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GOVERNOR

Better Health Care for all Floridians

HOLLY BENSON
SECRETARY

LEGISLATIVE BUDGET REQUEST

Agency for Health Care Administration

Tallahassee

October 15, 2009

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

Ms. JoAnne Leznoff, Council Director
House Full Appropriations Council on General
Government and Health Care
221 Capitol
Tallahassee, Florida 32399-1300

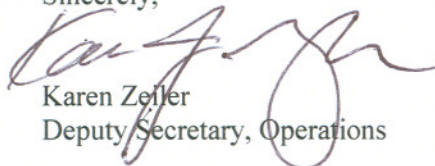
Mr. Skip Martin, Council Director
House Full Appropriations Council on Education
And Economic Development
221 Capitol
Tallahassee, FL 32399-1300

Ms. Cynthia Kelly, Staff Director
Senate Policy & Steering Committee
on Ways and Means
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 2010-11 Fiscal Year. This submission has been approved by Holly Benson, Secretary.

Sincerely,



Karen Zeller
Deputy Secretary, Operations

2727 Mahan Drive, MS#10
Tallahassee, Florida 32308



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<http://ahca.myflorida.com>

Department Level Exhibits and Schedules

Non-Strategic IT Service:		Network Service		Form: FY 2010-11 Schedule IV-C -Non-Strategics; Ver 1						
Dept/Agency: Agency for Health Care Administration				# of Assets & Resources Apportioned to this IT Service in FY 2010- 11		Estimated IT Service Costs				
Prepared by: Robert Fields, CIO				Number used for this service	Number w/ costs in FY 2010- 11	A Initial Estimate for Fiscal Year 2009- 10	B Estimated FY 2009- 10 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2010- 11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding (Columns C - B)	
Phone: (850) 921- 7922										
Service Provisioning - - Assets & Resources (Cost Elements)			Footnote Number							
A. Personnel				6.85		\$714,590	\$403,742	\$403,742	\$0	
A-1.1	State FTE		13, 14	5.90		\$620,829	\$371,732	\$371,732	\$0	
A-2.1	OPS FTE			0.95		\$93,761	\$32,010	\$32,010	\$0	
A-3.1	Contractor Positions (Staff Augmentation)			0.00		\$0	\$0	\$0	\$0	
B. Hardware				57	75	\$663,769	\$333,272	\$373,271	\$39,999	
B-1	Servers		1, 5	56	75	\$233,890	\$180,000	\$220,000	\$40,000	
B-2	Server Maintenance & Support		2	1	0	\$124,279	\$46,313	\$46,313	\$0	
B-3.1	Network Devices & Hardware (e.g., routers, switches, hubs, cabling, etc.)		11	0	0	\$283,545	\$68,766	\$68,766	\$0	
B-3.2	Other Hardware Assets (e.g., system mgt workstation, printers, UPS, etc)		6	0	0	\$22,055	\$38,192	\$38,192	\$0	
C. Software						\$55,000	\$216,081	\$230,000	\$13,919	
D. External Service Provider(s)						\$603,485	\$466,000	\$466,000	\$0	
D-1	LAN External Service Provider		3	0	0	\$52,592	\$0	\$0	\$0	
D-2	WAN External Service Provider		8	0	0	\$550,893	\$466,000	\$466,000	\$0	
E. Plant & Facility for LAN/WAN Service				10	0	\$550,962	\$35,628	\$35,628	\$0	
F. Other (Please describe in Footnotes Section below)						\$89,035	\$25,550	\$0	-\$25,550	
H. Total for IT Service						\$2,676,841	\$1,480,273	\$1,508,641	\$28,368	
Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.										
1	Server Cost based on a 4 year refresh cycle , includes physical and virtual/logical servers.									
2	Annual cost for support contract of AHCA's IT hardware located in Tallahassee and Area Offices that are no longer under warranty and require a separate contract; also includes annual Cisco Support Renewal.									
3	Since DMS VPN charges no longer apply, this line has decreased from last year									
4	A VOIP project, using the new DMS services, was initiated after last year's IV-C preparation/submittal									
5	Each area office has 2 physical servers; total server physical server count - 56 with approximately 100 virtual servers which live on 14 physical machines (part of 56 total count)									
6	Includes costs for UPS's; IronPort support; CRC Environmental monitoring and fire suppression									
7	Included software titles -- GlobalSCAPE; Symantec Backup Execute (BE); Foundstone; Eminentware; Microsoft EA (note - Allivis EA costs were reported under desktop in previous years; now there are allocated across Network, Desktop and Email); Visio License for network operations staff; Adobe Captivate									
8	Connectivity service costs of dedicated lines and wireless air cards for IT personnel									
9	CRC Allocation = 20% Non/80% Strategic									
10	Collocation Costs allocated to each FTE: CRC Fire Suppression System (20% of total cost); CRC A/C Maintenance (20% of Total cost)									
11	Oracle Partitioning									
12	Training									
13	with a new CIO in summer of 2008 and enthusiastic support of Agency leadership, AHCA has refocused its approach with respect to IT strategic planning and enterprise IT services delivery. This new perspective has influenced the way IT resources and their costs are aligned with various services. One result is our FTE counts and costs have shifted and are now more appropriately aligned with workloads for strategic & non-strategic IT Service rather than a simplified allocation by organizational									
14	For the total count of FTE there are 14 people/positions that provide some portion of their time to this service while also shared with other IT services.									
15										

