. Amounts should be positive.					
	TIP	If G08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column G08 was created.					
6.	EXHI	BIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.	.)				
	6.1	Are issues appropriately aligned with appropriation categories?	Yes				
	TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
7.	EXHI	BIT D-3A (EADR, ED3A)					
	7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 29 of the LBR Instructions).	Yes				
	7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 62 of the LBR Instructions.)	Yes				
	7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 63 and 64 of the LBR Instructions?	Yes				
	7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Yes				
	7.5	Does the issue narrative explain any variances from the Standard Expense, Operating Capital Outlay (OCO), and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions).	Yes				
	7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Yes				
	7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.	N/A				
	7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/A				
	7.9	Does the issue narrative reference the specific county(ies) where applicable?	Yes				

		Progra	am or Serv	rice (Budge	et Entity Co	odes)
	Action	68200000				
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #09-002?	N/A				
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. ( <b>PLRR</b> , <b>PLMO</b> )	N/A				
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A				
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A				
7.14	Do the amounts reflect appropriate FSI assignments?	Yes				
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 24 and 80 of the LBR Instructions.)	Yes				
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0 or 363XXC0)?	Yes				
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A				
AUDIT:						
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")	Yes				
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run <b>OADA/OADR</b> from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.					
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 61 through 64 of the LBR Instructions.					
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.					

			ım or Serv	rice (Budge	et Entity Co	odes)
	Action	68200000				
TIP	If an agency is receiving federal funds from another agency the FSI should = $9$ (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = $3$ (Federal Funds).					
TIP	If an appropriation made in the FY 2008-09 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.					
8. SCH	EDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R	, SC1D - I	)epartme	ent Level	)	
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Yes				
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?	Yes				
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?	Yes				
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	N/A				
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Yes				
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Yes				
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	Yes				
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section</i> 215.32(2)(b), <i>Florida Statutes</i> - including the Schedule ID and applicable legislation?	Yes				
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000799, 001510 and 001599)?	Yes				
8.10	Are the statutory authority references correct?	Yes				
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Section 215.20, F.S. for appropriate general revenue service charge percentage rates.)	Yes				
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	N/A				

		Program or Service (Budget			ity Codes)
	Action	68200000			
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Yes			
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Yes			
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Yes			
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Yes			
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Yes			
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?	Yes			
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Yes			
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Yes			
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Yes			
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Yes			
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Yes			
8.24	Are prior year September operating reversions appropriately shown in column A01?	Yes			
8.25	Are current year September operating reversions appropriately shown in column A02?	Yes			
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Yes			
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Yes			
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Yes			
AUDITS:					
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Yes			

		Progra	m or Serv	ice (Budge	t Entity Co	odes)
	Action	68200000				
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Yes				
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Yes				
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!					
TIP	Determine if the agency is scheduled for trust fund review. (See page 119 of the LBR Instructions.)					
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
9. SCHE	EDULE II (PSCR, SC2)					
AUDIT:						
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 150 of the LBR Instructions.)	Yes				
10. SCH	EDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 82 of the LBR Instructions.)	Yes				
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 89 of the LBR Instructions for appropriate use of the OAD transaction.) Use <b>OADI</b> or <b>OADR</b> to identify agency other salary amounts requested.	N/A				
11. SCH	EDULE IV (EADR, SC4)			I.		
11.1	Are the correct Information Technology (IT) issue codes used?	Yes				
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.					
12. SCH	EDULE VIIIA (EADR, SC8A)					
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?	Yes				
13. SCH	EDULE VIIIB-1					
13.1	This schedule is not required in the October 15, 2008 LBR submittal.					

	ſ	Progra	m or Serv	ice (Budge	t Entity Co	odes)
	Action	68200000				
14. SCE	HEDULE VIIIB-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 95 and 96 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?	N/A				
15. SCF	HEDULE XI (LAS/PBS Web - see page 102 of the LBR Instructions for detailed	instructio	ons)			
15.1	Has the Schedule XI one page summary been e-mailed to OPB? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)	Yes				
AUDITS	S INCLUDED IN THE SCHEDULE XI REPORT:					
15.2	Does the FY 2007-08 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Yes				
15.3	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print ''No Activities Found'')	NO				
15.4	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	NO				
15.5	Has the agency provided the necessary demand (Record Type 5) for all activities which should appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Yes				
15.6	Does Section I (Final Budget for Agency) and Section III (Total Budget for	103				
10.0	Agency) equal? (Audit #4 should print "No Discrepancies Found")	Yes				
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					
16. MA	NUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages 103 through 147 of the LBR Instructions), and are they accurate and complete?	Yes				
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?	Yes				
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Yes				

		Program or Service (Budget Entity Codes)				
	Action	68200000				
AUDITS	- GENERAL INFORMATION					
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.					
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					
17. CAI	PITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Yes				
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A				
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Yes				
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Yes				
17.5	Are the appropriate counties identified in the narrative?	N/A				
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.					

## **Children's Special Health Care**



## **Children's Special Health Care**

## **Schedule I Series**



#### Fund: 2122 Tobacco Settlement Trust Fund

Budget Entity: 68500100 Children's Special Health Care

The Tobacco Settlement Trust Fund is exempt from 5% reserve.

#### **Adjustments Narrative:**

September reversionsof \$5,327,904 are the result of unexpended certified forward appropriations.

Prior Year Adjustments of \$(4,757,107) are necessary to record prior year FLAIR adjustments required by the Department of Financial Services.

#### **Revenue Estimating Methodology Narrative:**

Calculations began with the previous year requested amount. The amounts were adjusted based on any Legislative Budget Requests being submitted.

Fund: 2339 Grants and Donations Trust Fund

Budget Entity: 68500100 Children's Special Health Services

The Grants and Donations Trust Fund in this Budget Entity funds Children's Special Health Care. Per instruction, we have omitted collections from Florida Healthy Kids Corp. from our reserve computations.

#### Section III Adjustments Narrative:

September reversions of \$1,515,144 are the result of unexpended certified forward appropriations.

Prior Year Adjustments of \$(1,364,443) are necessary to record prior year FLAIR adjustments required by the Department of Financial Services.

#### **Revenue Estimating Methodology Narrative:**

Calculations began with the previous year requested amount. The amounts were adjusted based on any Legislative Budget Requests being submitted.

Fund: 2474 Medical Care Trust Fund

Budget Entity: 68500100 Children's Special Health Services

The Medical Care Trust Fund in this Budget Entity funds Medicaid Children's Special Health Care. All revenues in this area are involved with Federal funding. Therefore, this activity is exempted from the 5% reserve.

#### Section III Adjustments Narrative: No Adjustments

September reversions of \$17,156,555 are the result of unexpended certified forward appropriations.

Current year adjustment of \$(475,202) are current year payables identified after the certified forward period had expired.

Prior Year Adjustment of \$(15,902,154) are necessary to record prior year FLAIR adjustments required by the Department of Financial Services.

#### **Revenue Estimating Methodology Narrative:**

Calculations began with the previous year requested amount. The amounts were adjusted based on any Legislative Budget Requests being submitted.

### SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Department: Agency for Health Care Administration Budget Period 2009-10 Budget Entity: Children Special HLTH Care (68500100) Fund:** Grants and Donations Trust Fund(2339) (1) (2) (3) (4) **FUNDING SOURCE ACTUAL ESTIMATED REQUEST** FY2007-08 FY2008-09 FY2009-10 Receipts: Family Prem-HLTHY Kids 0 0 Total \* 0 0 \* Must equal total on Schedule 1, line I.

## LBR Technical Review Checklist

Department/Budget Entity (Service): Agency for Health Care Administration / Health Care Services

Agency Budget Officer/OPB Analyst Name: Michele Tallent / Brian Clark

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

		Program or Service (Budget Entity Code			Program or Service (Budget Entity Codes	odes)
	Action	68500100				
1. GEN	EDAI					
1.1	Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay set to TRANSFER CONTROL for DISPLAY status only? (CSDI)					
1.2	Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y				
AUDITS						
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y				
1.4	Has security been set correctly? (CSDR, CSA)	Y				
TIP	The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.					
2. EXH	IBIT A (EADR, EXA)					
2.1	Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 53 of the LBR Instructions?	Y				
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				
2.3	Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 25)? Do they clearly describe the issue?	Y				
2.4	Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 25) been followed?	Y				
3. EXH	IBIT B (EADR, EXB)	<u> </u>	<u>'</u>	<u> </u>		
3.1	Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	N/A				

		Pro	gram or Ser	vice (Budget	Entity Codes	)
	Action	68500100				
AUDITS:						
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y				
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B02? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y				
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.					
TIP	Exhibit B - A02 equal to B02: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.					
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.					
4. EXHII	BIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 56 of the LBR Instructions?	Y				
4.2	Is the program component code and title used correct?	Y				
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.					
5. EXHII	BIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y				
AUDITS:						
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y				
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column G07? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Y				
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column G08? (EXBR, EXBD - Differences need to be corrected in Column A01.)	Y				
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.					

		Pro	gram or Se	rvice (Budget	Entity Codes	)
	Action	68500100				
		1		1	I	
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.					
TIP	Exhibit B - A01 less than G07: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2007-08 approved budget. Amounts should be positive.					
TIP	If G08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column G08 was created.					
6. EXH	IBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only	·.)				
6.1	Are issues appropriately aligned with appropriation categories?	Y				
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
	IBIT D-3A (EADR, ED3A)			_		
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 29 of the LBR Instructions).	Y				
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 62 of the LBR Instructions.)	Y				
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 63 and 64 of the LBR Instructions?	Y				
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y				
7.5	Does the issue narrative explain any variances from the Standard Expense, Operating Capital Outlay (OCO), and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions).	Y				
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y				
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.	Y				
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y				
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Y				

		Prog	ram or Service	e (Budget	Entity Codes	)
	Action	68500100				
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or		•			
7.10	in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #09-002?	N/A				
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. ( <b>PLRR</b> , <b>PLMO</b> )	N/A				
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A				
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A				
7.14	Do the amounts reflect appropriate FSI assignments?	Y				
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 24 and 80 of the LBR Instructions.)	N/A				
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0 or 363XXC0)?	Y				
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	Y				
AUDIT:		•	•			•
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")	Y				
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run <b>OADA/OADR</b> from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.	·				
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 61 through 64 of the LBR Instructions.					
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.					

		Pro	gram or Se	rvice (Budget	Entity Codes	)
	Action	68500100				
TID.			•	•	•	
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).					
TIP	If an appropriation made in the FY 2008-09 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.					
8. SCHE	EDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R	, SC1D - D	epartment	t Level)		
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y				
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?	Y				
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?	Y				
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y				
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Y				
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y				
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A				
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section</i> 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	N/A				
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000799, 001510 and 001599)?	Y				
8.10	Are the statutory authority references correct?	Y				
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Section 215.20, F.S. for appropriate general revenue service charge percentage rates.)	Y				
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y				

		Progran	or Service (Budg	get Entity Codes)	)
	Action	68500100			
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	N/A			
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y			
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y			
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y			
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y			
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?	Y			
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y			
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y			1
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y			
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y			
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y			
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y			
8.25	Are current year September operating reversions appropriately shown in column A02?	Y			
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y			
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y			
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y			
AUDITS:	:				
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y			

		Pro	gram or Se	rvice (Budge	et Entity Codes	s)
	Action	68500100				
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y				
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y				
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!			•		
TIP	Determine if the agency is scheduled for trust fund review. (See page 119 of the LBR Instructions.)					
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
9. SCHI	EDULE II (PSCR, SC2)					
AUDIT:						
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 150 of the LBR Instructions.)	N/A				
10. SCH	EDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 82 of the LBR Instructions.)	N/A				
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 89 of the LBR Instructions for appropriate use of the OAD transaction.) Use <b>OADI</b> or <b>OADR</b> to identify agency other salary amounts requested.	N/A				
11. SCH	IEDULE IV (EADR, SC4)	•		•	•	•
11.1	Are the correct Information Technology (IT) issue codes used?	N/A				
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.					
12. SCH	IEDULE VIIIA (EADR, SC8A)					
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?	Y				
13. SCH	IEDULE VIIIB-1	-		-	-	•
13.1	This schedule is not required in the October 15, 2008 LBR submittal.					

	1	Progra	m or Service (Bu	udget Entity Codes	)
	Action	68500100			
14. SCH	IEDULE VIIIB-2 (EADR, S8B2)				
14.1	Do the reductions comply with the instructions provided on pages 95 and 96 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?	Y			
15. SCH	IEDULE XI (LAS/PBS Web - see page 102 of the LBR Instructions for detailed	instructions	3)	l	
15.1	Has the Schedule XI one page summary been e-mailed to OPB? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)	Y			
AUDITS	INCLUDED IN THE SCHEDULE XI REPORT:				
15.2	Does the FY 2007-08 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y			
15.3	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")	Y			
15.4	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	N/A			
15.5	Has the agency provided the necessary demand (Record Type 5) for all activities which <a href="mailto:should">should</a> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Y			
15.6	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y			
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.	1	<u> </u>		
16. MAI	NUALLY PREPARED EXHIBITS & SCHEDULES				
16.1	Do exhibits and schedules comply with LBR Instructions (pages 103 through 147 of the LBR Instructions), and are they accurate and complete?	Y			
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?	Y			
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y			

		Pro	gram or Se	ervice (Budge	t Entity Codes	i)
	Action	68500100				
AUDITS	- GENERAL INFORMATION					
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.					
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					
17. CAI	PITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y				
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A				
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y				
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y				
17.5	Are the appropriate counties identified in the narrative?	N/A				
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.			•		

# **Executive Direction/Support Services**

## **Schedules**



# **Schedule I Series**



Fund: 2003 Health Care Trust Fund

**Budget Entity: 68500200 Executive Direction/Support Services** 

The Agency was required to complete a Schedule ID (Request for Creation, Re-creation, Retention, Termination or Modification of a Trust Fund) in the 2008-09 LBR. This budget entity no longer receives funding or appropriation in the Health Care Trust Fund.

#### **Section III Adjustments Narrative:**

Prior Year Adjustments of \$2,413 are necessary to record prior year FLAIR adjustments required by the Department of Financial Services.

#### **Revenue Estimating Methodology Narrative:**

This budget entity no longer receives revenue.

Fund: 2021 Administrative Trust Fund

**Budget Entity: 68500200 Executive Direction/Support Services** 

Per instructions Administrative Trust Fund is exempt from the reserve computations.

The Agency was required to complete a Schedule ID (Request for Creation, Re-creation, Retention, Termination or Modification of a Trust Fund) in the 2008-09 LBR. This budget entity no longer receives funding or appropriation in the Health Care Trust Fund.

#### **Section III Adjustments Narrative:**

September reversions of \$7,687,474 are the result of unexpended certified forward appropriations.

Prior Year Adjustments of \$3,746,886 are necessary to record prior year FLAIR adjustments required by the Department of Financial Services.

Current Year Adjustments of \$66,049 are current year payables identified after the certified forward period had expired.

#### **Revenue Estimating Methodology Narrative:**

This budget entity no longer receives revenue.

Fund: 2339 Grants and Donations Trust Fund

#### **Budget Entity: 68500200 Executive Direction/ Support Services**

This Budget Entity in this Fund has revenue subject to the 5% reserve. Per instructions, we have exempted Federal Funds from reserve computations. The Agency's 5% calculation is presented below.

Revenue: Total Revenue for FY 08-09	711 061	
Gross Revenue Less Revenue Exemptions General Revenue Service Charge 7.3%	711,861	711,861 0
Non Operating Transfer:	0	
Total Nonperating Transfers	0	0
Total Revenue Exemptions		0
Total Revenue Subject to 5% Reserve		711,861
Total 5% reserve for Grants and Donations Trust Fund		35,593

#### **Section III Adjustments Narrative:**

September reversions of \$39,167 are the result of unexpended certified forward appropriations.

Current Year Adjusments of \$18,243 are to fund balance and reclassification of refunds.

#### **Revenue Estimating Methodology Narrative:**

Calculations began with the previous year requested amount. The amounts were adjusted based on any Legislative Budget Requests being submitted.

Fund: 2474 Medical Care Trust Fund

**Budget Entity: 68500200 Executive Direction/Support Services** 

The Medical Care Trust Fund in this Budget Entity new in fy 08-09 due to trust fund re-alignment exercise.

Revenue:		
Total Revenue for FY 08-09	182,355,514	
Gross Revenue		182,355,514
Less Revenue Exemptions		
Federal Funds:		
Title XIX	158,916,321	
Title XXI	600,000	
Total Federal Funds		159,516,321
Other Grants RWJ		40,000
Non Operating Transfer:		
FDLE Level 2 Screening	300,000	
Transfer to DOH	24,050,000	
Total Nonoperating Transfers		24,350,000
Total Revenue Exemptions		183,906,321
Total Revenue Subject to 5% Reserve		(1,550,807)
Total 5% reserve for Medical Care Trust Fund		(77,540)

## Section III Adjustments Narrative: No Adjustments

### **Revenue Estimating Methodology Narrative:**

The amounts were adjusted based on Legislative Budget Requests being submitted.

Fund: 2579 Refugee Assistance Trust Fund

**Budget Entity: 68500200 Executive Direction/Support Services** 

This Trust Fund in this Budget Entity has no revenues subject to the 5% reserve. Per instructions, we have exempted Federal funds from reserve computations.

#### Section III Adjustments Narrative: No Adjustments

### **Revenue Estimating Methodology Narrative:**

Calculations began with the previous year requested amount. The amounts were adjusted based on any Legislative Budget Requests being submitted.

## SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Department: Agency for Health Care Administration Budget Period 2009-10 Budget Entity: Executive Direction/Support Services (68500200) Fund: Administrative Trust Fund (2021)** (1) (2) (3) (4) FUNDING SOURCE **ACTUAL ESTIMATED REQUEST** FY2007-08 FY2008-09 FY2009-10 Receipts: Transfer in from MCTF(2474) 0 Total \* 0 0 \* Must equal total on Schedule 1, line I.

## LBR Technical Review Checklist

Department/Budget Entity (Service): Agency for Health Care Administration / Health Care Services

Agency Budget Officer/OPB Analyst Name: Michele Tallent / Brian Clark

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

	<i>77</i>	Program or	Service (Budget	Entity Codes)
	Action	68500200		
1. GEN	FRAI			
1.1	Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay set to TRANSFER CONTROL for DISPLAY status only? (CSDI)	Y		
1.2	Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y		
AUDITS	:			
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y		
1.4	Has security been set correctly? (CSDR, CSA)	Y		
TIP	The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.			
2. EXH	IBIT A (EADR, EXA)			
2.1	Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 53 of the LBR Instructions?	Y		
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y		
2.3	Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 25)? Do they clearly describe the issue?	Y		
2.4	Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 25) been followed?	Y		
3. EXH	IBIT B (EADR, EXB)	•	<u> </u>	
3.1	Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	N/A		

		Program or Sei	rvice (Budget	Entity Codes	)
	Action	68500200			
AUDITS:					
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y			
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B02? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y			
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.	•			
TIP	Exhibit B - A02 equal to B02: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.				
4. EXHII	BIT D (EADR, EXD)				
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 56 of the LBR Instructions?	Y			
4.2	Is the program component code and title used correct?	Y			
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.				
5. EXHII	BIT D-1 (ED1R, EXD1)				
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y			
AUDITS:					
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column G07? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Y			
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report:  Does Column A01 equal Column G08? (EXBR, EXBD - Differences need to be corrected in Column A01.)	Y			
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.	•			

		Pro	gram or Ser	rvice (Budge	t Entity Codes	)
	Action	68500200				
					ı	
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.					
TIP	Exhibit B - A01 less than G07: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2007-08 approved budget. Amounts should be positive.					
TIP	If G08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column G08 was created.					
6. EXHI	BIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only					
6.1	Are issues appropriately aligned with appropriation categories?	Y				
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
	BIT D-3A (EADR, ED3A)					1
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 29 of the LBR Instructions).	Y				
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 62 of the LBR Instructions.)	Y				
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 63 and 64 of the LBR Instructions?	Y				
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y				
7.5	Does the issue narrative explain any variances from the Standard Expense, Operating Capital Outlay (OCO), and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions).	Y				
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y				
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.	Y				
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y				
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Y				

		Program o	r Service (Budge	t Entity Codes)	
	Action	68500200			
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #09-002?	N/A			
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. ( <b>PLRR</b> , <b>PLMO</b> )	N/A			
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A			
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A			
7.14	Do the amounts reflect appropriate FSI assignments?	Y			
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 24 and 80 of the LBR Instructions.)	Y			
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0 or 363XXC0)?	Y			
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	Y			
AUDIT:			•		
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")	Y			
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.	•			
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 61 through 64 of the LBR Instructions.				
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.				

		Pro	gram or Ser	rvice (Budget	Entity Codes	)
	Action	68500200				
						•
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).					
TIP	If an appropriation made in the FY 2008-09 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.					
8. SCHI	EDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R	, SC1D - De	epartment	t Level)		
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y				
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?	Y				
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?	Y				
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y				
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Y				
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y				
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A				
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section</i> 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	N/A				
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000799, 001510 and 001599)?	Y				
8.10	Are the statutory authority references correct?	Y				
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Section 215.20, F.S. for appropriate general revenue service charge percentage rates.)	Y				
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y				

		Program or S	Service (Budget Entity C	Codes)
	Action	68500200		
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	N/A		
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y		
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y		
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y		
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y		
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?	Y		
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y		
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y		
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y		
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y		
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y		
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y		
8.25	Are current year September operating reversions appropriately shown in column A02?	Y		
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y		
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y		
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y	+ + + + + + + + + + + + + + + + + + + +	
AUDITS:		l l		
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y		

		Program or Service (Budget Entity Codes)		)	
	Action	68500200			
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1				
	Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A -				
	Report should print "No Discrepancies Exist For This Report")	Y			
8.31	Has a Department Level Reconciliation been provided for each trust fund and				
	does Line A of the Schedule I equal the CFO amount? If not, the agency must				
	correct Line A. (SC1R, DEPT)	Y			
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is				
	very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 119 of the				
	LBR Instructions.)				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure	l			
	totals to determine and understand the trust fund status.				
TIP	Typically nonoperating expenditures and revenues should not be a negative				
	number. Any negative numbers must be fully justified.				
9. SCHE	EDULE II (PSCR, SC2)				
AUDIT:					
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and				
	3? (BRAR, BRAA - Report should print "No Records Selected For This				
	<b>Request"</b> ) Note: Amounts other than the pay grade minimum should be fully				
	justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 150 of the				
	LBR Instructions.)	N			
10. SCH	EDULE III (PSCR, SC3)				
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 82 of the LBR				
	Instructions.)	Y			
10.2	Are amounts in Other Salary Amount appropriate and fully justified? (See page				
	89 of the LBR Instructions for appropriate use of the OAD transaction.) Use				
	<b>OADI</b> or <b>OADR</b> to identify agency other salary amounts requested.				
		Y			
11. SCH	EDULE IV (EADR, SC4)				
11.1	Are the correct Information Technology (IT) issue codes used?	Y			
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not			 	
	appear in the Schedule IV.				
12. SCH	EDULE VIIIA (EADR, SC8A)				
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the				
	Schedule VIII-A? Are the priority narrative explanations adequate?	Y			
13. SCH	EDULE VIIIB-1				
13.1	This schedule is not required in the October 15, 2008 LBR submittal.		_		

		Progr	am or Service	(Budget Entity Code	es)
	Action	68500200			
14 SCH	HEDULE VIIIB-2 (EADR, S8B2)				
14.1	Do the reductions comply with the instructions provided on pages 95 and 96 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?	Y			
15. SCH	HEDULE XI (LAS/PBS Web - see page 102 of the LBR Instructions for detailed	instruction	s)		
15.1	Has the Schedule XI one page summary been e-mailed to OPB? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)	Y			
AUDITS	INCLUDED IN THE SCHEDULE XI REPORT:				
15.2	Does the FY 2007-08 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? ( <b>GENR, ACT1</b> )	Y			
15.3	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print ''No Activities Found'')	Y			
15.4	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	N/A			
15.5	Has the agency provided the necessary demand (Record Type 5) for all activities which <a href="mailto:should">should</a> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Y			
15.6	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y			
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.	<b>.</b>	<u> </u>		
16. MA	NUALLY PREPARED EXHIBITS & SCHEDULES				
16.1	Do exhibits and schedules comply with LBR Instructions (pages 103 through 147 of the LBR Instructions), and are they accurate and complete?	Y			
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?	Y			
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y			

		Flogram of Service (Budget Entity Code			,
	Action	68500200			
AUDITS	- GENERAL INFORMATION				
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.				
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				
17. CAP	ITAL IMPROVEMENTS PROGRAM (CIP)				
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y			
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A			
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y			
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y			
17.5	Are the appropriate counties identified in the narrative?	N/A			
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.	·			

## **Medicaid Services to Individuals**

## **Schedules**



# **Schedule I Series**



#### Fund: 2122 Tobacco Settlement Trust Fund

**Budget Entity: 68501400 Medicaid Services - Individuals** 

The Tobacco Settlement Trust Fund is exempt from 5% reserve.

### Section III Adjustments Narrative: No adjustments

### **Revenue Estimating Methodology Narrative:**

Calculations began with the previous year requested amount. The amounts were adjusted based on any Legislative Budget Requests being submitted.

#### Fund: 2339 Grants and Donations Trust Fund

#### **Budget Entity: 68501400 Medicaid Health Services - Individuals**

This Budget Entity in this Fund has revenue subject to the 5% reserve. Per instructions, we have exempted Federal Funds from reserve computations. The Agency's 5% calculation is presented below.

Revenue:		
Total Revenue for FY 08-09	1,450,149,079	
Gross Revenue		1,450,149,079
Less Revenue Exemptions		
Federal Funds:		
Title XIX	277,102,575	
Title XXI	0	
Total Federal Funds		277,102,575
County contributions		908,055,469
Transfer in From DOH GR		46,462,981
Non Operating Transfer:		
	0	
	0	
	0	
Total Nonperating Transfers		0
Total Revenue Exemptions		1,231,621,025
Total Revenue Subject to 5% Reserve	_	218,528,054
Total 5% reserve for Grants and Donations Trust Fund	<del>-</del>	10,926,403

#### Section III Adjustments Narrative:

September reversions of \$6,360,239 are the result of unexpended certified forward appropriations.

Current Year Adjustment of \$(407,858) was to adjust fund balance for prescribed medicine/drugs.

#### Revenue Estimating Methodology Narrative:

#### Fund: 2474 Medical Care Trust Fund

#### Budget Entity: 68501400 Health Services to Individuals

The Medical Care Trust Fund in this Budget Entity funds Medicaid Services to Individuals. This Budget Entity in this Fund has revenue subject to the 5% reserve. Per instructions, we have exempted federal funds from reserve computations. Also, Transfers From Other Agencies in this fund are derived from that Agency's State Match funds and exempt from reserve computations. The Agency's 5% calculation is presented below.

Total Revenue for FY 08-09	5,698,278,831	
Gross Revenue		5,698,278,831
Less Revenue Exemptions		
Federal Funds:		
Title XIX	5,398,139,233	
Title XXI	2,427,823	
Total Federal Funds		5,400,567,056
Transfer in From DCF		20,685,594
Transfer in From DOH		2,125,374
Non Operating Transfer:		
Transfer to APD	66,500,000	
Transfer to DCF	95,500,000	
Transfer to Adm	1,701,510	

Total Revenue Exemptions	5,587,079,534

Total Revenue Subject to 5% Reserve111,199,297Total 5% reserve for Medical Care Trust Fund5,559,965

#### Section III Adjustments Narrative:

**Total Nonperating Transfers** 

Revenue:

September reversions of \$913,737,020 are the result of unexpended certified forward appropriations.

Prior Year Adjustment of \$(904,547,210) are necessary to record prior year FLAIR adjustments required by the Department of Financial Services.

Current year adjustment of \$376,515,626 is to reduce payables for expected September 30 appropriation reversions and reclassifications of refunds.

163,701,510

#### Revenue Estimating Methodology Narrative:

#### Fund: 2565 Public Medical Assistance Trust Fund

**Budget Entity: 68501400 Medicaid Health Services - Individuals** 

The Public Medical Assistance Trust Fund is the Budget Entity that funds Medicaid Services to Individuals. This trust fund has been exempted from the 5% reserve pursuant to Legislative Budget Request instructions.

#### Section III Adjustments Narrative:

Current Year Adjustments of \$37,126,686 are current year payables identified after the certified forward period had expired.

#### **Revenue Estimating Methodology Narrative:**

Fund: 2579 Refugee Assistance Trust Fund

Budget Entity: 68501400 Medicaid Health Services - Individuals

This Trust Fund in this Budget Entity has no revenues subject to the 5% reserve. Per instructions, we have exempted Federal funds from reserve computations.

Section III Adjustments Narrative: No Adjustments

#### **Revenue Estimating Methodology Narrative:**

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Department: Agency for Health Care Administration Budget Period 2009-10 Budget Entity: Medicaid Services / Individuals** (68501400) Fund: Grants and Donations Trust Fund(2339) (2) (3) (4) (1) **FUNDING SOURCE ACTUAL ESTIMATED** REQUEST FY2007-08 FY2008-09 FY2009-10 Receipts: Refunds - Drug Rebates - Fed 82,663,209 82,663,209 82,663,209 Refunds - Drug Rebates - St 62,793,784 62,793,784 62,793,784 Fraud and Abuse 25,520,891 25,520,891 14,594,488

Total

170,977,884

170,977,884

160,051,489

<sup>\*</sup> Must equal total on Schedule 1, line I.

## SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Department: Agency for Health Care Administration Budget Period 2009-10 Budget Entity: Medicaid Services / Individuals** (68501400) Fund: Medical Care Trust Fund (2474) (1) (2) (3) (4) **FUNDING SOURCE** ACTUAL **ESTIMATED** REQUEST FY2007-08 FY2008-09 FY2009-10 Receipts: 63,175,783 60,775,783 54,101,140 Refunds-TPL, Fraud & Abuse - State Total \* 54,101,140 63,175,783 60,775,783 \* Must equal total on Schedule 1, line I.

#### SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES

Department: Agency for Health Care Administration Budget Entity: Medicaid Services (68501400) **Budget Period 2009-10** 

Fund: Public Medical Assistance Trust Fund(2565)

(1)	(2)	(3)	(4)
UNDING SOURCE	ACTUAL	<b>ESTIMATED</b>	REQUEST
	FY2007-08	FY2008-09	FY2009-10
eceipts:			
Hospital Fees	67,622,244	64,534,171	63,032,203
Cigarette Taxes	20,310,564	21,398,637	20,900,605
-			
	— <u> </u>		
Total *	87,932,808	85,932,808	83,932,808

<sup>\*</sup> Must equal total on Schedule 1, line I.

# LBR Technical Review Checklist

Department/Budget Entity (Service): Agency for Health Care Administration / Health Care Services

Agency Budget Officer/OPB Analyst Name: Michele Tallent / Brian Clark

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

		Program	or Service (Bu	dget Entity Codes	)
	Action	68501400			
1. GEN	FDAI				
1.1	Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay set to TRANSFER CONTROL for DISPLAY status only? (CSDI)	Y			
1.2	Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y			
AUDITS	S:				
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. ( <b>EXBR, EXBA</b> )	Y			
1.4	Has security been set correctly? (CSDR, CSA)	Y			
TIP	The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.				
2. EXH	IBIT A (EADR, EXA)	•			
2.1	Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 53 of the LBR Instructions?	Y			
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y			
2.3	Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 25)? Do they clearly describe the issue?	Y			
2.4	Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 25) been followed?	Y			
3. EXH	IBIT B (EADR, EXB)	•	•	•	
3.1	Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	N/A			

		Pro	gram or Ser	vice (Budget	Entity Codes	)
	Action	68501400				
AUDITS:						
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y				
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B02? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y				
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.					
TIP	Exhibit B - A02 equal to B02: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.					
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.					
4. EXHI	BIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 56 of the LBR Instructions?	Y				
4.2	Is the program component code and title used correct?	Y				
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.					
5. EXHII	BIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y				
AUDITS:						
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y				
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column G07? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Y				
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column G08? (EXBR, EXBD - Differences need to be corrected in Column A01.)	Y				
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.					

		Pro	gram or Sei	rvice (Budge	t Entity Codes	)
	Action	68501400				
					<u>.</u>	
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.					
TIP	Exhibit B - A01 less than G07: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2007-08 approved budget. Amounts should be positive.					
TIP	If G08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column G08 was created.					
	BIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only				_	
6.1	Are issues appropriately aligned with appropriation categories?	Y				
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
	BIT D-3A (EADR, ED3A)			1	•	1
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 29 of the LBR Instructions).	Y				
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 62 of the LBR Instructions.)	Y				
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 63 and 64 of the LBR Instructions?	Y				
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y				
7.5	Does the issue narrative explain any variances from the Standard Expense, Operating Capital Outlay (OCO), and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions).	Y				
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y				
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.	Y				
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y				
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Y				

		Program	or Service (Budg	get Entity Codes	)
	Action	68501400			
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #09-002?	N/A			
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. ( <b>PLRR</b> , <b>PLMO</b> )	N/A			
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A			
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A			
7.14	Do the amounts reflect appropriate FSI assignments?	Y			
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 24 and 80 of the LBR Instructions.)	N/A			
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0 or 363XXC0)?	Y			
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	Y			
AUDIT:		•	•		
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")	Y			
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.	·	·		
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 61 through 64 of the LBR Instructions.				
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.				

		Pro	gram or Ser	rvice (Budge	t Entity Codes	)
	Action	68501400				
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TIP	If an appropriation made in the FY 2008-09 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.					
8. SCHE	CDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R	, SC1D - D	epartment	t Level)		
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y				
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?	Y				
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?	Y				
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y				
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Y				
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y				
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A				
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section</i> 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	N/A				
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000799, 001510 and 001599)?	Y				
8.10	Are the statutory authority references correct?	Y				
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Section 215.20, F.S. for appropriate general revenue service charge percentage rates.)	Y				
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y				

		Progran	or Service (Budg	get Entity Codes)	)
	Action	68501400			
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	N/A			
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y			
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y			
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y			
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y			
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?	Y			
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y			
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y			1
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y			
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y			
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y			
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y			
8.25	Are current year September operating reversions appropriately shown in column A02?	Y			
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y			
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y			
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y			
AUDITS	:				
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y			

		Program or Service (Budget Entity Codes)				
	Action	68501400				
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y				
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y				
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!					
TIP	Determine if the agency is scheduled for trust fund review. (See page 119 of the LBR Instructions.)					
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
9. SCHI	EDULE II (PSCR, SC2)					
AUDIT:						
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 150 of the LBR Instructions.)	N/A				
10. SCH	IEDULE III (PSCR, SC3)		ı		ı	
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 82 of the LBR Instructions.)	N/A				
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 89 of the LBR Instructions for appropriate use of the OAD transaction.) Use <b>OADI</b> or <b>OADR</b> to identify agency other salary amounts requested.	N/A				
11. SCH	IEDULE IV (EADR, SC4)	•	•	•	•	•
11.1	Are the correct Information Technology (IT) issue codes used?	N/A				
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.				•	
12. SCH	IEDULE VIIIA (EADR, SC8A)	-				
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?	Y				
13. SCH	IEDULE VIIIB-1	-	-	-	-	-
13.1	This schedule is not required in the October 15, 2008 LBR submittal.					

		Program or Service (Budget Entity Code				)
	Action	68501400				
14. SCH	IEDULE VIIIB-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 95 and 96 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?	Y				
15. SCH	IEDULE XI (LAS/PBS Web - see page 102 of the LBR Instructions for detailed	instruction	ıs)			
15.1	Has the Schedule XI one page summary been e-mailed to OPB? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)	Y				
AUDITS	INCLUDED IN THE SCHEDULE XI REPORT:					
15.2	Does the FY 2007-08 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? ( <b>GENR, ACT1</b> )	Y				
15.3	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")	Y				
15.4	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	N/A				
15.5	Has the agency provided the necessary demand (Record Type 5) for all activities which <a href="mailto:should">should</a> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Y				
15.6	Does Section I (Final Budget for Agency) and Section III (Total Budget for	1				
15.0	Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y				
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.	•				
16. MA	NUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages 103 through 147 of the LBR Instructions), and are they accurate and complete?	Y				
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?	Y				
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y				

		Program or Service (Budget Entity Codes)					
	Action	68501400					
AUDITS	- GENERAL INFORMATION						
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.						
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.						
17. CAI	PITAL IMPROVEMENTS PROGRAM (CIP)						
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y					
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A					
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y					
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y					
17.5	Are the appropriate counties identified in the narrative?	N/A					
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.						

# **Medicaid Long Term Care**

# **Schedules**



# **Schedule I Series**



Fund: 2339 Grants and Donations Trust Fund

Budget Entity: 68501500 Medicaid Long Term Care

This Budget Entity in this Fund has revenue subject to the 5% reserve. Per instructions, we have exempted Federal Funds from reserve computations. The Agency's 5% calculation is presented below.

Revenue:		
Total Revenue for FY 08-09	6,604,135	
Gross Revenue		6,604,135
Less Revenue Exemptions		
Federal Funds:		
Title XIX	0	
Title XXI	0	
Total Federal Funds		0
County contributions		6,604,135
Non Operating Transfer:		
Non Operating Transier.	0	
Total Nonperating Transfers	<u> </u>	0
Total Revenue Exemptions		6,604,135
Total Revenue Subject to 5% Reserve		0
		0

This Trust Fund in this Budget Entity has no revenues subject to the 5% reserve. Per instructions we have exempted federal funds from reserve computations.

#### **Section III Adjustments Narrative: No Adjustments**

### **Revenue Estimating Methodology Narrative:**

Calculations began with the previous year requested amount. The amounts were adjusted based on any Legislative Budget Requests being submitted. The Medicaid office prepares a revenue estimate for the Medicaid Services appropriation and that is the estimate that is use to record revenues.

#### Fund: 2474 Medical Care Trust Fund

Budget Entity: 68501500 Medicaid Long Term Care

Dovonus:

The Medical Care Trust Fund in this Budget Entity funds Medicaid Long Term Care Services. Revenues in this area are involved with Federal funding.

Also, Transfers From Other Agencies in this fund are derived from that Agency's General Revenue fund and exempt from reserve computations. The Agency's 5% calculation is presented below.

Revenue:		
Total Revenue for FY 08-09	2,645,261,255	_
Gross Revenue		2,645,261,255
Less Revenue Exemptions		
Federal Funds:		
Title XIX	2,130,547,070	
Title XXI		
Total Federal Funds		2,130,547,070
Transfers - DCF		66,460,333
Transfers - DOH		5,971,574
Transfers - APD		381,989,360
Transfers - DOEA		56,792,918
Non Operating Transfer:		
Total Nonperating Transfers		0
Total Revenue Exemptions		2,641,761,255
Total Revenue Subject to 5% Reserve		3,500,000
Total 5% reserve for Medical Care Trust Fund		175,000
This reserve is in 2474 BE 68501400		(175,000)

#### Section III Adjustments Narrative:

September reversions of \$67,669,173 are the result of unexpended certified forward appropriations.

#### **Revenue Estimating Methodology Narrative:**

Calculations began with the previous year requested amount. The amounts were adjusted based on any Legislative Budget Requests being submitted. The Medicaid office prepares a revenue estimate for the Medicaid Services appropriation and that is the estimate that is use to record revenues.

# LBR Technical Review Checklist

Department/Budget Entity (Service): Agency for Health Care Administration / Health Care Services

Agency Budget Officer/OPB Analyst Name: Michele Tallent / Brian Clark

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

	277	Program o	or Service (Bud	get Entity Codes	)
	Action	68501500			
1. GEN	ERAL				
1.1	Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay set to TRANSFER CONTROL for DISPLAY status only? (CSDI)	Y			
1.2	Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y			
AUDITS	S:				
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. ( <b>EXBR, EXBA</b> )	Y			
1.4	Has security been set correctly? (CSDR, CSA)	Y			
TIP	The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.				
2. EXH	IBIT A (EADR, EXA)				
2.1	Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 53 of the LBR Instructions?	Y			
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y			
2.3	Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 25)? Do they clearly describe the issue?	Y			
2.4	Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 25) been followed?	Y			
3. EXH	IBIT B (EADR, EXB)	!			
3.1	Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	N/A			

		Program or Se	rvice (Budget	Entity Codes	)
	Action	68501500			
AUDITS:					
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y			
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B02? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y			
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B02: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.				
4. EXHI	BIT D (EADR, EXD)				
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 56 of the LBR Instructions?	Y			
4.2	Is the program component code and title used correct?	Y			
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.				
5. EXHI	BIT D-1 (ED1R, EXD1)				
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y			
AUDITS:			•		
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column G07? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Y			
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report:  Does Column A01 equal Column G08? (EXBR, EXBD - Differences need to be corrected in Column A01.)	Y			
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.	•			

		Pro	gram or Ser	vice (Budge	t Entity Codes	)
	Action	68501500				
				I		
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.					
TIP	Exhibit B - A01 less than G07: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2007-08 approved budget. Amounts should be positive.					
TIP	If G08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column G08 was created.					
6. EXHI	BIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only					
6.1	Are issues appropriately aligned with appropriation categories?	Y				
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
	BIT D-3A (EADR, ED3A)					
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 29 of the LBR Instructions).	Y				
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 62 of the LBR Instructions.)	Y				
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 63 and 64 of the LBR Instructions?	Y				
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y				
7.5	Does the issue narrative explain any variances from the Standard Expense, Operating Capital Outlay (OCO), and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions).	Y				
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y				
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.	Y				
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y				
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Y				

		Program o	or Service (Budget I	Entity Codes)
	Action	68501500		
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #09-002?	N/A		
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. ( <b>PLRR</b> , <b>PLMO</b> )	N/A		
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A		
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A		
7.14	Do the amounts reflect appropriate FSI assignments?	Y		
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 24 and 80 of the LBR Instructions.)	N/A		
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0 or 363XXC0)?	Y		
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	Y		
AUDIT:		•		•
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'.  (EADR, FSIA - Report should print "No Records Selected For Reporting")	Y		
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.	·		
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 61 through 64 of the LBR Instructions.			
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.			

		Pro	gram or Sei	rvice (Budget	Entity Codes	)
	Action	68501500				
						•
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).					
TIP	If an appropriation made in the FY 2008-09 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.					
8. SCHI	EDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R	, SC1D - Do	epartment	t Level)		
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y				
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?	Y				
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?	Y				
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y				
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Y				
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y				
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A				
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section</i> 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	N/A				
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000799, 001510 and 001599)?	Y				
8.10	Are the statutory authority references correct?	Y				
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Section 215.20, F.S. for appropriate general revenue service charge percentage rates.)	Y				
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y				

		Program or	Service (Budget Enti	ty Codes)
	Action	68501500		
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	N/A		
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y		
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y		
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y		
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y		
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?	Y		
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y		
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y		
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y		
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y		
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y		
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y		
8.25	Are current year September operating reversions appropriately shown in column A02?	Y		
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y		
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y		
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y		
AUDITS				
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y		

		Pro	gram or Se	ervice (Budge	et Entity Codes	s)
	Action	68501500				
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y				
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y				
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!					
TIP	Determine if the agency is scheduled for trust fund review. (See page 119 of the LBR Instructions.)					
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
9. SCHI	EDULE II (PSCR, SC2)	•				
AUDIT:						
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 150 of the LBR Instructions.)	N/A				
10. SCH	EDULE III (PSCR, SC3)		ı			I
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 82 of the LBR Instructions.)	N/A				
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 89 of the LBR Instructions for appropriate use of the OAD transaction.) Use <b>OADI</b> or <b>OADR</b> to identify agency other salary amounts requested.	N/A				
11. SCH	IEDULE IV (EADR, SC4)	•	•	•	•	•
11.1	Are the correct Information Technology (IT) issue codes used?	N/A				
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.					
12. SCH	IEDULE VIIIA (EADR, SC8A)	-				
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?	Y				
13. SCH	IEDULE VIIIB-1	-		•	-	•
13.1	This schedule is not required in the October 15, 2008 LBR submittal.					

		Prog	ram or Serv	rice (Budget	Entity Codes	)
	Action	68501500				
14. SCH	IEDULE VIIIB-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 95 and 96 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?	Y				
15. SCH	EDULE XI (LAS/PBS Web - see page 102 of the LBR Instructions for detailed	instruction	ıs)			
15.1	Has the Schedule XI one page summary been e-mailed to OPB? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)	Y				
AUDITS	INCLUDED IN THE SCHEDULE XI REPORT:					
15.2	Does the FY 2007-08 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? ( <b>GENR, ACT1</b> )	Y				
15.3	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")	Y				
15.4	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	N/A				
15.5	Has the agency provided the necessary demand (Record Type 5) for all activities which <a href="mailto:should">should</a> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Y				
15.6	Does Section I (Final Budget for Agency) and Section III (Total Budget for	1				
	Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y				
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.	_				
16. MAI	NUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages 103 through 147 of the LBR Instructions), and are they accurate and complete?	Y				
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?	Y				
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y				

		Flogram	of Service (Budg	get Entity Codes	•)
	Action	68501500			
AUDITS	S - GENERAL INFORMATION				
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.				
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				
17. CAI	PITAL IMPROVEMENTS PROGRAM (CIP)				
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y			
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A			
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y			
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y			
17.5	Are the appropriate counties identified in the narrative?	N/A			
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.				

# **Medicaid Prepaid Health Plan**

# **Schedules**



# **Schedule I Series**



Fund: 2579 Refugee Assistance Trust Fund

**Budget Entity: 68501600 Medicaid Health Services - Individuals** 

This Trust Fund in this Budget Entity has no revenues subject to the 5% reserve. Per instructions, we have exempted Federal funds from reserve computations.

## Section III Adjustments Narrative: No Adjustments

September reversions of \$2,829,782 are the result of unexpended certified forward appropriations.

# **Revenue Estimating Methodology Narrative:**

This budget entity no longer receives revenue for Refugee Assistance Trust Fund.

# **Health Facility Regulation**

# **Schedules**



# **Schedule I Series**



Fund: 2003 Health Care Trust Fund

Budget Entity: 68700700 Health Care Regulation

The Health Care Trust Fund is the primary funding source for the regulatory functions of the Agency for Care Administration. Per instructions, we have exempted Federal funds from our reserve computations. The Agency's 5% calculation is presented below.

Revenue:		
Total Revenue for FY 08-09	58,215,849	
Gross Revenue		58,215,849
Less Revenue Exemptions		
Federal Funds:		
CLIA	850,000	
CLIA Indirect	200,000	
Title XVIII	8,258,740	
Title XVIII indirect	500,000	
Title XIX	7,800,000	
Title XIX indirect	800,000	
Total Federal Funds		18,408,740
General Revenue Service Charge 7.3%		3,160,439
Non Operating Transfer:		
FDLE Level 2 Screening	2,200,000	
DOH Cert Nursing Asst.	220,000	
DOH Local Health Council	950,000	
Total Nonperating Transfers		3,370,000
Total Revenue Exemptions		24,939,179
Total Revenue Subject to 5% Reserve		33,276,670

#### **Section III Adjustments Narrative:**

**Total 5% reserve for Health Care Trust Fund** 

September reversions \$74,386 are the result of unexpended certified forward appropriations.

Current Year Adjustments of \$9,712 are current year payables identified after the certified forward period had expired.

1,663,834

Prior Year Adjustments of \$65,987 are necessary to record prior year FLAIR adjustments required by the Department of Financial Services.

#### **Revenue Estimating Methodology Narrative:**

Calculations began with the previous year requested amount. The amounts were first adjusted based on any Legislative Budget Requests being submitted. Then prior years activity was analyzed to determine if there were upward or downward trends and based on that analysis adjustments were incorporated.

Fund: 2021 Administrative Trust Fund

**Budget Entity: 68700700 Health Care Regulation** 

Per instructions Administrative Trust Fund is exempt from the reserve computations.

The Agency was required to complete a Schedule ID (Request for Creation, Re-creation, Retention, Termination or Modification of a Trust Fund) in the 2008-09 LBR. This budget entity no longer receives funding or appropriation in the Health Care Trust Fund.

## **Section III Adjustments Narrative:**

September reversions of \$165,962 are the result of unexpended certified forward appropriations.

Current Year Adjusments of \$2,148 are due to reclassification of refunds.

## **Revenue Estimating Methodology Narrative:**

This budget entity no longer receives revenue.

### Fund: 2126 Quality Long-Term Care Trust Fund

## Budget Entity: 68700700 Health Care Regulation

The Quality Long-Term Care Trust Fund was created to support activities and programs directly related to the improvement of the care of nursing home and assisted living facility residents. This Budget Entity in this Fund has revenue subject to the 5% reserve. Per instructions, we have exempted Federal Funds from reserve computations. The Agency's 5% calculation is presented below.

Revenue:		
Total Revenue for FY 08-09	719,203	
Gross Revenue		719,203
Less Revenue Exemptions		
General Revenue Service Charge 7.3%		58,400
Non Operating Transfer:		
FDLE Level 2 Screening	0	
Transfer to DCF	0	
Transfer to DOH	0	
Total Nonperating Transfers		0
Total Revenue Exemptions		58,400
Total Bayanya Cubiast to FO/ Basanya		000 000
Total Revenue Subject to 5% Reserve		660,803
Total 5% reserve for Quality Long-Term Care Trust Fund		33,040

### **Section III Adjustments Narrative:**

September reversions of \$48,056 are the result of unexpended certified forward appropriations.

## **Revenue Estimating Methodology Narrative:**

Calculations were based on historical collections.

# Fund: 2509 Organ and Tissue Donor Education and Procurement Trust Fund

Budget Entity: 68700700 Health Care Regulation

The Organ/Tissue and Donor Education Procurement Trust Fund is for the regulation of organ and tissue facilities and donor education. Per instructions, we have exempted Federal funds from our reserve computations. The 5% reserve is now included in Health Care Trust Fund.

The Agency was required to complete a Schedule ID (Request for Creation, Re-creation, Retention, Termination or Modification of a Trust Fund) in the 2008-09 LBR. This budget entity no longer receives funding or appropriation in the Health Care Trust Fund.

### Section III Adjustments Narrative:

September reversions of \$17,020 are the result of unexpended certified forward appropriations.

#### Revenue Estimating Methodology Narrative:

Calculations began with the previous year requested amount. The amounts were adjusted based on any Legislative Budget Requests being submitted. Then prior years activity was analyzed to determine if there were upward or downward trends and based on that analysis adjustments were incorporated.

#### Fund: 2522 Resident Protection Trust Fund

#### Budget Entity: 68700700 Health Care Regulation

The Resident Protection Trust Fund is the funding source used to relocate long term care patients impacted when a court places a nursing home in receivership because of severe quality of care or financial issues. The 5% reserve is now included in the Health Care Trust Fund

The Agency was required to complete a Schedule ID (Request for Creation, Re-creation, Retention, Termination or Modification of a Trust Fund) in the 2008-09 LBR. This budget entity no longer receives funding or appropriation in the Health Care Trust Fund.

#### Section III Adjustments Narrative:

Current year adjustment of \$5,000 are changes in accounts receivables.

## **Revenue Estimating Methodology Narrative:**

Calculations began with the previous year requested amount. The amounts were adjusted based on any Legislative Budget Requests being submitted. Then prior years activity was analyzed to determine if there were upward or downward trends and based on that analysis adjustments were incorporated.

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund Section 390.14, F.S. **Specific Authority:** License and Regulate Abortion Clinics **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 154 162 162 Fees 17,962 18,941 18,941 License Fines 1,768 19,883 19,103 19,103 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 69,770 75,889 75,889 24,830 27,008 27,008 Indirect Costs Charged to Trust Fund 94,600 102,896 102,896 Total Full Costs to Line (B) - Section III **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 19,883 19,103 19,103 (A) TOTAL SECTION II (B) 94,600 102,896 102,896 **TOTAL - Surplus/Deficit** (C) (74,717)(83,793)(83,793)**EXPLANATION of LINE C:** The deficits cover by 408.20 F.S Assessments, Health Care Trust Fund.

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund Section 400.554, F.S. **Specific Authority:** License and Regulate Adult Day Care Centers **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 12,902 13,224 13,555 Fees 17,361 17,795 18,240 License 9,612 Fines 552 Reimbursements **Total Fee Collection to Line (A) - Section III** 40,427 31,019 31,795 **SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 113.461 116,298 116,298 42,707 43,775 43,775 Indirect Costs Charged to Trust Fund 156,168 160,072 160,072 Total Full Costs to Line (B) - Section III **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 40,427 31,019 31,795 (A) TOTAL SECTION II (B) 156,168 160,072 160,072 **TOTAL - Surplus/Deficit** (C) (115,741)(129,053)(128, 278)**EXPLANATION of LINE C:** The deficits cover by 408.20 F.S Assessments, Health Care Trust Fund.

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund **Specific Authority:** Section 400.619, F.S. **Purpose of Fees Collected:** License and Regulate Adult Family Care Homes Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION** ACTUAL **ESTIMATED REQUEST** FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: Fees 21,533 23,421 23,421 License 90,062 97,961 97,961 15,072 Fines Refunds 50 3,380 Reimbursements 300 **Prior Year Warrant Cancellations** 130,397 121,382 121,382 Total Fee Collection to Line (A) - Section III **SECTION II - FULL COSTS Direct Costs:** Salaries and Benefits Other Personal Services **Expenses** Operating Capital Outlay **Direct Cost Allocation** 452,090 485,906 485,906 Indirect Costs Charged to Trust Fund 154,207 165,742 165,742 Total Full Costs to Line (B) - Section III 606.297 651,648 651,648 Basis Used: **SECTION III - SUMMARY** TOTAL SECTION I 130,397 121,382 121,382 (A) TOTAL SECTION II 606,297 651,648 651,648 (B) (530, 266)**TOTAL - Surplus/Deficit** (475,900)(530, 266)(C) **EXPLANATION of LINE C:** The deficits cover by 408.20 F.S Assessments, Health Care Trust Fund.

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 68 Health Care Administratio Budget Period: 2009-10

Program:68700700Health Care RegulationFund:2003Health Care Trust Fund

**Specific Authority:** Section 400.407(4), F.S.

Purpose of Fees Collected: License and Regulate Assisted Living Facilities

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2007 - 08	ESTIMATED FY 2008 - 09	REQUEST FY 2009 - 10
Receipts:	F 1 2007 - 08	F1 2008 - 09	F 1 2009 - 10
Fees	213,034	221,172	221,172
License	3,012,331	3,127,403	3,127,403
Fines	866,377		
Refunds	30		
Reimbursements	10,436		
Prior Year Warrant Cancellations	1,493		
12 Month Warrant Cancellations	1,034		
Total Fee Collection to Line (A) - Section	n III 4,104,735	3,348,575	3,348,575
SECTION II - FULL COSTS			
_			
Direct Costs: Salaries and Benefits			
Other Personal Services			
Other Personal Services Expenses			
Expenses			
Expenses Operating Capital Outlay	5,248,698	5,439,226	5,439,226
Expenses	5,248,698	5,439,226	5,439,226
Expenses Operating Capital Outlay Direct Cost Allocation	5,248,698		
Expenses Operating Capital Outlay	1,444,872	5,439,226 1,497,321 6,936,547	
Expenses Operating Capital Outlay Direct Cost Allocation  Indirect Costs Charged to Trust Fund	1,444,872	1,497,321	5,439,226 1,497,321 6,936,547
Expenses Operating Capital Outlay Direct Cost Allocation  Indirect Costs Charged to Trust Fund Total Full Costs to Line (B) - Section III	1,444,872	1,497,321	1,497,321
Expenses Operating Capital Outlay Direct Cost Allocation  Indirect Costs Charged to Trust Fund Total Full Costs to Line (B) - Section III	1,444,872	1,497,321	1,497,321
Expenses Operating Capital Outlay Direct Cost Allocation  Indirect Costs Charged to Trust Fund Total Full Costs to Line (B) - Section III Basis Used:  SECTION III - SUMMARY	1,444,872	1,497,321	1,497,321
Expenses Operating Capital Outlay Direct Cost Allocation  Indirect Costs Charged to Trust Fund Total Full Costs to Line (B) - Section III Basis Used:  SECTION III - SUMMARY TOTAL SECTION I	1,444,872 6,693,570	1,497,321 6,936,547	1,497,321 6,936,547

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund Section 395.004, F.S. **Specific Authority:** License and Regulate Ambulatory Surgical Centers **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 59,244 62,929 62,929 Fees 317,414 337,157 337,157 License Fines 98,825 475,483 400,086 400.086 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 369,916 381,013 381,013 172,953 178,142 178,142 Indirect Costs Charged to Trust Fund 542,869 Total Full Costs to Line (B) - Section III 559,155 559,155 **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 475,483 400,086 400,086 (A) TOTAL SECTION II (B) 542,869 559,155 559,155 **TOTAL - Surplus/Deficit** (C) (67,386)(159,069)(159,069)**EXPLANATION of LINE C:** The deficits cover by 408.20 F.S Assessments, Health Care Trust Fund.

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund **Specific Authority:** Section 383.505, F.S. License and Regulate Birthing Centers **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 2,794 2,863 2,863 Survey Fees 3,690 3,690 3,600 License Fees Fines 725 7,119 6,553 6,553 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 26.601 26.798 26,798 9,706 9,706 Indirect Costs Charged to Trust Fund 9,635 36,236 36,504 Total Full Costs to Line (B) - Section III 36,504 **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 7,119 6,553 6,553 (A) TOTAL SECTION II (B) 36,236 36,504 36,504 **TOTAL - Surplus/Deficit** (C) (29,118)(29.951)(29.951)**EXPLANATION of LINE C:** The deficits cover by 408.20 F.S Assessments, Health Care Trust Fund.

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** Health Care Administrati **Budget Period: 2009-10 Program:** 68700700 Health Care Regulation **Fund:** 2003 Health Care Trust Fund **Specific Authority:** Section 483.172, F.S. License and Regulate Clinical Laboratories **Purpose of Fees Collected:** Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION** ACTUAL **ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: Fees 70,650 72,416 74,227 License 2,218,269 2,273,725 2,330,568 Fines 98,589 89,704 Transfers Sale of Investments 1,400 2,478,611 2,346,142 2,404,795 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 426,040 439,077 439,077 Indirect Costs Charged to Trust Fund 400,592 412,850 412,850 826,632 851,927 851,927 Total Full Costs to Line (B) - Section III Basis Used: **SECTION III - SUMMARY** TOTAL SECTION I 2,478,611 2,346,142 2,404,795 (A) TOTAL SECTION II 826,632 851,927 851,927 (B) 1,552,869 **TOTAL - Surplus/Deficit** (C) 1,651,979 1,494,215

**EXPLANATION of LINE C:** 

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS					
Department:	68 I	Health Care Administra	ati <b>Budget Peri</b>	od: 2009-10	
Program:		Health Care Regulation			
Fund:	2003 I	Health Care Trust Fund	d		
Specific Authority: Purpose of Fees Collected:		tion of need for healt	thcare services/facilit		
	application	ns from entities seek	ing to establish or exp	pand services/facilitie	
Type of Fee or Program: (Cho	eck <b>ONE</b> Box	and answer questions	as indicated.)		
Regulatory services or oversig	to business	ses or professions (Con		d III and attach	
Examination of Regulatory Non-regulatory fees authorize			necific program or serv	vice (Complete	
Sections I, II, and III only.)	a to cover run	cost of conducting a s	specific program or serv	vice. (Complete	
SECTION I - FEE COLLECTION ACTUAL ESTIMATED REQUEST					
		FY 2007 - 08	FY 2008 - 09	FY 2009 - 10	
Receipts:					
Fees			_	_	
License					
Fines					
<b>Total Fee Collection to Line (A)</b>	) - Section III	-	-	-	
SECTION II - FULL COST	S		<u> </u>		
Direct Costs:	_				
Salaries and Benefits					
Other Personal Services					
Expenses					
Operating Capital Outlay					
Direct Cost Allocation		539,563	558,993	558,993	
Direct Goot, medation		000,000	000,000	333,333	
Indirect Costs Charged to Trus	st Fund	769,936	797,661	797,661	
Total Full Costs to Line (B) - Se		1,309,499	1,356,654	1,356,654	
Basis Used:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	,,,,,,,,	
SECTION III - SUMMARY				_	
TOTAL SECTION I	(A)	-	-	-	
TOTAL SECTION II	(B)	1,309,499	1,356,654	1,356,654	
TOTAL - Surplus/Deficit	(C)	(1,309,499)	(1,356,654)	(1,356,654)	
EXPLANATION of LINE ( The deficits cover by 408.20 I		ents, Health Care Trust	Fund.		

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund Section 394.877, F.S. **Specific Authority:** License and Regulate Crisis Stabilization Units **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 1,363 1,460 1,460 Fees 107,808 115,484 115,484 License Fines 1,650 110,821 116,944 116,944 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 74.950 77,828 77,828 32,380 33,623 33,623 Indirect Costs Charged to Trust Fund 107,330 111,451 Total Full Costs to Line (B) - Section III 111,451 **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 110,821 116,944 116,944 (A) TOTAL SECTION II (B) 107,330 111,451 111,451 **TOTAL - Surplus/Deficit** (C) 3,491 5,493 5,493 **EXPLANATION of LINE C:**

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund **Specific Authority:** Section 112.0455(17) License and Regulate Drug-Free Workplace (Forensic Toxicology) Labs, **Purpose of Fees Collected:** and promote a goal of drug-free workplaces Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: Fees 144,000 145,181 145,181 License Fines 144,000 145,181 145,181 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 24,296 24.490 24,490 25,649 25,854 Indirect Costs Charged to Trust Fund 25,854 49,945 Total Full Costs to Line (B) - Section III 50,345 50,345 **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 144,000 145,181 145,181 (A) TOTAL SECTION II 49,945 50,345 50,345 (B) **TOTAL - Surplus/Deficit** (C) 94,055 94,836 94,836 **EXPLANATION of LINE C:**

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 68 Health Care Administrati Budget Period: 2009-10

Program:68700700 Health Care RegulationFund:2003 Health Care Trust Fund

**Specific Authority:** Section 400.509, F.S.

**Purpose of Fees Collected:** Register and Regulate Homemakers, Companions and Sitters

Type of Fee or Program: (Check ONE Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL	ESTIMATED	REQUEST
	FY 2007 - 08	FY 2008 - 09	FY 2009 - 10
Receipts:			
Fees	119,155	131,810	131,810
License	66,171	73,199	73,199
Fines	2,363		
Reimbursements	779		
12 Month Warrant Cancellations	50		
Total Fee Collection to Line (A) - Section III	188,518	205,008	205,008
SECTION II - FULL COSTS			
Direct Costs: Salaries and Benefits Other Personal Services Expenses Operating Capital Outlay			
Direct Cost Allocation	383,733	395,091	395,091
Indirect Costs Charged to Trust Fund  Total Full Costs to Line (B) - Section III  Basis Used:	114,959 498,692	118,362 513,453	118,362 513,453
SECTION III - SUMMARY			
TOTAL SECTION I (A)	188,518	205,008	205,008
TOTAL SECTION II (B)	498,692	513,453	513,453
TOTAL - Surplus/Deficit (C)	(310,174)	(308,445)	(308,445)
<b>EXPLANATION of LINE C:</b>			

The deficits cover by 408.20 F.S Assessments, Health Care Trust Fund.

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund Section 400.9925 **Specific Authority:** License and establish/enforce basic standards for Health Care Clinics **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 482,744 495,729 495,729 Fees 2,137,658 2,195,161 2,195,161 License Fines 177,100 581 Reimbursements **Total Fee Collection to Line (A) - Section III** 2,798,082 2,690,890 2,690,890 **SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 1.601.439 1,649,482 1,649,482 769,555 792,642 792,642 Indirect Costs Charged to Trust Fund 2,370,994 2,442,124 2,442,124 Total Full Costs to Line (B) - Section III **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 2,798,082 2,690,890 2,690,890 (A) TOTAL SECTION II (B) 2,370,994 2,442,124 2,442,124 **TOTAL - Surplus/Deficit** (C) 427,088 248,767 248,767 **EXPLANATION of LINE C:**

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund **Specific Authority:** 395.10974(3), F.S. License and regulate risk managers in hospitals, ASC's and HMO's **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 59,682 61,174 61,174 Fees 59,450 58,000 59,450 License Fines 5,485 123,167 120,624 120,624 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 140,139 143,642 143,642 Indirect Costs Charged to Trust Fund 109,127 111,855 111,855 249,266 255,498 Total Full Costs to Line (B) - Section III 255,498 **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 123,167 120,624 120,624 (A) TOTAL SECTION II (B) 249,266 255,498 255,498 **TOTAL - Surplus/Deficit** (C) (126.099)(134,874)(134,874)**EXPLANATION of LINE C:** The deficits cover by 408.20 F.S Assessments, Health Care Trust Fund.

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund Section 400.980, F.S. **Specific Authority:** Registration and inspection of complaints for Health Care Services Pools **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 91,428 93,714 93,714 Fees 149,642 153,383 153,383 License Fines 4,542 1,565 Reimbursements **Total Fee Collection to Line (A) - Section III** 247,178 247.097 247,097 **SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 207.426 212,612 212,612 54,705 56,073 Indirect Costs Charged to Trust Fund 56,073 262,131 268,684 268,684 Total Full Costs to Line (B) - Section III **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 247,178 247,097 247,097 (A) TOTAL SECTION II (B) 262,131 268,684 268,684 **TOTAL - Surplus/Deficit** (C) (14.953)(21,587)(21.587)**EXPLANATION of LINE C:** The deficits cover by 408.20 F.S Assessments, Health Care Trust Fund.

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund Section 400.931, F.S. **Specific Authority:** License and Regulate Home Medical Equipment Providers **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 123,344 117,482 123,344 Fees 224,058 235,239 235,239 License Fines 11,050 2,036 Reimbursements **Total Fee Collection to Line (A) - Section III** 354,626 358,583 358.583 **SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 455.048 488,175 488,175 177,327 177,327 Indirect Costs Charged to Trust Fund 165,294 620,342 665,503 Total Full Costs to Line (B) - Section III 665,503 **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 354,626 358,583 358,583 (A) TOTAL SECTION II (B) 620,342 665,503 665,503 **TOTAL - Surplus/Deficit** (C) (265,716)(306,920)(306,920)**EXPLANATION of LINE C:** The deficits cover by 408.20 F.S Assessments, Health Care Trust Fund.

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund **Specific Authority:** Section 641.58, F.S. Ensure that Health Maintenance Organizations and Prepaid Health Clinics **Purpose of Fees Collected:** deliver high-quality health care to subscribers Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 3,354,355 3,941,032 3,941,032 Fees 28,000 32,897 32,897 License Fines 183,273 3,565,628 3,973,929 3,973,929 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 1,487,043 1,524,219 1,524,219 Indirect Costs Charged to Trust Fund 873,528 895,366 895,366 2,360,571 2,419,585 2,419,585 Total Full Costs to Line (B) - Section III **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 3,565,628 3,973,929 3,973,929 (A) 2,360,571 TOTAL SECTION II (B) 2,419,585 2,419,585 **TOTAL - Surplus/Deficit** (C) 1,205,057 1,554,344 1,554,344 **EXPLANATION of LINE C:**

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** Health Care Administrati **Budget Period: 2009-10 Program:** 68700700 Health Care Regulation **Fund:** 2003 Health Care Trust Fund **Specific Authority:** Section 400.471, F.S. License and Regulate Home Health Agencies **Purpose of Fees Collected:** Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: Fees 440,883 608,904 608,904 License 3,327,986 4,596,281 4,596,281 Fines 193,955 4,716 Reimbursements 12 Month Warrant Cancellations 63 3,967,603 5,205,185 5,205,185 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 1,895,320 1,942,703 1,942,703 Indirect Costs Charged to Trust Fund 623,949 639,548 639,548 2,519,269 2,582,251 Total Full Costs to Line (B) - Section III 2,582,251 Basis Used: **SECTION III - SUMMARY**

TOTAL - Surplus/Deficit	(C)	1,448,334	2,622,934	2,622,934
TOTAL SECTION II	(B)	2,519,269	2,582,251	2,582,251
TOTAL SECTION I	(A)	3,967,603	5,205,185	5,205,185

#### **EXPLANATION of LINE C:**

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund Section 400.801(3), F.S. **Specific Authority:** License and Regulate Homes for Special Services **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 1,090 1,090 1,090 Fees License Fines 1,090 1,090 1.090 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 15.405 15,799 15,799 10,089 10,347 10,347 Indirect Costs Charged to Trust Fund 25,494 Total Full Costs to Line (B) - Section III 26,147 26,147 **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 1,090 1,090 1,090 (A) TOTAL SECTION II (B) 25,494 26,147 26,147 **TOTAL - Surplus/Deficit** (C) (24,404)(25.057)(25.057)**EXPLANATION of LINE C:** The deficits cover by 408.20 F.S Assessments, Health Care Trust Fund.

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund Section 400.605, F.S. **Specific Authority:** License and Regulate Hospices **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 840 861 861 Fees 15,501 15,501 15,123 License 634 Reimbursements **Total Fee Collection to Line (A) - Section III** 16,597 16,362 16,362 **SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 77.601 80,953 80,953 20,035 20,901 Indirect Costs Charged to Trust Fund 20,901 97,636 101,854 Total Full Costs to Line (B) - Section III 101,854 **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 16,597 16,362 16,362 (A) TOTAL SECTION II (B) 97,636 101,854 101,854 **TOTAL - Surplus/Deficit** (C) (81.039)(85,492)(85,492)**EXPLANATION of LINE C:** The deficits cover by 408.20 F.S Assessments, Health Care Trust Fund.

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund Section 395.004, F.S. **Specific Authority:** License and Regulate Hospitals **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 135,403 208,184 128,843 Fees 1,085,614 706,086 671,878 License Fines 158,562 1,000,051 1,293,798 800.721 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 2,851,773 2,915,082 2,915,082 741,885 758,355 758,355 Indirect Costs Charged to Trust Fund 3,673,437 Total Full Costs to Line (B) - Section III 3,593,658 3,673,437 **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 1,000,051 1,293,798 800,721 (A) TOTAL SECTION II (B) 3,593,658 3,673,437 3,673,437 **TOTAL - Surplus/Deficit** (C) (2.593.607)(2,379,639)(2,872,716)**EXPLANATION of LINE C:** The deficits cover by 408.20 F.S Assessments, Health Care Trust Fund.

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund **Specific Authority:** Section 400.962(3) License and Regulate Intermediate Care Facilities for the Developmentally **Purpose of Fees Collected:** Disabled Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 161,441 213,635 213,635 Fees 426,282 413,866 426,282 License Fines 2,300 577,608 639,918 639,918 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 235,108 253,258 253,258 126,175 135,916 Indirect Costs Charged to Trust Fund 135,916 361,283 389,174 Total Full Costs to Line (B) - Section III 389,174 **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 577,608 639,918 639,918 (A) 389,174 TOTAL SECTION II (B) 361,283 389,174 **TOTAL - Surplus/Deficit** (C) 216,325 250,744 250,744 **EXPLANATION of LINE C:**

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS					
Department:	68	Health Care Administr	ati <b>Budget Peri</b>	od: 2009-10	
Program:		Health Care Regulation			
Fund:	2003	Health Care Trust Fund	d		
Specific Authority:		3.291(2), F.S.			
<b>Purpose of Fees Collected:</b>	Monitor ar Centers	nd Regulate services	provided by Multipha	asic Health Testing	
	Centers			_	
Type of Fee or Program: (Cho					
Regulatory services or oversig <b>Examination of Regulatory</b>			nplete Sections I, II, and	d III and attach	
Non-regulatory fees authorize	d to cover ful	l cost of conducting a s	specific program or serv	vice. (Complete	
Sections I, II, and III only.)					
SECTION I - FEE COLLEG	CTION	ACTUAL	ESTIMATED	REQUEST	
		FY 2007 - 08	FY 2008 - 09	FY 2009 - 10	
Receipts:					
Fees		85	87	87	
License			-	-	
Fines					
<b>Total Fee Collection to Line (A)</b>	- Section III	85	87	87	
SECTION II - FULL COST	<u>S</u>		-		
Direct Costs:					
Salaries and Benefits					
Other Personal Services					
Expenses					
Operating Capital Outlay					
Direct Cost Allocation		9,298	10,274	10,274	
Indirect Costs Charged to Trus	st Fund	5,361	5,924	5,924	
Total Full Costs to Line (B) - Se	ection III	14,659	16,198	16,198	
Basis Used:					
	-				
SECTION III - SUMMARY					
TOTAL SECTION I	(A)	85	87	87	
TOTAL SECTION II	(B)	14,659	16,198	16,198	
TOTAL - Surplus/Deficit	(C)	(14,575)	(16,112)	(16,112)	
The deficits cover by 408.20 I	<del></del>	nts, Health Care Trust	Fund.		

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund Section 400.506, F.S. **Specific Authority:** License and Inspect Nurse Registries **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 123,402 126,487 126,487 Fees 529,456 529,456 516,542 License Fines 18,650 625 659,219 655,943 655,943 Total Fee Collection to Line (A) - Section III **SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 362,990 365,531 365,531 105,312 106,049 Indirect Costs Charged to Trust Fund 106,049 468,302 471,580 Total Full Costs to Line (B) - Section III 471,580 **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 659,219 655,943 655,943 (A) TOTAL SECTION II (B) 468,302 471,580 471,580 **TOTAL - Surplus/Deficit** (C) 190,917 184,363 184,363 **EXPLANATION of LINE C:**

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS					
Department:	68	Health Care Administr	rati <b>Budget Peri</b>	od: 2009-10	
		Health Care Regulation			
Fund:	2003	Health Care Trust Fun	d		
		55.544, F.S.	100		
Purpose of Fees Collected:	License ar	id Regulate Organ ai	nd Tissue Bank Procu	irement Facilities	
Type of Fee or Program: (Chec	ek <b>ONE</b> Box	x and answer questions	as indicated.)		
Regulatory services or oversigh			mplete Sections I, II, an	d III and attach	
Examination of Regulatory For Non-regulatory fees authorized			specific program or serv	vice. (Complete	
Sections I, II, and III only.)					
SECTION I - FEE COLLECT	ΓΙΟΝ	ACTUAL	ESTIMATED	REQUEST	
		FY 2007 - 08	FY 2008 - 09	FY 2009 - 10	
Receipts:					
License Fees		_	23,283	23,283	
Fees		-	270,395	270,395	
Other Grants - HSMV		-	145,546	145,546	
<b>Total Fee Collection to Line (A)</b> -	Coation II				
	Section II	1   -	439,224	439,224	
SECTION II - FULL COSTS	Section II	·	439,224	439,224	
SECTION II - FULL COSTS  Direct Costs:	Section 11.	. <u>-</u>	439,224	439,224	
	· Section II.		439,224	439,224	
Direct Costs:	Section II.		439,224	439,224	
Direct Costs: Salaries and Benefits	Section II.		439,224	439,224	
Direct Costs: Salaries and Benefits Other Personal Services	Section II.		439,224	439,224	
Direct Costs: Salaries and Benefits Other Personal Services Expenses	Section II.		383,968	383,898	
Direct Costs: Salaries and Benefits Other Personal Services Expenses Operating Capital Outlay	Section II.				
Direct Costs: Salaries and Benefits Other Personal Services Expenses Operating Capital Outlay					
Direct Costs: Salaries and Benefits Other Personal Services Expenses Operating Capital Outlay Direct Cost Allocation	Fund		383,968	383,898	
Direct Costs: Salaries and Benefits Other Personal Services Expenses Operating Capital Outlay Direct Cost Allocation  Indirect Costs Charged to Trust	Fund		383,968	383,898	
Direct Costs: Salaries and Benefits Other Personal Services Expenses Operating Capital Outlay Direct Cost Allocation  Indirect Costs Charged to Trust Total Full Costs to Line (B) - Sec	Fund		383,968	383,898	
Direct Costs: Salaries and Benefits Other Personal Services Expenses Operating Capital Outlay Direct Cost Allocation  Indirect Costs Charged to Trust Total Full Costs to Line (B) - Sec	Fund		383,968	383,898	
Direct Costs: Salaries and Benefits Other Personal Services Expenses Operating Capital Outlay Direct Cost Allocation  Indirect Costs Charged to Trust Total Full Costs to Line (B) - Sec Basis Used:	Fund		383,968	383,898	

TOTAL - Surplus/Deficit	(0)	-	(66,183)	(328,572)
EXPLANATION of LINE C:				
The deficits cover by 408.20 F.S	Assessments, He	ealth Care Trust Fu	ınd.	

Office of Policy and Budget - July, 2007

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS						
Department:		Health Care Administra	_	riod: 2009-10		
Program: Fund:	68700700 Health Care Regulation 2509 Organ Tissue Donor Education Procurement TF					
runa:	2309	Organ Tissue Donor Ed	nucation Procurement	1r		
Specific Authority: Purpose of Fees Collected:	Section 765.544, F.S.  License and Regulate Organ and Tissue Bank Procurement Facilities					
Turpose of rees conceteu.	License an	d Regulate Organ an	d Tissue Bank Tioe	definent i denities		
Type of Fee or Program: (Che	eck <b>ONE</b> Box	and answer questions	as indicated.)			
Regulatory services or oversig			nplete Sections I, II, ar	nd III and attach		
Examination of Regulatory I  Non-regulatory fees authorized			specific program or ser	vice. (Complete		
Sections I, II, and III only.)		-				
SECTION I - FEE COLLEC	CTION	ACTUAL	ESTIMATED	REQUEST		
		FY 2007 - 08	FY 2008 - 09	FY 2009 - 10		
Receipts:						
License Fees		7,000		-		
Fees		317,280		-		
Other Grants - HSMV		125,762		-		
<b>Total Fee Collection to Line (A)</b>	- Section III	450,042	-	-		
SECTION II - FULL COSTS	<u>S</u>					
Direct Costs:						
Salaries and Benefits						
Other Personal Services						
Expenses						
Operating Capital Outlay						
Direct Cost Allocation		269,156				
Indirect Costs Charged to Trus		20,061				
Total Full Costs to Line (B) - Se	ction III	289,217	-	-		
Basis Used:						
SECTION III - SUMMARY						
TOTAL SECTION I	(A)	450,042	-	-		
TOTAL SECTION II	(B)	289,217	-	-		
TOTAL - Surplus/Deficit	(C)	160,825	-	-		
EXPLANATION of LINE C	<u></u>					

SCHEDULE 1A	: DETAIL (	OF FEES AND RELA	ATED PROGRAM CO	OSTS		
Department: Program:	68700700	68700700 Health Care Regulation				
Fund:	2003	Health Care Trust Fund	d			
Specific Authority: Purpose of Fees Collected:	Provide pla	Sections 395.0161, F.S.; 395.0163, F.S.; 400.23, F.S.  Provide plans and construction review for new facilities or alterations or additions to existing health care facilities				
Type of Fee or Program: (Ch	eck <b>ONE</b> Box	and answer questions	as indicated )			
Regulatory services or oversig  Examination of Regulatory  Non-regulatory fees authorize Sections I, II, and III only.)	ght to business <b>Fees</b> Form - F	ses or professions (Cor Part I and II.)	mplete Sections I, II, and			
SECTION I FEE COLLEG	CTION	ACTUAL	ESTIMATED	DEOUEST		
SECTION I - FEE COLLEG	<u>CHON</u>	ACTUAL FY 2007 - 08	ESTIMATED  FY 2008 - 09	REQUEST FY 2009 - 10		
Receipts:		F 1 2007 - 08	F1 2008 - 09	F 1 2009 - 10		
Fees		_	_	-		
License						
Fines						
Total Fee Collection to Line (A	) - Section III					
SECTION II - FULL COST		`				
	<u> </u>					
<u>Direct Costs:</u> Salaries and Benefits						
Other Personal Services						
Expenses						
Operating Capital Outlay						
Direct Cost Allocation		2,952,007	2,978,280	2,978,280		
Indirect Costs Charged to Trus	st Fund	1,192,993	1,203,611	1,203,611		
Total Full Costs to Line (B) - So	ection III	4,145,000	4,181,891	4,181,891		
Basis Used:						
SECTION III - SUMMARY	, -					
TOTAL SECTION I	(A)	-	-	-		
TOTAL SECTION II	(B)	4,145,000	4,181,891	4,181,891		
TOTAL - Surplus/Deficit	(C)	(4,145,000)	(4,181,891)	(4,181,891)		
The deficits cover by 408.20		nts, Health Care Trust	Fund.			

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund Section 400.905, F.S. **Specific Authority:** License and Regulate Prescribed Pediatric Extended Care Facilities **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 1,421 1,441 1,441 Fees 14,635 14,841 14,841 License Fines 1,000 17,056 16,283 16,283 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 46.069 62,396 62,396 23,838 32,286 32,286 Indirect Costs Charged to Trust Fund 69,907 94,682 94,682 Total Full Costs to Line (B) - Section III **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 17,056 16,283 16,283 (A) TOTAL SECTION II (B) 69,907 94,682 94,682 **TOTAL - Surplus/Deficit** (C) (52.851)(78,399)(78,399)**EXPLANATION of LINE C:** The deficits cover by 408.20 F.S Assessments, Health Care Trust Fund.

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund **Specific Authority:** Section 394.877, F.S. License and Regulate Residential Treatment Facilities **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 2,614 2,474 2,474 Fees 229,468 217,191 217,191 License Fines 3,214 235,296 219,665 219,665 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 183,923 187.620 187.620 77,014 78,562 78,562 Indirect Costs Charged to Trust Fund 260,937 266,182 266,182 Total Full Costs to Line (B) - Section III **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 235,296 219,665 219,665 (A) TOTAL SECTION II (B) 260,937 266,182 266,182 **TOTAL - Surplus/Deficit** (C) (25,641)(46.517)(46,517)**EXPLANATION of LINE C:** The deficits cover by 408.20 F.S. Assessments, Health Care Trust Fund.

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Budget Period: 2009-10 Department:** Health Care Administrati **Program:** 68700700 Health Care Regulation Fund: 2003 Health Care Trust Fund **Specific Authority:** Section 400.62, F.S.; s. 400.111, F.S. **Purpose of Fees Collected:** License and Regulate Skilled Nursing Facilities Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) ACTUAL **SECTION I - FEE COLLECTION ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 702,146 719,700 719,700 Fees 6,389,022 6,548,747 6,548,747 License Fines 96,450 **Transfers** 1,819 Reimbursements 1,206 141 **Prior Year Warrant Cancellations** 7,190,784 7,268,447 7,268,447 Total Fee Collection to Line (A) - Section III **SECTION II - FULL COSTS Direct Costs:** Salaries and Benefits Other Personal Services Expenses Operating Capital Outlay **Direct Cost Allocation** 4,470,279 4,543,145 4,543,145 Indirect Costs Charged to Trust Fund 1,298,391 1,319,555 1,319,555 Total Full Costs to Line (B) - Section III 5,768,670 5,862,699 5,862,699 Basis Used: **SECTION III - SUMMARY** TOTAL SECTION I 7,190,784 7,268,447 7,268,447 (A) TOTAL SECTION II (B) 5,768,670 5,862,699 5,862,699 1,422,114 1,405,748 1,405,748 **TOTAL - Surplus/Deficit** (C)**EXPLANATION of LINE C:**

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund Section 400.805, F.S. **Specific Authority:** License and Regulate Transitional Living Facilities **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 824 845 845 Fees 52,039 53,340 53,340 License Fines 500 53,363 54,185 54,185 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 27.885 31,131 31,131 23,619 26,368 26,368 Indirect Costs Charged to Trust Fund 57,499 51,504 Total Full Costs to Line (B) - Section III 57,499 **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 53,363 54,185 54,185 (A) TOTAL SECTION II (B) 51,504 57,499 57,499 **TOTAL - Surplus/Deficit** (C) 1,859 (3,314)(3,314)**EXPLANATION of LINE C:**

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati 68700700 Health Care Regulation **Program: Fund:** 2003 Health Care Trust Fund Section 395.0199, F.S. **Specific Authority:** Register and Regulate Utilization (Private) Review Agents **Purpose of Fees Collected:** Type of Fee or Program: (Check ONE Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 3,500 3,588 3,588 Fees 37,369 37,369 36,458 License Fines 764 40,722 40,957 40.957 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses **Operating Capital Outlay Direct Cost Allocation** 28.795 36,878 36,878 23,464 30,050 Indirect Costs Charged to Trust Fund 30,050 52,259 66,928 Total Full Costs to Line (B) - Section III 66,928 **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I 40,722 40,957 40,957 (A) TOTAL SECTION II (B) 52,259 66,928 66,928 **TOTAL - Surplus/Deficit** (C) (11,537)(25,971)(25,971)**EXPLANATION of LINE C:** The deficits cover by 408.20 F.S Assessments, Health Care Trust Fund.

#### SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2009-10** Health Care Administrati **Program:** 68700700 Health Care Regulation **Fund:** 2003 Health Care Trust Fund **Specific Authority:** Section 440.134, F.S. **Purpose of Fees Collected:** Ensure that a health care provider, or HMO contract with an insurer to provide and manage appropriate remedial treatment and care to injured workers Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2007 - 08 FY 2008 - 09 FY 2009 - 10 Receipts: 719 737 737 Fees 69.700 68.000 69,700 License Fines 675,005.00 Transfer In DFS 1,692,447 675,005.00 1,761,166 745,442 **Total Fee Collection to Line (A) - Section III** 745,442 **SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services **Expenses Operating Capital Outlay Direct Cost Allocation** 421,096 421,096 1,459,199 Indirect Costs Charged to Trust Fund 5,142 5,142 413,039 1,872,238 426,238 426,238 Total Full Costs to Line (B) - Section III **Basis Used: SECTION III - SUMMARY** TOTAL SECTION I (A) 1,761,166 745,442 745,442 426,238 TOTAL SECTION II (B) 1,872,238 426,238 **TOTAL - Surplus/Deficit** (111,072)319.204 319.204 (C)**EXPLANATION of LINE C:** The deficits cover by 408.20 F.S. Assessments, Health Care Trust Fund.

#### SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES

Department: Agency for Health Care Administration Budget Entity: Health Care Regulation (68700700) **Budget Period 2009-10** 

Fund: Health Care Trust Fund(2003)

\* Must equal total on Schedule 1, line I.

(1)	(2)	(3)	(4)
UNDING SOURCE	ACTUAL	<b>ESTIMATED</b>	REQUEST
	FY2007-08	FY2008-09	FY2009-10
eceipts:			
Fees	9,652,537	11,921,335	8,240,969
Licenses	16,670,047	20,588,288	14,232,251
-			
Total *	26,322,584	32,509,623	22,473,220

# SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Department: Agency for Health Care Administration Budget Period 2009-10 Budget Entity: Health Care Regulation** (68700700) **Fund: Administrative Trust Fund (2021)** (1) (2) (3) (4) FUNDING SOURCE ACTUAL **ESTIMATED** REQUEST FY2007-08 FY2008-09 FY2009-10 Receipts: 0 US Grant - Title XIX 0 0 Total \* 0 \* Must equal total on Schedule 1, line I.

#### SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES

Department: Agency for Health Care Administration Budget Period 2009-10 Budget Entity: Health Care Regulation (68700700)

**Fund: Quality Long-Term Care Trust Fund (2126)** 

(1) UNDING SOURCE	(2) ACTUAL	(3) ESTIMATED	(4) REQUEST
	FY2007-08	FY2008-09	FY2009-10
eceipts:			
Fines and Foreitures	1,793,686	1,535,286	1,243,846
-			
-			
Total *	4 700 000	4 505 000	4 040 04
Total *	1,793,686	1,535,286	1,243,84

<sup>\*</sup> Must equal total on Schedule 1, line I.

## SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Department: Agency for Health Care Administration Budget Period 2009-10 Budget Entity: Health Care Regulation** (68700700) Fund: Organ and Tissue Donor Education and Procurement Trust Fund(2509) (1) (2) (3) (4) **FUNDING SOURCE ACTUAL ESTIMATED** REQUEST FY2007-08 FY2008-09 FY2009-10 Receipts: 19,723 0 0 License Fees 991,549 0 0 0 Total 1,011,272

<sup>\*</sup> Must equal total on Schedule 1, line I.

# SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Department: Agency for Health Care Administration Budget Period 2009-10 Budget Entity: Health Care Regulation** (68700700) **Fund: Resident Protection Trust Fund(2522)** (1) (2) (3) (4) FUNDING SOURCE ACTUAL **ESTIMATED** REQUEST FY2007-08 FY2008-09 FY2009-10 Receipts: 0 2,005,000 Fines 0 Total \* 2,005,000

### LBR Technical Review Checklist

Department/Budget Entity (Service): Agency for Health Care Administration / Health Care Regulation

Agency Budget Officer/OPB Analyst Name: Michele Tallent / Brian Clark

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

		Progran	n or Servic	e (Budget	t Entity Co	odes)
	Action	68700700				
1. GEN	ERAL					
1.1	Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay set to TRANSFER CONTROL for DISPLAY status only? (CSDI)					
		Yes				
1.2	Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Yes				
AUDITS	S:					
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. ( <b>EXBR, EXBA</b> )	Yes				
1.4	Has security been set correctly? (CSDR, CSA)	Yes				
TIP	The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.					
2. EXH	IBIT A (EADR, EXA)					
2.1	Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 53 of the LBR Instructions?	Yes				
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Yes				
2.3	Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 25)? Do they clearly describe the issue?	Yes				
2.4	Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 25) been followed?	Yes				
3. EXH	IBIT B (EADR, EXB)					
3.1	Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	N/A				

		Progra	m or Servi	ce (Budge	t Entity Co	odes)
	Action	68700700				
ALIDITO.						
AUDITS: 3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")					
		Yes				
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B02? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Yes				
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.					
TIP	Exhibit B - A02 equal to B02: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.					
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.					
4. EXHII	BIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 56 of the LBR Instructions?	Yes				
4.2	Is the program component code and title used correct?	Yes				
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.					
5. EXHII	BIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Yes				
AUDITS:						
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Yes				
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column G07? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Yes				
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column G08? (EXBR, EXBD - Differences need to be corrected in Column A01.)	Yes				
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.					

			Progra	m or Servi	ice (Budge	t Entity Co	odes)
		Action	68700700				
	TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.					
	TIP	Exhibit B - A01 less than G07: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2007-08 approved budget. Amounts should be positive.					
	TIP	If G08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column G08 was created.					
6.	EXHII	BIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only	.)				
	6.1	Are issues appropriately aligned with appropriation categories?	Yes				
	TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
7.	EXHII	BIT D-3A (EADR, ED3A)					
	7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 29 of the LBR Instructions).	Yes				
	7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 62 of the LBR Instructions.)	Yes				
	7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 63 and 64 of the LBR Instructions?	Yes				
	7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Yes				
	7.5	Does the issue narrative explain any variances from the Standard Expense, Operating Capital Outlay (OCO), and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions).	Yes				
	7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Yes				
	7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.	N/A				
	7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/A				
	7.9	Does the issue narrative reference the specific county(ies) where applicable?	Yes				

		Progra	m or Serv	ice (Budge	t Entity Co	odes)
	Action	68700700				
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #09-002?	N/A				
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. ( <b>PLRR</b> , <b>PLMO</b> )	N/A				
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A				
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A				
7.14	Do the amounts reflect appropriate FSI assignments?	Yes				
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 24 and 80 of the LBR Instructions.)	Yes				
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0 or 363XXC0)?	Yes				
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A				
AUDIT:			<u> </u>			
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")	Yes				
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run <b>OADA/OADR</b> from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.					
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 61 through 64 of the LBR Instructions.					
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.					

			Progra	am or Serv	rice (Budge	et Entity Co	odes)
		Action	68700700				
	TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).					
	TIP	If an appropriation made in the FY 2008-09 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.					
8.	SCHE	DULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R	, SC1D - I	)epartme	ent Level)	)	
	8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Yes				
	8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?	Yes				
	8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?	Yes				
	8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Yes				
	8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Yes				
	8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Yes				
	8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A				
	8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b)</i> , <i>Florida Statutes</i> - including the Schedule ID and applicable legislation?	N/A				
	8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000799, 001510 and 001599)?	Yes				
	8.10	Are the statutory authority references correct?	Yes				
	8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Section 215.20, F.S. for appropriate general revenue service charge percentage rates.)	Yes				
	8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	N/A				

		Program	or Service (Budg	get Entity Codes)
	Action	68700700		
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Yes		
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Yes		
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Yes		
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Yes		
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Yes		
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?	Yes		
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Yes		
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Yes		
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Yes		
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Yes		
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Yes		
8.24	Are prior year September operating reversions appropriately shown in column A01?	Yes		
8.25	Are current year September operating reversions appropriately shown in column A02?	Yes		
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Yes		
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Yes		
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Yes		
AUDITS:				
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Yes		

		Progra	ım or Serv	ice (Budge	et Entity C	odes)
	Action	68700700				
0.20	Lada Lana 20 Adia da Humana and Escal Dalana (Lina Danasal da da Laba 1					
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A -					
	Report should print "No Discrepancies Exist For This Report")					
	Report should print No Discrepancies Exist For This Report	Yes				
8.31	Has a Department Level Reconciliation been provided for each trust fund and					
	does Line A of the Schedule I equal the CFO amount? If not, the agency must					
	correct Line A. (SC1R, DEPT)	Yes				
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is			1		<u> </u>
	very important that this schedule is as accurate as possible!					
TIP	Determine if the agency is scheduled for trust fund review. (See page 119 of the	į.				
	LBR Instructions.)					
TIP	Review the unreserved fund balances and compare revenue totals to expenditure	i.				
111	totals to determine and understand the trust fund status.					
TID		1				
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
0 00						
	CDULE II (PSCR, SC2)					
AUDIT:			ı	ī	ı	ī
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and					
	3? (BRAR, BRAA - Report should print "No Records Selected For This					
	<b>Request")</b> Note: Amounts other than the pay grade minimum should be fully					
	justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 150 of the LBR Instructions.)					
	LBK Illstructions.)	NO				
10. SCH	EDULE III (PSCR, SC3)		I		I	
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 82 of the LBR					
	Instructions.)	Yes				
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page					
	89 of the LBR Instructions for appropriate use of the OAD transaction.) Use					
	<b>OADI</b> or <b>OADR</b> to identify agency other salary amounts requested.					
		N/A				
11. SCH	EDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?	Yes				
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear		ı		ı	
	in the Schedule IV.					
12. SCH	EDULE VIIIA (EADR, SC8A)					
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the					
	Schedule VIII-A? Are the priority narrative explanations adequate?	Yes				
13. SCH	EDULE VIIIB-1		I	l	I	l
13.1	This schedule is not required in the October 15, 2008 LBR submittal.					
	· ·					

		Progra	ım or Servi	ice (Budge	t Entity Co	odes)
	Action	68700700				
14. SCH	IEDULE VIIIB-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 95 and 96 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?	Yes				
15. SCH	IEDULE XI (LAS/PBS Web - see page 102 of the LBR Instructions for detailed	instructio	ons)	<u> </u>		
15.1	Has the Schedule XI one page summary been e-mailed to OPB? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)	Yes				
AUDITS	INCLUDED IN THE SCHEDULE XI REPORT:		<u> </u>			
15.2	Does the FY 2007-08 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Yes				
15.3	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print ''No Activities Found'')	NO				
15.4	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	NO				
15.5	Has the agency provided the necessary demand (Record Type 5) for all activities which should appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)					
		Yes				
15.6	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Yes				
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					
16. MA	NUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages 103 through 147 of the LBR Instructions), and are they accurate and complete?	Yes				
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?	Yes				
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Yes				

			Program or Service (Budget Entity Codes)			
	Action	68700700				
AUDITS	- GENERAL INFORMATION					
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.					
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					
17. CAI	PITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Yes				
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A				
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Yes				
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Yes				
17.5	Are the appropriate counties identified in the narrative?	N/A				
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.					

Trust Fund Title:	Health Care Trust Fund		
Budget Entity:	All		
LAS/PBS Fund Number:	2003		
	Balance as of 6/30/2008	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	<b>80,493,667.17</b> (A)		80,493,667.17
ADD: Other Cash (See Instructions)	<b>262,545.65</b> (B)		262,545.65
ADD: Investments	(C)		-
ADD: Outstanding Accounts Receivable	<b>12,282,497.33</b> (D)	(3,193,428.01)	9,089,069.32
ADD:	(E)		-
Total Cash plus Accounts Receivable	<b>93,038,710.15</b> (F)	(3,193,428.01)	89,845,282.14
LESS: Allowances for Uncollectibles	<b>5,972.00</b> (G)	2,454,558.35	2,460,530.35
LESS: Approved "A" Certified Forwards	<b>12,730,068.70</b> (H)		12,730,068.70
Approved "B" Certified Forwards	<b>18,567.51</b> (H)	(6,008.31)	12,559.20
Approved "FCO" Certified Forwards	(H)		-
LESS: Other Accounts Payable (Nonoperating)	1,405,155.33 (I)	11,503.16	1,416,658.49
LESS: Unearned Revenue	<b>37,930,818.18</b> (J)	(5,500.00)	37,925,318.18
LESS: Deferred Revenue	<b>3,761,464.95</b> (J)	(2,406,746.46)	1,354,718.49
Unreserved Fund Balance, 07/01/08	<b>37,186,663.48</b> (K)	(3,241,234.75)	33,945,428.73

\*\* This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

Office of Policy and Budget - July, 2008

Department Title: Trust Fund Title: Budget Entity: LAS/PBS Fund Number:	Agency for Health Care Admin Administrative Trust Fund All 2021	istration	
	Balance as of 6/30/2008	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	<b>14,593,119.39</b> (A)		14,593,119.39
ADD: Other Cash (See Instructions)	(B)		-
ADD: Investments	(C)		-
ADD: Outstanding Accounts Receivable	<b>41,715,511.01</b> (D)	19,554.44	41,735,065.45
ADD:	(E)		-
Total Cash plus Accounts Receivable	<b>56,308,630.40</b> (F)	19,554.44	56,328,184.84
LESS: Allowances for Uncollectibles	(G)		-
LESS: Approved "A" Certified Forwards	<b>48,101,753.21</b> (H)		48,101,753.21
Approved "B" Certified Forwards	<b>6,985.60</b> (H)	(837.60)	6,148.00
Approved "FCO" Certified Forward	ls (H)		-
LESS: Other Accounts Payable (Nonoperati	ng) <b>8,270,082.38</b> (I)	13,406.44	8,283,488.82
LESS: Reduction to Payables	(63,205.19) (J)		(63,205.19)
Unreserved Fund Balance, 07/01/08	( <b>6,985.60</b> ) (K)	6,985.60	(0.00)
Notes:  *SWFS = Statewide Financial Stat  ** This amount should agree with year and Line A for the followi	Line I, Section IV of the Schedule I for the	most recent completed fis	cal

Office of Policy and Budget - July, 2008

14974.15

Department Title: Frust Fund Title:	Agency for Health Care Admi Tobacco Settlement Trust Fur		
Budget Entity:	All		
LAS/PBS Fund Number:	2122		
	Balance as of 6/30/2008	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	<b>18,365,959.59</b> (A)		18,365,959.59
ADD: Other Cash (See Instructions)	(B)		-
ADD: Investments	(C)		-
ADD: Outstanding Accounts Receivable	(D)		-
ADD:	(E)		-
Total Cash plus Accounts Receivable	<b>18,365,959.59</b> (F)	-	18,365,959.59
LESS: Allowances for Uncollectibles	(G)		-
LESS: Approved "A" Certified Forwards	<b>2,828,649.47</b> (H)		2,828,649.47
Approved "B" Certified Forwards	(H)		-
Approved "FCO" Certified Forwards	(H)		-
LESS: Other Accounts Payable (Nonoperating)	15,537,310.12 (I)		15,537,310.12
LESS:	(J)		-
Unreserved Fund Balance, 07/01/08	- (K)	-	
Notes:  *SWFS = Statewide Financial Statement  ** This amount should agree with Line I, S			

year and Line A for the following year.

Office of Policy and Budget - July, 2008

Department Title: Trust Fund Title: Budget Entity: LAS/PBS Fund Number:	Agency for Health Care Admin Quality of Long-Term Care Fa All 2126		t Fund
	Balance as of 6/30/2008	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	<b>2,010,850.38</b> (A)		2,010,850.38
ADD: Other Cash (See Instructions)	(B)		-
ADD: Investments	(C)		-
ADD: Outstanding Accounts Receivable	(D)		-
ADD:	(E)		-
Total Cash plus Accounts Receivable	<b>2,010,850.38</b> (F)	-	2,010,850.38
LESS: Allowances for Uncollectibles	(G)		-
LESS: Approved "A" Certified Forwards	<b>195,901.40</b> (H)		195,901.40
Approved "B" Certified Forwards	(H)		-
Approved "FCO" Certified Forwards	(H)		-
LESS: Other Accounts Payable (Nonoperating	g) <b>21,262.84</b> (I)		21,262.84
LESS:	(J)		-
Unreserved Fund Balance, 07/01/08	1,793,686.14 (K)	-	1,793,686.14
Notes:  *SWFS = Statewide Financial Staten  ** This amount should agree with L  year and Line A for the following	ine I, Section IV of the Schedule I for the	most recent completed fi	iscal

Office of Policy and Budget - July, 2008

Department Title: Trust Fund Title:	Agency for Health Care Adm Grants and Donation Trust F		
Budget Entity:	All		
LAS/PBS Fund Number:	2339		
	Balance as of 6/30/2008	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	<b>206,043,277.33</b> (A)		206,043,277.33
ADD: Other Cash (See Instructions)	<b>471,206.99</b> (B)		471,206.99
ADD: Investments	(C)		-
ADD: Outstanding Accounts Receivable	<b>243,344,680.55</b> (D)		243,344,680.55
ADD:	(E)		-
Total Cash plus Accounts Receivable	<b>449,859,164.87</b> (F)		449,859,164.87
LESS: Allowances for Uncollectibles	<b>2,001,182.47</b> (G)		2,001,182.47
LESS: Approved "A" Certified Forwards	<b>115,536,619.99</b> (H)		115,536,619.99
Approved "B" Certified Forwards	(H)		-
Approved "FCO" Certified Forwards	(H)		-
LESS: Other Accounts Payable (Nonoperating)	<b>366,170.00</b> (I)		366,170.00
LESS: Deferred Revenues	<b>160,977,308.57</b> (J)		160,977,308.57
Unreserved Fund Balance, 07/01/08	170,977,883.84 (K)	-	170,977,883.84
Notes:  *SWFS = Statewide Financial Statement			
** This amount should agree with Line I, S year and Line A for the following year.	ection IV of the Schedule I for th	ne most recent completed fi	scal

Trust Fund Title:	Medical Care Trust Fund		
Budget Entity:	All		
LAS/PBS Fund Number:	2474		
	Balance as of 6/30/2008	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	<b>193,983,921.36</b> (A)		193,983,921.36
ADD: Other Cash (See Instructions)	<b>43,213.71</b> (B)		43,213.71
ADD: Investments	<b>9,559,632.74</b> (C)		9,559,632.74
ADD: Outstanding Accounts Receivable	<b>703,554,132.38</b> (D)		703,554,132.38
ADD:	(E)		-
Total Cash plus Accounts Receivable	<b>907,140,900.19</b> (F)	-	907,140,900.19
LESS: Allowances for Uncollectibles	<b>2,833,420.20</b> (G)		2,833,420.20
LESS: Approved "A" Certified Forwards	<b>1,024,481,834.85</b> (H)		1,024,481,834.85
Approved "B" Certified Forwards	(H)		-
Approved "FCO" Certified Forwards	(H)		-
LESS: Other Accounts Payable (Nonoperating)	<b>62,712,060.93</b> (I)		62,712,060.93
LESS: Reduction to Payables	(381,992,598.03) (J)	6,148.00	(381,986,450.03)
LESS: Deferred Revenues	135,924,251.58 (J)		135,924,251.58
Unreserved Fund Balance, 07/01/08	<b>63,181,930.66</b> (K)	(6,148.00)	63,175,782.66 *
Notes:  *SWFS = Statewide Financial Statement  ** This amount should agree with Line L.			

year and Line A for the following year.

Office of Policy and Budget - July, 2008

Department Title: Trust Fund Title: Budget Entity: LAS/PBS Fund Number:	Agency for Health Care Administration Florida Organ & Tissue Donor, Education and Procurement Trust Fund All 2509		
	Balance as of 6/30/2008	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	<b>1,128,278.35</b> (A)		1,128,278.35
ADD: Other Cash (See Instructions)	(B)		-
ADD: Investments	(C)		-
ADD: Outstanding Accounts Receivable	(D)		-
ADD:	(E)		-
Total Cash plus Accounts Receivable	<b>1,128,278.35</b> (F)	-	1,128,278.35
LESS: Allowances for Uncollectibles	(G)		-
LESS: Approved "A" Certified Forwards	<b>117,006.61</b> (H)		117,006.61
Approved "B" Certified Forwards	(H)		-
Approved "FCO" Certified Forwards	(H)		-
LESS: Other Accounts Payable (Nonoperating)	(I)		-
LESS:	(J)		-
Unreserved Fund Balance, 07/01/08	1,011,271.74 (K)	-	1,011,271.74
Notes:  *SWFS = Statewide Financial Statement  ** This amount should agree with Line I, year and Line A for the following year.		most recent completed fi	iscal

Office of Policy and Budget - July, 2008

Department Title: Trust Fund Title: Budget Entity: LAS/PBS Fund Number:	Agency for Health Care Admin Resident Protection Trust Fun All 2522		
LAST BS Fund Number.	Balance as of	SWFS*	Adjusted
	6/30/2008	Adjustments	Balance
Chief Financial Officer's (CFO) Cash Balance	<b>2,002,000.00</b> (A)		2,002,000.00
ADD: Other Cash (See Instructions)	(B)		-
ADD: Investments	(C)		-
ADD: Outstanding Accounts Receivable	<b>336,100.00</b> (D)		336,100.00
ADD:	(E)		-
Total Cash plus Accounts Receivable	<b>2,338,100.00</b> (F)	-	2,338,100.00
LESS: Allowances for Uncollectibles	(G)	(5,000.00)	(5,000.00)
LESS: Approved "A" Certified Forwards	(H)		-
Approved "B" Certified Forwards	(H)		-
Approved "FCO" Certified Forwards	(H)		-
LESS: Other Accounts Payable (Nonoperating)	<b>2,000.00</b> (I)		2,000.00
LESS: Deferred Revenues	<b>336,100.00</b> (J)		336,100.00
Unreserved Fund Balance, 07/01/08	<b>2,000,000.00</b> (K)	5,000.00	2,005,000.00
Notes:			
*SWFS = Statewide Financial Statement			

Office of Policy and Budget - July, 2008

Department Title: Trust Fund Title: Budget Entity:	Agency for Health Care Admin Public Medical Assistance Trus All		
LAS/PBS Fund Number:	2565		
	Balance as of 6/30/2008	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	<b>81,574,857.91</b> (A)		81,574,857.91
ADD: Other Cash (See Instructions)	<b>4,906,244.00</b> (B)		4,906,244.00
ADD: Investments	(C)		-
ADD: Outstanding Accounts Receivable	<b>95,076,413.58</b> (D)	(55,944,522.46)	39,131,891.12
ADD:	(E)		-
Total Cash plus Accounts Receivable	<b>181,557,515.49</b> (F)	(55,944,522.46)	125,612,993.03
LESS: Allowances for Uncollectibles	135,554.00 (G)		135,554.00
LESS: Approved "A" Certified Forwards	<b>37,544,256.37</b> (H)		37,544,256.37
Approved "B" Certified Forwards	(H)		-
Approved "FCO" Certified Forwards	(H)		-
LESS: Other Accounts Payable (Nonoperating	g) (I)		-
LESS: Deferred Revenues	<b>375.00</b> (J)		375.00
Unreserved Fund Balance, 07/01/08	143,877,330.12 (K)	(55,944,522.46)	87,932,807.66
Notes:  *SWFS = Statewide Financial Stater  ** This amount should agree with I	nent .ine I, Section IV of the Schedule I for the	most recent completed fise	cal

Office of Policy and Budget - July, 2008

Department Title: Trust Fund Title: Budget Entity: LAS/PBS Fund Number:				
	Balance as of 6/30/2008	SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	1,823,987.05 (A)		1,823,987.05	
ADD: Other Cash (See Instructions)	(B)		-	
ADD: Investments	(C)		-	
ADD: Outstanding Accounts Receivable	(D)		-	
ADD:	(E)		-	
Total Cash plus Accounts Receivable	<b>1,823,987.05</b> (F)	-	1,823,987.05	
LESS: Allowances for Uncollectibles	(G)		-	
LESS: Approved "A" Certified Forwards	<b>7,668,609.96</b> (H)		7,668,609.96	
Approved "B" Certified Forwards	(H)		-	
Approved "FCO" Certified Forwards	(H)		-	
LESS: Other Accounts Payable (Nonoperating)	(I)		-	
LESS: Reduction to Payables	(5,844,622.91) (J)		(5,844,622.91)	
Unreserved Fund Balance, 07/01/08	_ (K)	-	- *>	
Notes:  *SWFS = Statewide Financial Stateme  ** This amount should agree with Lin year and Line A for the following y	e I, Section IV of the Schedule I for the	most recent completed fi	iscal	

Office of Policy and Budget - July, 2008

	Budget Period: 2009 - 2010	
Department Title:	Agency for Health Care Administratio	n
Frust Fund Title:	Health Care Trust Fund	
LAS/PBS Fund Number:	2003	
BEGINNING TRIAL BAL	ANCE:	
Unreserved Fu	and Balance Per Trial Balance, 07-01-08	<b>37,186,663.48</b> (A)
Add/Subtract	<b>:</b>	
Prior Year Fin	ancial Statement Adjustment(s)	(11,508.31) (B)
Other Adj	ustment(s):	
G/L 15XXX &	2 16XXX Accounts Receivables	(3,241,239.90) (C)
G/L 3XXXX (	Other Accounts Payable	11,503.16 (C)
ADJUSTED BEGINNING	TRIAL BALANCE:	<b>33,945,428.73</b> (D)
UNRESERVED FUND BA	LANCE, SCHEDULE IC	<b>33,945,428.73</b> (E)
DIFFERENCE:		<b>0.00</b> (F)

	<b>Budget Period: 2009 - 2010</b>	
Department Title:	Agency for Health Care Administration	n
Trust Fund Title:	<b>Administrative Trust Fund</b>	
AS/PBS Fund Number:	2021	
EGINNING TRIAL BAL	ANCE:	
Unreserved Fu	nd Balance Per Trial Balance, 07-01-08	( <b>6,985.60</b> )
Add/Subtract	:	
Prior Year Fin	ancial Statement Adjustment(s)	(E
Other Adj	ustment(s):	
G/L 15XXX &	2 16XXX Accounts Receivables	19,554.44
G/L 3XXXX (	Other Accounts Payable	12,568.84
ADJUSTED BEGINNING	TRIAL BALANCE:	(D.00 (D
JNRESERVED FUND BA	LANCE, SCHEDULE IC	<b>0.00</b> (E
DIFFERENCE:		<b>0.00</b> (F

	Budget Period: 2009 - 2010	
Department Title:	Agency for Health Care Administration	on
Trust Fund Title:	<b>Tobacco Settlement Trust Fund</b>	
AS/PBS Fund Number:	2122	_
BEGINNING TRIAL BAL	ANCE:	
Unreserved Fu	and Balance Per Trial Balance, 07-01-08	<b>0.00</b> (A)
Add/Subtract	:	
Prior Year Fin	ancial Statement Adjustment(s)	(B)
Other Adj	ustment(s):	
G/L 15XXX &	z 16XXX Accounts Receivables	(C)
G/L 3XXXX (	Other Accounts Payable	(C)
ADJUSTED BEGINNING	TRIAL BALANCE:	<b>0.00</b> (D)
JNRESERVED FUND BA	LANCE, SCHEDULE IC	<b>0.00</b> (E)
DIFFERENCE:		<b>0.00</b> (F)*

	<b>Budget Period: 2009 - 2010</b>	
Department Title:	Agency for Health Care Administration	
Trust Fund Title:	<b>Quality Long-Term Care Trust Fund</b>	
LAS/PBS Fund Number:	2126	
BEGINNING TRIAL BALA	ANCE:	
Unreserved Fu	nd Balance Per Trial Balance, 07-01-08	1,793,686.14 (A)
Add/Subtract:	:	
Prior Year Fina	ancial Statement Adjustment(s)	(B)
Other Adju	stment(s):	
G/L 15XXX &	16XXX Accounts Receivables	(C)
G/L 3XXXX C	Other Accounts Payable	(C)
ADJUSTED BEGINNING	TRIAL BALANCE:	<b>1,793,686.14</b> (D)
UNRESERVED FUND BAI	LANCE, SCHEDULE IC	<b>1,793,686.14</b> (E)
DIFFERENCE:		<b>0.00</b> (F)

	<b>Budget Period: 2009 - 2010</b>	
Department Title:	Agency for Health Care Administration	
Trust Fund Title:	<b>Grant and Donations Trust Fund</b>	
LAS/PBS Fund Number:	2339	_
BEGINNING TRIAL BAL	ANCE:	
Unreserved Fu	nd Balance Per Trial Balance, 07-01-08	<b>170,977,883.84</b> (A
Add/Subtract	:	
Prior Year Fin	ancial Statement Adjustment(s)	(B
Other Adju	ustment(s):	
G/L 15XXX &	2 16XXX Accounts Receivables	(C
G/L 3XXXX (	Other Accounts Payable	(C
ADJUSTED BEGINNING	TRIAL BALANCE:	<b>170,977,883.84</b> (D
UNRESERVED FUND BA	LANCE, SCHEDULE IC	<b>170,977,883.84</b> (E
DIFFERENCE:		<b>0.00</b> (F

	<b>Budget Period: 2009 - 2010</b>	
Department Title:	Agency for Health Care Administration	on
Trust Fund Title:	<b>Medical Care Trust Fund</b>	
LAS/PBS Fund Number:	2474	
BEGINNING TRIAL BAL	ANCE:	
Unreserved Fu	and Balance Per Trial Balance, 07-01-08	63,181,930.66
Add/Subtract	<b>:</b>	
Prior Year Fin	ancial Statement Adjustment(s)	6,148.00
Other Adj	ustment(s):	
G/L 15XXX &	z 16XXX Accounts Receivables	
G/L 3XXXX 0	Other Accounts Payable	
ADJUSTED BEGINNING	TRIAL BALANCE:	63,175,782.66
UNRESERVED FUND BA	LANCE, SCHEDULE IC	63,175,782.66
DIFFERENCE:		0.00

	<b>Budget Period: 2009 - 2010</b>	
Department Title:	Agency for Health Care Administration	1
Frust Fund Title:	Organ and Tissue Donor Trust Fund	
LAS/PBS Fund Number:	2509	
BEGINNING TRIAL BAL	ANCE:	
Unreserved Fu	nd Balance Per Trial Balance, 07-01-08	<b>1,011,271.74</b> (A
Add/Subtract	:	
Prior Year Fina	ancial Statement Adjustment(s)	(E
Other Adju	ustment(s):	
G/L 15XXX &	2 16XXX Accounts Receivables	
G/L 3XXXX (	Other Accounts Payable	
ADJUSTED BEGINNING	TRIAL BALANCE:	<b>1,011,271.74</b> (D
UNRESERVED FUND BA	LANCE, SCHEDULE IC	<b>1,011,271.74</b> (E
DIFFERENCE:		<b>0.00</b> (F

	<b>Budget Period: 2009 - 2010</b>	
Department Title:	Agency for Health Care Administration	on
Trust Fund Title:	<b>Resident Protection Trust Fund</b>	
LAS/PBS Fund Number:	2522	
BEGINNING TRIAL BAL	ANCE:	
Unreserved Fu	and Balance Per Trial Balance, 07-01-08	2,000,000.00
Add/Subtract	:	
Prior Year Fin	ancial Statement Adjustment(s)	
Other Adj	ustment(s):	
G/L 15XXX &	z 16XXX Accounts Receivables	5,000.00
G/L 3XXXX (	Other Accounts Payable	
ADJUSTED BEGINNING	TRIAL BALANCE:	2,005,000.00
UNRESERVED FUND BA	LANCE, SCHEDULE IC	2,005,000.00
DIFFERENCE:		0.00

Department Title:	Budget Period: 2009 - 2010 Agency for Health Care Administration		
Trust Fund Title:	Public Medical Assistance Trust Fund		
LAS/PBS Fund Number:	AS/PBS Fund Number: 2565		
BEGINNING TRIAL BAL	ANCE:		
Unreserved Fu	nd Balance Per Trial Balance, 07-01-08	143,877,330.12 (A	
Add/Subtract	:		
Prior Year Fina	ancial Statement Adjustment(s)	(B	
Other Adju	astment(s):		
G/L 15XXX &	16XXX Accounts Receivables	(55,944,522.46)	
G/L 3XXXX C	Other Accounts Payable	(C	
ADJUSTED BEGINNING	TRIAL BALANCE:	<b>87,932,807.66</b> (D	
UNRESERVED FUND BA	LANCE, SCHEDULE IC	<b>87,932,807.66</b> (E	
DIFFERENCE:		<b>0.00</b> (F	

	Budget Period: 2009 - 2010		
Department Title:	Agency for Health Care Administration		
Trust Fund Title:	Refugee Assistant Trust Fund		
LAS/PBS Fund Number:	2579		
BEGINNING TRIAL BALA	ANCE:		
Unreserved Fu	nd Balance Per Trial Balance, 07-01-08	0.00	(A)
Add/Subtract:			
Prior Year Fina		(B)	
Other Adju	stment(s):		
G/L 15XXX &	16XXX Accounts Receivables		(C)
G/L 3XXXX O	ther Accounts Payable		(C)
ADJUSTED BEGINNING	TRIAL BALANCE:	0.00	(D)
UNRESERVED FUND BAI	LANCE, SCHEDULE IC	0.00	(E)
DIFFERENCE:	0.00	(F)	

### SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Department: Agency for Health Care Administration Chief Internal Auditor: Mike Blackburn

Budget Entity: Inspector General/Internal Audit		al/Internal Audit	Phone Number:	414-5419	
(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
			FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
AUDITS FOR F 08-01	FISCAL YEAR (   6/30/2006	Medicaid Services	Finding 08-01-01 The Agency and the Department of Elder Affairs (DOEA) lack a current written Cooperative Agreement.		
			Recommendation 1.1 & 1.2 Work with DOEA officials to approve a new Cooperative Agreement and include language regarding the safeguarding of Personal Health Information (PHI).	1.1 & 1.2 Cooperative Agreement with PHI language was signed 5/30/08.	
			Finding 08-01-02 Strengthen internal controls with regards to manual claim payment processing and supervisory review.		
			Recommendation 2.1 Develop a documented review and approval process to ensure that existing fee for service payments are being deducted from capitation requests and to ensure the bill county matches the county the provider number represents.	2.1 The manual claims process has been revised to detail the random sampling of requests to test county accuracy and fee for service payments prior to submission to the fiscal agent.	
			2.2 Ensure all requests carry the signature of the staff member making the request and of Unit management where appropriate.	2.2 Manual request forms have been revised to require the signature of the requestor. Manual request forms submitted by DOEA will also have the unit supervisor's signature.	
			2.3 Run quarterly queries to test all manually processed claims against basic qualification criteria.	2.3 An automated quarterly query has been developed and will be used to check all processed claims against program criteria.	
			2.4 Attempt to recoup overpaid funds.	2.4 The Agency is in the process of recouping overpayments.	

**Budget Period: 2009 - 2010** 

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Finding 08-01-03 Confidential information maintained within the Unit was not adequately secured.		
			Recommendation 3.1 Ensure that electronic claim files are stored on the shared network drive.	3.1 All pending and completed electronic claims files will be transferred to folders on the shared drive to reduce the risk of	
			3.2 Ensure that documents containing PHI are secured in filing cabinets after business hours.	disclosure. 3.2 Unit personnel responsible for manual claims processing will store documents containing PHI in filing cabinets at the conclusion of each business day.	
			3.3 Work with DOEA and the providers regarding the encryption of emails containing PHI to ensure compliance with the Agency's new email policy.	3.3 DOEA has been provided information on the need to use email encryption to protect PHI.	
			Finding 08-01-04 Provider claim requests were not always completed as required or maintained within the Unit.		
			Recommendation 4.1 Consolidate all Nursing Home Diversion (NHD) related files into one secure filing location.	4.1 Unit staff is consolidating manual claims request information into one locked filing cabinet. As necessary, additional secure filing cabinets will be obtained for storage.	
			4.2 Ensure that DOEA and Medicaid Contract Management (MCM) provide copies of any requests they complete to the Unit for accurate monitoring.	4.2 Copies of all manual request forms and backup information will be provided to the Unit.	
			4.3 Develop a standard manual request layout for providers to ensure required information is included on the manual request spreadsheets.	4.3 DOEA and the Agency have created a standardized manual claims request spreadsheet.	
08-02	6/30/2006	Medicaid Services	Finding 08-02-01 The number reported for measure #30 (Number of case months (home and community based (HCB) services) did not include all HCB service waivers.		
			Recommendation Establish written criteria for selecting which HCB service waivers to include in the performance measure.	Medicaid agrees with the finding. Measure #30 has been recommended for deletion from the LRPP.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Finding 08-02-02 The number reported for measure #31 (Number of case months services purchased (Nursing Home)) was not calculated following the prescribed methodology for the performance measure.  Recommendation		
08-03	FY 2006-2007	Information Technology	Evaluate and select the most appropriate methodology to use for reporting the number of case months services purchased for nursing homes.  This report has been classified as CONFIDENTIAL in	Medicaid agrees with this recommendation.	
		34	accordance with Section 282.318(2)(a)(5), Florida Statutes and thus is not available for public distribution.		
08-04	4/1/06 - 9/30/06	Pharmacy Services	Finding 08-04-01 The Bureau of Pharmacy Services (Bureau) lacks formal written procedures relating to the clinical prior authorization (PA) process.  Recommendation		
			We recommend the Bureau develop formal written procedures to help ensure consistency and quality performance in the clinical PA process.	The Bureau has developed policy and procedures outlining the required steps in handling prior authorizations.	
			Finding 08-04-02 The Bureau and the fiscal agent did not meet the 24 hour statutory requirement for approximately 25% of the clinical PA responses reviewed.		
			Recommendation 2.1 Establish a process to ensure requests for clinical PAs are responded to within 24 hours of receipt, and ensure this process is incorporated into formally written procedures.	2.1 The Bureau has established a process to ensure clinical PA requests are responded to within 24 hours of receipt. In the case of incomplete prescriptions, the Bureau will deny incomplete clinical PAs pending the resubmission of complete clinical PA and attached copy of prescription.	
			2.2 Assist the fiscal agent in establishing procedures to ensure that clinical PAs are responded to within 24 hours of receipt and monitor their performance for compliance with the 24-hour requirement.	2.2 The procedure was provided to the current fiscal agent. Monthly sampling started in February 2008. This process will continue with the new fiscal agent.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Finding 08-04-03 Two approved clinical PA requests did not meet the established criteria.  Recommendation Work collaboratively with the fiscal agent to ensure an effective quality assurance process is in place to prevent the approval of clinical PA requests that do not meet the established criteria.	were provided to the fiscal agent. There will	
08-05	FY 2006-2007	Administrative Services	Finding 08-05-01 Over half of all non-standard information technology resources purchased on Purchasing Cards (P-Card) was made without approval from the Bureau of Information Technology (IT).		
			Recommendation 1.1 Conduct periodic training and issue reminders to P-Card holders regarding procurement policies for the purchase of IT resources. 1.2 Review the IT pre-approved list while checking P-Card purchases for approval. Route unapproved purchases through IT for review and notify individuals when they have made an inappropriate purchase.	1.1 Reminders will be sent to P-Card holders reminding them of the policies regarding the purchase of IT resources.  1.2 Finance and Accounting (F&A) will revise procedures to include this review and oversight activity.	
			Finding 08-05-02 The Agency needs more comprehensive training and periodic refresher training in all aspects of Agency purchasing.		
			Recommendation 2.1 Verify training has been completed prior to authorizing use of the systems.	2.1 My Florida Market Place (MFMP) users receive one-on-one training before they are authorized to use the system. We have also clarified our P-Card Procedures regarding the requirement that a signed Cardholder Agreement be on-file for the user prior to issuing the P-Card.	
			2.2 Conduct periodic training reviews or release reminders to ensure the rules are remembered and followed.	2.2 The Procurement Office plans to develop a system of quarterly reminders for purchasing liaisons and MFMP users.	

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NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			2.3 Evaluate the training program and look for ways to make improvements.	2.3 All training programs and methods will be evaluated for possible improvements.	
			Finding 08-05-03 A number of P-Card approvals were not approved within the contractually required 10 calendar day timeframe.		
			Recommendation 3.1 Strengthen the process for reminding cardholders to approve the charges when the tenth day approaches and elevate the issue to the cardholder's supervisor if appropriate action is not taken.  3.2 Create a tracking list of those who exceed the timeframe and establish penalties for cardholders who consistently exceed the 10 days.  3.3 Conduct periodic training reviews to ensure the requirement is followed.	3.1 F&A processes were modified so that delinquent approvals are escalated up the chain of command timely. We have updated the P-Card Procedures to document this modification.  3.2 F&A processes were modified so that delinquent approvals are sent to the appropriate supervisor. F&A has begun to keep a tracking list.  3.3 F&A will send out reminders that the P-Card training is on-line and should be periodically reviewed.	
			Finding 08-05-04 MFMP, P-Card, and FLAIR users who no longer need access to the systems are still listed as active.		
			Recommendation 4.1 Coordinate with Human Resources (HR) to receive a list of recently terminated employees and contact the employee's supervisor regarding the termination of MFMP account access.	Terminations (HRTPS) notification system was created. This system is initiated by HR and notifies the appropriate staff in IT, F&A, and Support Services of all terminations. The appropriate staff in the various sections is responsible for the cancellation of any credit cards and the	
			4.2 Conduct periodic training reviews regarding the termination process.	termination of access to the respective systems.  4.2 The Training is generally one on one given by the HR staff to the supervisors as needed when paper work is either not turned in or not complete.	

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NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
08-08	9/19/07-2/13/08	Information Technology	Finding 08-08-01 There is no strategic plan or control framework in place in the Bureau of Information Technology (IT).		
			Recommendation Select a control framework and develop a strategic plan that identifies the goals and objectives of the Agency, aligns the goals and objectives of IT with those of the Agency, and sets a direction for the bureau that outlines how they will accomplish their objectives.	frameworks. IT will choose a framework that best suits the business process of a	
			Finding 08-08-02 Controls over the process of identifying, evaluating, and developing or acquiring new technology solutions within the Agency need to be strengthened.		
			Recommendation Develop, implement and document controls for the process of identifying, evaluating, and developing or acquiring new technology solutions within the Agency.	Existing processes and business community involvement for acquiring and developing new technology will be reviewed, evaluated and modified, as needed. For gaps identified, new processes will be identified, developed, implemented and documented.	
			Finding 08-08-03 IT does not have a process in place for defining relevant performance indicators, monitoring and measuring itself against those identified indicators, and implementing corrective action when performance is deficient.		
			Recommendation Develop a monitoring and measurement process that defines relevant performance indicators and compliance requirements, ensures systematic and timely reporting of performance and compliance, and promptly acts upon identified deviations.	IT will review the measures for IT functions as needed to support the Agency's Strategic Plan as well as IT and Agency management. Existing measures and performance indicators will be evaluated for relevancy and new measures and reports will be developed to support the adopted control framework.	

REPORT	PERIOD	I	SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Finding 08-08-04 We noted a lack of documented policies and procedures for many controls the bureau has in place.  Recommendation Develop, implement, review, and update written information technology policies and procedures to ensure achievement of IT business objectives and awareness and understanding of management direction.	IT will review existing documentation and adopt a formal policy and procedure template to use as a guide to help formalize current and future documentation.  Additionally, a standard directory structure will be created to serve as a central repository as well as an electronic manual.	
OAG #2008-027	7/2005-2/2007		Finding 2008-027-01  The Agency needs to enhance tangible personal property (TPP) policies and procedures to ensure that the annual physical inventory is timely and accurately reconciled with property records and that all potential record errors and losses of equipment are timely investigated.  Recommendation  Improve documentation to document that inventory results have been reconciled to the property records in a timely manner and that all potential record errors and losses of equipment have been timely investigated. We also recommend that the Property Manual be updated to require supervisory review and approval of the completed inventory and related reconciliations and adjustments.	We concur with this finding and property procedures were updated as recommended.	
			Finding 2008-027-02 Improve procedures to ensure Tangible Personal Property (TPP) is timely and accurately recorded.  Recommendation In order to effectively safeguard Agency assets, we recommend the Agency increase efforts to ensure that property records are accurately and timely updated.	Property Procedures have been updated to include an Excel worksheet to track the property in a timely manner from the time it is paid in F&A until all required information is added to the Property Master File by Support Services.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Finding 2008-027-03		
			Insurance coverage purchased for Agency building		
			contents significantly exceeded the amount required.		
			Recommendation		
			We recommend the Agency ensure that insurance	Action has been taken with the Department	
			calculations are effectively verified.	of Financial Services for insurance	
				information and payment requests to come	
				through the Supervisor of the Property	
				Specialist for accuracy and approval.	
				Procedures were revised and the Property	
				Specialist was trained based on new	
				information from DFS for reporting 2007	
				insurance requirements.	
				·	
			Finding 2008-027-04		
			The Agency has not established rules pertaining to the		
			administration and management of the Medicaid		
			nursing home overpayment account, including		
			specification of situations which will result in		
			withdrawals from the account. In addition, the Agency		
			did not perform annual reviews to evaluate the		
			financial viability of the account.		
			Recommendation		
			To ensure that the Medicaid nursing home overpayment		
			Account is properly utilized, we recommend the	as a last resort should a lessee operator	
			Agency establish rules for administration and	terminate its lease and the Agency	
			management of the Account. The Agency should also	subsequently determines there is an	
			implement annual reviews of the Account balance to	uncollectible overpayment due. This type of	
			determine whether recommended changes in fee	situation would probably only occur after	
			collection rates should be submitted for legislative	bankruptcy has been declared and there are	
			consideration.	no assets for the Agency to recover.	
				Fortunately, the incident that prompted the	
				legislature to enact this provision has not	
				occurred since the adoption of this	
				provision in 2002. The Agency General	
				Counsel's office determined that a rule for	
				administration and management of the	
				Account was not necessary in order to	
				access or manage the fund.	
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REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
Nonabar	E. DI NG			Procedures were developed to track overpayments made to leasehold operators in conjunction with the Lease Bond Trust Fund Reconciliation process. We will not be able to actuarially determine if the fund balance is adequate to cover all potential liabilities. We calculate the balance of outstanding overpayments to leasehold operators and the ratio of the fund to current overpayments.  The current fund balance appears to be adequate to cover reasonably potential	6022
			Finding 2008-027-05 The Agency has not established written policies and procedures for Other Cost Accumulator (OCA) utilization and maintenance of the OCA database.	uncollectible overpayment liabilities of currently leased facilities.	
			Recommendation Consider the adoption of written policies and procedures regarding the establishment, utilization, and periodic review of the OCA database. The Agency should also increase efforts to monitor compliance with established codes.	review of the OCA codes. We will increase	
			Finding 2008-027-06 It was not clear from Agency records that all required employee background screenings had been performed.		
			Recommendation We recommend the Agency improve controls to ensure background screenings are completed and documented. Also, when applicable, the Agency should ensure that documentation is maintained of the consideration of the effect on employment of any significant convictions.	employees are fingerprinted and the proper documentation is completed and maintained	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
				enhance our tracking system by receiving the background screening results from both FDLE and the FBI within 24 hours. IT has been working on this for 2 months and our efforts have been unsuccessful. We will continue to work with them to get this new tracking system implemented. Once this occurs, there shouldn't be any discrepancies regarding the screening results.	
			Finding 2008-027-07 The Agency did not facilitate hospital payment of assessments by no later than the first day of each quarter, the payment due date set by law.  Recommendation Enhance hospital assessment invoicing procedures to facilitate hospital payment of assessments by no later than the first day of each calendar quarter.	The system that generates the invoices has been changed so that the invoice due date will correspond to the date as directed by the statutes.	
			Finding 2008-027-08  The Agency did not follow policies and procedures established to reasonably ensure that State-owned cellular telephones were used for an authorized public purpose and that any incidental personal use was identified and reimbursed.		
			Recommendation We recommend the Agency enforce established policies by requiring the submission of users' certifications. The certifications should be reviewed to ensure that all charges serve an authorized public purpose and, as applicable, personal calls are reimbursed.	The Agency sent out confirmation requests that cell phones were used for business, and any personal calls were to be reimbursed. The follow-up process has been changed to require additional action to ensure all responses are received.	
			Finding 2008-027-09 The Agency needs to continue efforts to implement rules for the Florida KidCare Program.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Recommendation In order to allow for public input and to help ensure consistent application of Program policies and procedures, we recommend the Agency continue efforts to promulgate rules for key components of the KidCare Program, as required by Statute.		
OAG #2008-033	7/2005-2/2007	Medicaid Services	Finding 2008-033-01 Agency files did not include a price or cost analysis showing that the contract rate of payment did not exceed the competitive prevailing rate.  Recommendation To reasonably ensure that Non Emergency Transportation (NET) contract rates are competitive and supported in the manner required by Florida law and Agency procedure, we recommend the Agency utilize the trip encounter information provided under the contract to perform periodic cost analyses of NET services.	The Agency entered into the initial contract with the Florida Commission for the Transportation Disadvantaged (CTD) in 2004. Each year, the Legislature appropriates a set amount for the Agency to spend on NET services. The Legislature bases its NET appropriation on the Agency's budget projections completed during its Estimating Conference. Since these budget projections are not part of NET contract negotiations, but are part of the Agency's larger analysis for budgetary purposes, the Agency has not previously included the cost analysis in the contract file.  In the future, documents relating to the Agency's budget projections for transportation costs will be included in the contract file as appropriate.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN  The report also states that the CTD's payments to the county providers were approximately \$32 million in excess of the reported trip encounter costs for the period 11/04 through 2/07. The Agency agrees that data provided by the CTD relating to trip encounter costs is less that the payments to county providers. The CTD has confirmed that there are problems with the accuracy of this data. The Agency is continuing to work with the CTD to improve the accuracy of this report.  It should also be noted that the amount the Agency pays the CTD is not necessarily the amount the CTD allocates to its Community Transportation Coordinators (CTCs) or what the CTCs pay their transportation providers for providing NET services. For example, the contract between the Agency and the CTD stipulates that the CTD receives 5% of the amount paid by the Agency for each invoice to cover administrative costs. As a result, the CTD is entitled to over \$10 million for administration for the period from 11/01/04 through 2/28/07. These administrative fees and the problems with the accuracy of the data provided by the CTD should be considered with regard to this finding.	CODE
			Finding 2008-033-02  Our tests of the Agency's monitoring of the CTD contract disclosed that, based on available documentation, the level of monitoring was not sufficient for the Agency to evaluate performance of the contractor and its subcontractors.  Recommendation  To ensure that Medicaid non-emergency transportation services are only provided to eligible beneficiaries and the most cost-effective method is used, we recommend the Agency enhance contract monitoring procedures and document monitoring efforts in sufficient detail.	This finding bases its assertion on the fact that the Agency was not able to provide copies of the quarterly reports. However, the CTD reports on a monthly basis with its invoice thereby exceeding the contractual requirements.	

REPORT	PERIOD	1	SUMMADY OF	SHMMADV OF	ISSUE
NUMBER	ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	CODE
NUMBER	EMDING	UNITAREA	FINDINGS AND RECOMMENDATIONS	This finding also cited the lack of a signed	CODE
				copy of the Monitoring Evaluation Form	
				(although an unsigned copy was produced)	
				and the lack of sufficient documentation to	
				support the Agency's findings. The Agency	
				has taken steps to ensure that the contract	
				manager has access to signed copies of all	
				future monitoring reports.	
				l momormg reports	
				In addition, while it is true that the Agency	
				has not completed any on-site monitoring of	
				the CTD's gatekeeping procedures for	
				fiscal year 2006 – 2007, the Agency has,	
				however, engaged in previous contract	
				monitoring as evidenced by Finding No. 2's	
				own statement that the Agency had an	
				unsigned copy of its previous Monitoring	
				Evaluation Form.	
				Finally, the Findings "recommend [that] the	
				Agency enhance contract monitoring	
				procedures and document monitoring	
				efforts in sufficient detail." The Agency	
				has already undergone an analysis of the	
				current weaknesses in the contract's data	
				reporting and quality indicators. As a	
				result, new contract specifications will	
				include new reporting requirements such as	
				breakdowns, by county, of quality	
				indicators (e.g., Grievance and Appeal and	
				Performance Measures reporting) and	
				encounter data (e.g., type of transportation	
				and transportation destination).	
OAG #2008-035	7/2005-2/2007	Third Party Liability	Finding 2008-035-01		
OAG #2000-033	112005-2/2001	Imiu I arty Liability	The Agency's Third Party Liability (TPL) contract		
			monitoring procedures could be improved through the		
			use of checklists or similar documentation to evidence		
			that the monitoring was completed and conducted in		
			accordance with established criteria and standards.		
			distribution of the second sec		
			Recommendation		
			We recommend the Agency develop checklists or	The Agency will develop and use a	
			similar documentation in support of estate and	checklist for monitoring purposes for estate	
			insurance recovery monitoring.	and insurance recovery.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			Finding 2008-035-02 The Agency should address in its monitoring reports the significance of monitoring findings to better assess the TPL contractor's performance and whether liquidated damages should be assessed.		332
			Recommendation  We recommend the Agency enhance its monitoring process to ensure that monitoring reports distinguish between minor errors and those considered repetitive, substantial, or significant procedural errors. The Agency should also require the TPL contractor to document whether estate funds are available for recovery to allow the Agency to determine whether the TPL contractor's actions were sufficient under the circumstances. Finally, we recommend that the monitoring report contain conclusions regarding whether the assessment of liquidated damages should be pursued by the Agency.	The Agency shall ensure it summarizes repetitive, substantial or significant procedural errors in a cover letter submitted with each monitoring report. In addition, the Agency will include conclusions regarding whether the assessment of liquidated damages will be pursued as a result of the monitoring report findings. The Agency will require the contractor to pursue recovery after a legal deadline has passed if possible (e.g. the court has not ordered disbursement of funds). The Agency will determine whether or not the contractor's actions were sufficient and impose sanctions as appropriate in accordance with the contract.	
			Finding 2008-035-03 The Agency should periodically review the TPL contractor's list of insurance carriers to evaluate its sufficiency for identifying and locating liable third-parties. The Agency should also request a waiver for modifications to related Federally-required processes.		
			Recommendation We recommend the Agency request a waiver from the Federal Government in regards to modified procedures related to the identification of liable third-parties. We also recommend that the Agency periodically review the TPL contractor's insurance carrier list to evaluate its sufficiency. Steps to evaluate the list might include comparisons of the carriers shown by the list to Statelicensed providers.	The Agency will evaluate the effectiveness of the data matches and consider a revision to the Medicaid State Plan. The Agency will require the contractor to submit supporting documentation indicating data matches were conducted. The Agency will continue to monitor collections received from carriers and cost avoidance savings to ensure the contractor is conducting the required data matches.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Finding 2008-035-04  To ensure that amounts collected by TPL are timely deposited and accurately recorded in accounting and other management records, TPL should reconcile amounts collected to the amounts recorded.  Recommendation  We recommend the Agency implement procedures to reconcile TPL receipts with deposits shown by the accounting records.	TPL maintains a database in order to reconcile amounts deposited and subsequently invoiced by the contractor. TPL posts an event in the TPL case tracking system (EAGLE) as an additional measure to ensure amounts deposited balance to amounts invoiced.  Prior to approving invoices for the contractor, TPL ensures funds have been deposited. In order to eliminate processing of TPL funds through F&A, TPL is working towards the TPL contractor depositing all TPL related payments to ensure complete	
			Finding 2008-035-05  Leads letters are sent to Medicaid recipients for whom claims may identify potential third-parties. The Agency should consider the cost-effectiveness of sending follow-up letters to Medicaid recipients who do not respond to initial leads letters.  Recommendation  To increase the return rate on leads letters, we recommend the Agency re-evaluate the process, including the cost effectiveness of sending a follow-up letter to Medicaid recipients who do not respond to the initial request. As part of this analysis, we suggest that second request letters be sent to an appropriate sample of recipients and that related response rates be measured and evaluated.	The Agency will work with the contractor to send second request letters to a sample population to determine the rate and adequacy of recipient response. The Agency will work with the contractor to monitor and evaluate responses to the second request to determine its effectiveness in improving recovery potential.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Finding 2008-035-06 The Agency should continue to monitor the impact on TPL activities of a recent United States Supreme Court ruling.  Recommendation The Agency should continue to monitor the impact on TPL activities of the Supreme Court ruling.	The Agency will continue to monitor the impact of the Supreme Court ruling.	
OAG #2008-091	7/2005-2/2007	Contract Administration	Finding 2008-091-01 The Agency should enhance its contract monitoring policies and procedures to ensure that contract monitoring is adequately conducted and the written policies and procedures are updated to reflect current practices.		
			Recommendation Update its written policies and procedures to reflect management's intent with respect to the Unit's contract management oversight procedures. Also implement procedures to ensure that contract monitoring plans and attachments are timely submitted to Contract Administration. Further, consider revising the summarized plan format to include provision for written approval by the contract manager's supervisor.	Contract Monitoring Plan submission is now required prior to contract execution. Agency Procurement Policies and Procedures will be revised to indicate this new requirement. Additionally, the existing Contract Monitoring Plan form will be revised to include a requirement for contract manager supervisor signature.	
			Finding 2008-091-02 The Agency needed to significantly improve oversight of Health Maintenance Organization (HMO) contracts.		
			Recommendation Adopt written policies and procedures to govern the monitoring of HMO contractors. These should specifically assign responsibility for particular monitoring activities and ensure that all monitoring results are communicated to the applicable contract manager. The HMO contract manager should ensure that contracts are adequately monitored and that the level of planned monitoring is adequately explained and documented in the monitoring plan. In addition, Contract Administration should address all applicable activities during the review of HMO contracts.	The two Bureaus (Health Systems Development and Managed Care) responsible for the oversight of Medicaid HMO contracts will jointly develop written policies and procedures to implement the recommendation. Contract Administration will verify adherence to the established policies and procedures during annual file reviews.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Finding 2008-091-03 Contract managers' files did not always contain adequate documentation demonstrating the performance of contract monitoring, including adherence to established standards and criteria, communication of deficiencies to the contractor, and follow up on the contractor's corrective actions.		
			Recommendation The Agency should enhance its documentation policies and procedures to ensure that all documentation supporting monitoring activities is maintained in the contract manager's files.	The Agency will continue to enhance existing policies and procedures. Additionally, Contract Administration will develop new forms and guides to assist Contract Managers in documenting monitoring activities.	
			Finding 2008-091-04 The Agency needs to enhance its contract management policies and procedures by requiring individuals taking part in the contract award or contract monitoring processes to attest in writing that they are independent of, and have no conflicts of interest with respect to, entities selected or monitored.		
			Recommendation The Agency should continue efforts to enhance policies and procedures to ensure that there are no conflicts of interest for employees involved in the award of contracts. Due to the importance of the contract manager's involvement in the management of contracts, the Agency should also consider adopting procedures requiring contract managers to periodically identify in writing any actual or perceived conflicts of interest that may impact the performance of their assigned duties.	Conflict of Interest Questionnaires are now required of every individual involved in the decision making process. They are also required any time a change in Contract Manager is requested. Agency policy will be revised to reflect these new requirements. Additionally, Agency policy will be revised to require annual attestation of no conflict from employees actively managing a contract.	
OAG #2008-141	FYE 6-30-07	Federal Awards Audit	FA 07-059 The Agency expended administrative costs at a rate higher than the established threshold.		

ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
				CODE
		State Children's Insurance Program (SCHIP) expenditures to the Social Services Estimating Conference in March 2007. The analysis projected that 2006-07 fiscal year primary expenditures would be \$311,620,201 and administrative expenditures would be \$52,409,909, or \$17,785,442 over the threshold. The Legislature authorized \$7 million from another funding source for the school health initiative for the 2007-08 fiscal year.  The Agency should continue efforts to ensure that nonprimary expenditures do not exceed the ten percent limit. We also recommend that the Agency seek written approval from US Department of Health and Human Services to draw Federal funds for the excess administrative expenditures.	The cause was threefold. In March 2003 the Department of Health (DOH) began claiming comprehensive school health services under title XXI, which increased administrative costs. Also, enrollment in SCHIP dropped from 284,948 in July 2004 to 178,997 in June 2005, which caused primary expenditures to decrease. At the same time, the DOH was approved for random moment sampling, which allowed them a higher level of administrative claiming. Additionally, a system glitch was discovered in 2003 in which 15 to 19 year olds that were to be phased out of Title XXI were continuing to be included. Effective July 2007 the State Legislature provided funding to the DOH for the comprehensive school health services. We are projecting that the administrative expenditure will be below the 10% cap in state fiscal year 2008-09. The procedures we use for reporting the 10% cap is consistent with how it was presented in a CMS training session. We have asked but not received written	
		FA 07-060 The Agency's procedures did not effectively ensure the timely recoupment of overpayments made to Health Maintenance Organizations (HMOs) on behalf of deceased clients.  Recommendation We recommend that the Agency take steps to ensure that all capitation overpayments are timely recouped.	The Agency will make every effort to recoup erroneous capitation payments on a timely basis. A new TPL contract is scheduled to begin May 1, 2008. After	
			\$311,620,201 and administrative expenditures would be \$52,409,909, or \$17,785,442 over the threshold. The Legislature authorized \$7 million from another funding source for the school health initiative for the 2007-08 fiscal year.  The Agency should continue efforts to ensure that nonprimary expenditures do not exceed the ten percent limit. We also recommend that the Agency seek written approval from US Department of Health and Human Services to draw Federal funds for the excess administrative expenditures.  FA 07-060  The Agency's procedures did not effectively ensure the timely recoupment of overpayments made to Health Maintenance Organizations (HMOs) on behalf of deceased clients.  Recommendation  We recommend that the Agency take steps to ensure	\$311,620,201 and administrative expenditures would be \$\$2,409,909, or \$17,785,442 over the threshold. The Legislature authorized \$7 million from another funding source for the school health initiative for the 2007-08 fiscal year.  The Agency should continue efforts to ensure that nonprimary expenditures do not exceed the ten percent limit. We also recommend that the Agency seek written approval from US Department of Health and Human Services to draw Federal funds for the excess administrative expenditures.  Services to draw Federal funds for the excess administrative expenditures.  Services to draw Federal funds for the excess administrative expenditures.  Services to draw Federal funds for the excess administrative expenditures.  Services to draw Federal funds for the excess administrative expenditures.  Services to draw Federal funds for the excess administrative expenditure will be below the 10% cap in state fiscal year 2008-00 flow for the comprehensive school health services. We are projecting that the administrative expenditure will be below the 10% cap in state fiscal year 2008-09. The procedures we use for reporting the 10% cap is consistent with how it was presented in a CMS training session. We have asked but not received written procedures. We will continue to request it.  FA 07-060  The Agency's procedures did not effectively ensure the timely recoupment of overpayments made to Health Maintenance Organizations (HMOs) on behalf of deceased clients.  Recommendation  We recommend that the Agency take steps to ensure that all capitation overpayments are timely recouped.

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
				Agency will work with the TPL Vendor to	
				review the current process to determine if	
				there is a method to identify and recoup the	
				capitation payments in a timelier manner.	
				In addition, the Agency will review	
				capitation payments on a periodic basis to	
				ensure claims are identified and recouped.	
				The retroactive adjustment resulted in an	
				approximately \$189 million reduction in	
				primary services charges. Effective July	
				2007, the State Legislature provided	
				funding to the DOH for the comprehensive	
				school health services. We are projecting	
				that the administrative expenditure will be	
				below the 10% cap in state fiscal year 2008-	
				09	
				The procedures we use for reporting the	
				10% cap is consistent with how it was	
				presented in a CMS training session. We	
				have asked but not received written	
				procedures from CMS.	
			FA 07-062		
			The Agency did not review and release certain audits of		
			Intermediate Care Facilities for the Developmentally		
			Disabled (ICF-DD) cost reports on a timely basis.		
			Additionally, the Agency had not resolved issues		
			relating to ICF-DD facilities for which the independent		
			auditors disclaimed an opinion on the cost reports.		
			Recommendation	A compression of the second of	
			We recommend that the Agency devote the necessary	Agency staff will continue to focus audit	
			efforts to ensure the timely completion and release of	resources to complete the review and	
			ICF-DD cost report audits and the resolution of the	issuance of the older audits. From	
			issues associated with the cost reports on which	December 21, 2007 through February 19,	
			opinions had been disclaimed.	2008, 16 ICF-DD facility audits have been	
				issued from the 2003-04 and 2004-05 fiscal	
				years.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
				Newer ICF-DD audits are being incorporated into the review process for nursing home audits. Medicaid management will continue to support audit efforts to attempt completion of the 19 disclaimed audits. A second information request was sent to the provider on January 25, 2008. Receipt of the requested information will begin the process to complete the disclaimed audits.	
			FS 07-010 Reconciliations between the State's Schedule of Expenditures of Federal Awards (SEFA) and the State's basic financial statements were not always prepared.  Recommendation We recommend that State agencies follow Department of Financial Services (DFS) instructions and prepare reconciliations between total expenditures reported on the SEFA data form and the agencies' financial statements. Further, we recommend that DFS revise the certification to require agencies to certify that a reconciliation between the SEFA data form and the agencies' financial statements has been prepared.	The Agency has formulated procedures to comply with the requirement of reconciling the SEFA to the financial statements. This reconciliation will be completed by the next time the SEFA is due.	
AUDITS FOR FI	  SCAL VEAD 20	 			
07-01	January 2006	Medicaid	Finding 07-01-1 The Cost Reimbursement Section lacks formal written procedures regarding the Medicaid rate setting process.		
			Recommendation Develop formal written procedures to help ensure consistency and quality performance in the Medicaid rate setting process.	Hospital and Nursing Home Rate Setting Procedures have been developed.	
			Finding 07-01-2 We noted instances where nursing home cost reports received after the deadline date were utilized in the rate setting semester.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
NUMBER	ENDING	UNITAREA	Recommendation	CORRECTIVE ACTION TAKEN	CODE
			2.1 Establish deadlines for the transfer of nursing	2.1-2.4 The Bureau of Medicaid Program	
			home cost reports from the Audit Services Unit to the	Analysis (MPA) has drafted proposed	
			Cost Reimbursement Section.	changes for the Title XIX Long-Term Care	
			Cost remieursement section.	Reimbursement Plan (the Plan) to address	
				the definition of "acceptable" cost reports	
				and the placement of that information in the	
				Plan.	
			2.2 Ensure that only nursing home cost reports	2.1-2.4 The proposed Plan changes are still	
			received and deemed as "acceptable" prior to	under review within Medicaid. MPA has	
			established deadlines are utilized during each rate	decided against proposing Plan changes	
			setting semester.	regarding the submission of nursing home	
			g	cost reports at this time.	
			2.3 Consider amending the Title XIX Long-Term Care	r	
			Reimbursement Plan (the Plan) to alter cost report		
			submission deadlines for nursing homes to allow ample		
			time for all review and resubmissions (when necessary)		
			to take place prior to forwarding the cost reports to the		
			Cost Reimbursement Section.		
			2.4 Include specific language regarding all deadlines		
			and requirements of the providers to submit acceptable		
			cost reports in the first section of the Plan.		
			cost reports in the first section of the Fight.		
			Finding 07-01-3		
			The Audit Services Unit lacks formalized timeframes		
			and adequate utilization of tracking mechanisms.		
			Recommendation		
			3.1 Develop formal written time schedules for the	3.1 and 3.2 Audit Services continues to use	
			review, acceptance, and approval of cost reports. Some	S 1	
			activities the unit should consider assigning time	report reviews and acceptance. This	
			schedules to include: the amount of time from receipt	spreadsheet, in conjunction with Hyperion,	
			of a cost report to assignment to an analyst; amount of	has provided Bureau and section	
			time required for an analyst to review a cost report;	management with additional information	
			amount of time allotted to the provider to submit	that supports the cost report review and	
			missing or amended documentation; and amount of	acceptance process. Further changes are	
			time required for the administrator to approve the cost	not planned at this time.	
			report.		
			3.2 Re-evaluate the design and use of the tracking		
			system utilized in the acceptance and approval of		
			nursing home cost reports to ensure it adequately		
			reflects those activities for which time schedules were		
			developed.		

REPORT	PERIOD	1	SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			3.3 Develop a standardized letter to be sent to providers upon determination that a submitted cost report is not acceptable. The letter should include established timeframes for submission of missing or amended documentation and a reminder that the cost report will not be used for the current rate setting semester if an acceptable version is not submitted by the deadline date.	3.3 Audit Services will consider the development of a standardized letter based on the determination of changes to the Title XIX Long-Term Care Reimbursement Plan.	
07-02	7/1/05 - 3/31/06		Findings 07-02-1.1 and 1.2  The Agency lacks an established policy that will ensure consistency and adequate control over distribution of the Complaint Survey Schedule in each Field Office. In addition, the Complaint Manual fails to address protocols for a reinvestigation, when necessary.		
			Recommendation  1.1 Procedures that establish the assigned surveyor(s) view only those complaint investigations assigned to him/her as part of the Survey Scheduling Protocol.	1.1 All staff are aware of the penalty for disclosing survey dates (including complaint investigations). While the desired process would be to limit survey dates to the particular staff doing specific surveys, current staffing challenges preclude an exclusionary approach to survey staffing. If, at some point in the future, the field offices are better staffed, we will look again at further limiting availability of the survey schedules. The Agency will continue to monitor closely to assure that unnecessary sharing of schedules does not occur and that any complaints of abuse of the process are handled immediately with appropriate sanctions imposed.	
			1.2 Procedures for potential reinvestigations and surveyor assignments of such reinvestigations.	1.2 The process for requesting a reinvestigation has been established and has been communicated to the field office and included in our procedures manual.	

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NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Findings 07-02-2.1 and 2.2 Complaint Survey Kits were found to lack copies of required documentation. In addition, survey kits reviewed from Field Office 7 did not consistently contain a completed Complaint Investigation Form.		
			Recommendation  Health Quality Assurance management should strengthen their efforts to thoroughly review complaint investigation files and ensure completed survey kits contain all required information on the complaint investigation form.	Unit staff were reminded to more consistently review documents submitted with survey material and to follow up with field offices as appropriate if information is missing.  To provide a more efficient and consistent review of documents, a checklist will be created for each survey kit type (complaint, recertification, revisit, etc.) that will include all aspects of the kit that must be assessed for completeness.	
				In addition, the Complaint Information form was revised and streamlined to eliminate duplicative information. The revision also includes instructions.	
			Findings 07-02-3.1 and 3.2 Inconsistencies were noted in Field Office 11 regarding Plan of Correction (POCs) requests from Assisted Living Facilities (ALFs). In addition, Field Office 9 was inconsistent in receiving POCs from ALFs when deficient practices were identified.		
			Recommendation  Health Quality Assurance management should take additional steps to ensure all POCs are requested and received when deficient practices are identified as a result of a complaint investigation within an ALF.	Legal guidance pertaining to statutory language in effect at the time of the audit resulted in an understanding that the field offices could not require an ALF to submit POCs. Legislation passed this year clarifies the expectation that these providers submit a POC as part of the survey process. Appropriate Agency staff have been notified.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
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07-03	12/1/2006	Information Technology	This report has been classified as CONFIDENTIAL in accordance with Section 282.318(2)(a)(5), Florida Statutes and thus is not available for public distribution.		
07-06	3/21/2007	Medicaid	Finding 07-06-1 While a process is in place for audits to be completed for all Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) providers over a three-year cycle, completion of these audits has not been as timely as anticipated.  Recommendation We recommend the Audit Services Unit continue to refine the ICF/DD audit process to ensure timely completion of scheduled ICF/DD audits.	Audit Services staff will continue to focus audit resources to complete the review and issuance of the older audits. From 9/20/07 through 2/19/08, 17 ICF/DD facility audits have been issued from the 2003-04 and 2004-05 fiscal years. Newer ICF/DD audits are being incorporated into the review process for nursing home audits.	
			Finding 07-06-2 ResCare has submitted the cost reports as indicated in its agreement with the Agency. The next step is review of those cost reports by the Agency.		
			Recommendation We recommend the Bureau of Program Analysis and the Office of General Counsel continue their efforts to finalize the terms of the agreement between the Agency and ResCare in order to ensure the appropriate rates are in place for all ResCare ICF/DD facilities.	The Bureau is on track with regard to follow through on the ResCare agreement. The results of the review of the first batch of cost reports was shared with ResCare on March 5, 2007. Res-Care sought and received two additional 30 day comment periods. Based on Res-Care's response, Medicaid management is working with the General Counsel's Office and the Agency management team to determine options for the Agency's next course of action.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
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NUMBER	ENDING	UNIT/AREA	Findings 07-06-3.1 and 3.2 3.1 Agency management has not yet made a determination as to how to proceed with Sunrise Krome regarding the provider's failure to submit cost reports.  3.2 There are 19 Sunrise ICF/DD facilities for which disclaimers were issued due to their inability to provide documentation to support their cost reports.  Recommendation We recommend that Agency management take action to remedy the current situations and take steps to	3.1 The Bureau will be requesting Sunrise Krome cost reports covering 7/1/04 through 6/30/06, or three fiscal years. However, this request has been delayed due to the	CODE
07-08	7/1/05 - 3/31/06	Human Resources	Finding 07-08-1.1 Instances were noted of missing new employee packet documentation in employees' personnel files.		

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			Recommendation 1.1.1 Review all current employee personnel files to ensure that all required new employee documents have been included. Although we recognize that additional resources may be needed to complete this project, it is important to ensure each employee's personnel file contains the required documents to mitigate the risk to the Agency for employee non-compliance with applicable laws, rules and regulations.	1.1.1 Due to staff turnover and an increased volume of other projects, the audit has not been completed as anticipated. To date it is approximately 67% complete. We will strive to complete the audit with our current staff as timely as possible. In addition, our new procedure for ensuring proper follow-up and compliance has served well to ensure the completion of employee packets for all incoming employees.	
			1.1.2 Ensure that proper follow-up is performed with new employees and their supervisors until all required documentation is received.  1.1.3 Establish consistent documentation requirements and written procedures for obtaining required documents to help ensure all new employee packet documents are received and maintained.	1.1.2 and 1.1.3 New procedures have been implemented. Personnel liaisons will be provided a list of required documents. An email will be sent to the employee at 25 days after hire requesting any missing documents. Five days following the initial e-mail a follow-up will be sent to the employee's supervisor and the personnel liaison. If documents are not received within five days following the second email the employee packet will be forwarded to the Bureau Chief for follow-up on a case by case basis.	
			Finding 07-08-1.2 The Bureau has not tracked the receipt of selection packages for several years.		
			Recommendation We recommend Bureau management establish written tracking and retention policies and procedures for all selection packages.	The Bureau has created a spreadsheet to track all requisitions by using the following resources: 1) Personnel Action Requests (PARs), 2) notifications received from People First alerting the Bureau when a requisition is ready for approval, and 3) advertisements, which will be printed daily by the Bureau. The Bureau is also in the process of creating a log to track the receipt of these selection packages. Final review and approval of the Bureau's revised procedures are pending.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Finding 07-08-2  The Bureau lacks formal written investigative policies and procedures.  Recommendation  Develop standardized and consistent written policies and procedures for the complaint investigation process. These procedures should also address the circumstances whereby a complaint is assigned to the Office of Inspector General and the criteria used to measure the severity or complexity of a complaint.	All discrimination and sexual harassment investigations are now completed by the Office of the Inspector General. Thus, the procedures for the complaint investigation process are procedures developed and followed by their investigators. The Bureau's written policies and procedures will be updated to reflect this change.	
			Finding 07-08-3.1 Training records were found to contain omissions and inaccuracies.  Recommendation Maintain one training tracking database to help eliminate the increased risk of errors and omissions.	The creation of a Learning Management system has proven to be a far greater task than originally anticipated. Due to a large number of other priority projects, availability of Information Technology (IT) resources have been somewhat limited. Therefore, the Bureau has been tracking training manually through use of spreadsheets and will be working with IT to create an updated Access database system as an interim solution while we work through the creation of a more enhanced system with greater capabilities.	
			Finding 07-08-3.2 The Bureau did not adequately monitor supervisors' timely completion of required supervisory training classes.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Recommendation 3.2.1 Continue the professional development program for Select Exempt Service and Senior Management Service supervisors until the Department of Management Services starts providing this training.	3.2.1 We continue the development of an enhanced leadership training program.  Toward that end we are currently in the process of putting together a focus group to help identify the subject matter ideas that would be most useful to supervisors. We will also be sending out a training needs assessment survey and use the resulting data and feedback to develop a comprehensive "leadership institute".	
			3.2.2 Take greater proactive measures to assist supervisors in meeting applicable supervisory training requirements by monitoring and periodically notifying them and their managers of required training that has not been completed.	3.2.2 The creation of a Learning Management system described in 3.1 will ensure the accurate and timely tracking of required supervisory training.	
			Finding 07-08-3.3 Performance appraisal records were found to contain omissions and inaccuracies.		
			Recommendation 3.3.1 Correct the errors and omissions found in the "master" database. Management has been provided a list of the errors and omissions noted. 3.3.2 Locate the Access database on the Bureau's network shared drive, thus allowing the Bureau Chief easy access to the data and eliminating the need to print and maintain a hard copy of the data.	3.3.1 The errors and omissions found in the "master" database have been corrected.  3.3.2 Until the Bureau transitions to tracking performance appraisals on People First, the Access database will continue to reside on the staff assistant's computer	
			3.3.3 Consider exploring new ways to distribute Personnel Action Requests (PAR) to Division staff to help ensure that all personnel changes are reflected in the database. One suggestion would be to generate a daily report of PAR activity from People First which could be emailed to applicable Division staff.	home drive. 3.3.3 PARs will no longer be used to update the performance appraisal database. Using a current Impromptu report, employee information will be retrieved biweekly from People First and used to update the database until the Bureau transitions to tracking performance	
			3.3.4 Develop written desk procedures for tracking performance appraisals and for data input.	appraisals on People First.  3.3.4 The Bureau is in the process of developing written desk procedures.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
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			<ul> <li>3.3.5 Consider implementing one of the following options.</li> <li>a) Eliminate the performance appraisal ratings databases. Although these databases provide a history of the ratings for each performance expectation, without knowing the performance expectation, staff will still need to review the actual performance appraisal to understand the employee's evaluation.</li> </ul>	3.3.5(a) Until the Bureau transitions to maintaining performance appraisal ratings on People First, this Access database will continue to be maintained by the Bureau.	
			b) Maintain performance appraisal records on-line through People First. One benefit is that supervisors would be able to easily track employees' evaluations and ratings. Another benefit would be that the Bureau could easily generate a report listing employees whose performance appraisals are past due.	3.3.5(b) The Bureau anticipates using the People First Performance Management module, in the near future, to track and maintain employee performance appraisals.	
			Finding 07-08-3.4 The Bureau did not proactively monitor the timely completion of performance appraisals.		
			Recommendation 3.4.1 Request Agency supervisors to complete and forward to the Bureau any performance appraisals that are past due.	3.4.1 The Bureau will check through the Excel Worksheet and notify the Bureau Chief of any Evaluations not completed for that particular month, who in turn will email the Supervisor(s). If the Supervisor still fails to do the evaluation, further action will be taken by the Bureau Chief.	
			3.4.2 Email supervisors, in addition to personnel liaisons, when performance appraisals are due. Performing this extra step will ensure supervisors are notified timely and, therefore, may help ensure that performance appraisals are completed timely.	3.4.2 The Bureau will email both personnel liaisons and supervisors of performance appraisals coming due.	
			3.4.3 Follow-up with supervisors within 30 days of notification, as required by Bureau procedures, if a performance appraisal has not been received.	3.4.3 When a performance appraisal is past due, the Bureau Chief will send an out of compliance email to the supervisor and copied to their Deputy Secretary and the Chief of Staff.	
			3.4.4 Consider taking additional measures when supervisors fail to conduct performance appraisals timely. One suggestion is to periodically provide a list of all past due performance appraisals to applicable Agency Management Team members.	3.4.4 The Bureau will take additional steps to inform the Agency Management Team members when performance evaluations are 30 or more days delinquent.	

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			Finding 07-08-4 Confidential information maintained within the Bureau was not adequately secured.  Recommendation We recommend Bureau management continue to ensure that confidential information is secured from unauthorized access after established work hours.	Contracted cleaning crews now only have access during working hours in order to prevent the possibility of unauthorized access to confidential record information.	
OAG #2007-146	FYE 6-30-06	Federal Award Audit	Finding FA 06-62 The Agency's procedures were not adequate to ensure that subrecipeint audit reports were satisfactorily reviewed and that appropriate and timely corrective actions were taken.		
			Recommendation  We recommend that the Agency ensure that audit reports are reviewed in sufficient detail to detect findings that may be included therein. Additionally, the Agency should timely issue management decisions (Decision Letter) that clearly state whether the audit finding is sustained, the reasons for the decision, and the expected auditee action to repay disallowed costs, make financial adjustments, or take other action as required.	The Agency understands the importance of reviewing the subrecipient audit reports and acting timely to issue a Decision Letter in the event of findings. A Decision Letter was issued to Florida Healthy Kids Corporation (FHKC) regarding the 2004/2005 audit on 7/3/07, to correct the omission of not previously issuing this letter on a more timely basis.  A Decision letter was issued to FHKC on 11/21/09 regarding the findings from the 2005/2006 audit. FHKC contracted for a mid-year eligibility audit to be conducted and the report issued 2/9/07, shows a compliance rate was 99%. We are working with FHKC to review their monitoring of their third party administrator. A new third party administrator will take over the function of determining eligibility for the Title XXI programs on 2/1/08. The acceptable eligibility compliance rate under the new third party administrator's contract is 97%.	
			Finding FA 06-63 In some instances, the Agency did not obtain payroll certifications for employees working full-time on the Medicaid program.		

REPORT	PERIOD	LINIGE/A DE A	SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	Recommendation  We recommend that the Agency ensure that periodic payroll certifications are completed for all applicable Other Cost Accumulator (OCAs).  Finding FA 06-65  The amounts reported by the Agency staff on the Drug Rebate Schedule of the CMS 64 report (CMS 64.9R) as	We concur with this finding. However, the employees worked 100% of their time on the Medicaid Program; therefore, the amount reported as the Federal share was appropriate. Internal procedures require a review of the OCA codes listed in the position certification program. Staff will be directed to review the position certification program more closely to avoid future omission of OCA codes. Additionally, program staff are requested to identify any positions not on the certification list that are funded by a Federal grant. We will continue to include these instructions in the transmittal letters for the position certifications.	CODE
			of June 30, 2006, were overstated.  Recommendation  Ensure that the identification of overcharges is completed timely and that subsequent reports are adjusted accordingly. The Agency should also continue its efforts to resolve disputed rebate claims on a timely basis.	We agree with this finding and have taken corrective action with regards to the overstatement. The second quarter of 2007 (20072) CMS 64 9r balance was \$13,645,552.50. This balance is now down from the \$118 million that was stated in the second quarter of 2006 (20062).  The drug rebate program is by nature a moving target of balances. The balances are always going to be over and understated in every state because rates are constantly being changed and dispute resolutions are always occurring. Given this information	
				always occurring. Given this information and the basic nature of the drug rebate program noted above we therefore consider the overstatement found in the 6/30/06 audit to be fully corrected.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
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			Finding FA 06-66		
			The Agency did not review and release certain audits of		
			Intermediate Care Facilities for the Developmentally		
			Disabled (ICF-DD) cost reports on a timely basis.		
			Additionally, the Agency had not resolved issues		
			relating to facilities for which the independent auditors		
			disclaimed an opinion on the audit.		
			Recommendation		
			We recommend that the Agency devote the necessary	Agency staff continues to devote efforts to	
			efforts to complete the review and release of the 2003-	the review process regarding audits of ICF-	
			04 and 2004-05 fiscal year audit reports and resolve the	=	
			٤	facilities with audit disclaimers. Fifteen of	
				the 2003-04 and 2004-05 audit selections	
				have been released. The remaining audits	
				have been reviewed and staff is awaiting	
				response from the contract audit firm. Staff	
				continues to work with the General	
				Counsel's Office to resolve the 19 audits	
				with disclaimers.	

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