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Desktop Computing Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Robert Fields, CIO**
 Phone: **(850)921-7922**
 Date submitted: **October 2009**

Desktop Computing Service

This service enables use of standard office automation functions, as well as access to other applications that require standard desktop functionality. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

Identify the major commercial hardware and software associated with the Desktop Computer Service:			
1	Microsoft Operating Systems (Including Windows 2000, XP, Vista, and Windows 7)	5	Internet Explorer
2	Desktop PCs (Intel)	6	Ghost
3	Microsoft Office	7	KillDisk
4	McAfee Anti-Virus software	8	

1. IT Service Definition

1.1. Who is the service provider? *(Indicate all that apply)*

- Central IT staff
- Program staff
- Another State agency
- State Primary Data Center
- Other External service provider

1.2. Who uses the service? *(Indicate all that apply)*

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public

1.3. Please identify the number of users of this service. 1800

1.4. How many locations currently use desktop computing services? 16

2. Service Unique to Agency

2.1. Is a similar or identical IT service provided by another agency or external service provider? *(Identical, Very Similar, No, Unknown)* Similar

Similar – Providers of generic desktop services could handle some of the work currently performed by AHCA's in-house, desktop staff. However, our informal assessment of the business case for out-sourcing some or all of AHCA's desktop services did not identify any strong fiscal incentive or compelling business rationale.

The collective staff has a high level of experience with and knowledge of the many agency-specific business processes and related information system. Based on everyone's tenure in Customer Service, we have an average AHCA IT experience of 9.38 years per tech. (Total of 225 years AHCA IT experience.) This has proven to be key and necessary element in efficiently providing AHCA's complete range of desktop support. AHCA's Helpdesk and Desktop Services together consistently achieve high use satisfaction; within the AUG

IT Service Requirements Worksheet: Desktop Computing Service

2009 these services received user satisfaction ratings of 95% being "very satisfied" and 70% "extremely satisfied". A lack of understanding of each bureau's systems and users' needs could introduce unnecessary complexities and exacerbate problems ranging from the mundane (like PC imaging) to the critical (like interactive web-sites). AHCA is subject to many fluid requirements, adapting to various state and federal policy, rule or statutory changes which can be instituted with little notice, little/no/delayed additional funding, and challenging production schedules. Agency Management is consistent in its understanding that having the appropriately experienced, qualified and capable desktop support staff, familiar with Agency issues and responsive to the Agency's overall needs, continues to be the best approach in provisioning its workforce for successfully meet AHCA's mission and organizational objectives.

As an example of required experience specific to strategic applications'/services' desktop support, in a past PC distribution project a vendor was contracted to help roll-out replacement desktop computers. During this project the vendor was successful at deploying the hardware with a standard image. However, AHCA technical staff had to work with the user community prior to the deployment to properly backup local data and custom application settings and after the deployment to install custom applications, settings and data. Subsequently, it has been more cost effective to assume responsibility for the hardware deployment, as it represents a small part of new desktop roll-out/replacement.

2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider?

Yes No

2.2.1. If yes, what must happen for your agency to use another IT service provider?

2.2.2. If not, why does your agency need to maintain the current provider for this IT service?

AHCA feels it is highly unlikely that an out-sourced solution could provide the level of service required at a cost-effective price. A number of AHCA's IT support staff are shared resources concurrently performing functions for the Desktop, Helpdesk, and Network services. By provisioning these services with shared resources, we garner benefits from a staff with cross functional training; wider ranges of experience; and greater team cohesion; all of which are factors that help develop better technical and business related skills.

In addition to the obvious difficulty that would arise from trying to parse out the Desktop specific portion of shared staff resources for any outsourced desktop service, or portion thereof, it is doubtful that an outside desktop service provider could provide the same level, or do so at a comparable cost. The effort to establish the transfer of agency-specific knowledge, required to perform the full range of desktop activities now provided by in-house staff, could significant and difficult to complete. If a provider was found who possessed and could maintain the agency-specific knowledge, the cost for that provider's education and continuing education in agency-specific knowledge, would have to include the hours needed specifically for attending Agency meetings and briefings, and for evaluating rules. Applying a generic set of service level requirements to an out-sourced provide might encourage "passing of the buck" on a tricky problems, rather than encourage that provider to have a true "team-IT" and "team-AHCA" approach.

Finally, AHCA's Desktop Team provides support services to all the agency's business units, and they interface with users who must comply with Medicaid, CMS, and HIPAA requirements. These requirements address security, privacy and confidentiality of patient medical data, and strictly control who has access to the information. Since covered patient medical information could be encountered during daily desktop support operations, any parties to Desktop support services are obligated to comply with these federal requirements. Failure to maintain compliance could result in court actions and/or monetary penalties against AHCA.

IT Service Requirements Worksheet: Desktop Computing Service

3. IT Service Levels Required to Support Business Functions

3.1. Has the agency specified the service level requirements for this IT Service?

- Yes; formal Service Level Agreement(s)
- Yes; informal agreement(s)
- No; specific requirements have not been determined and approved by the department

If you answered "Yes," identify major (formal or informal) service level requirements:

The desktop service complies with informal agreements that are subject to change and require flexibility. These informal requirements and service expectations are the basis for performance metrics that are routinely assessed and reported to Agency leadership.

Calls classified as	Target Resolution Time
Critical	As Soon As Humanly Possible
High	2 business hours
Medium	6 business hours
Low	24 business hours

3.2. Timing and Service Delivery Requirements

3.2.1. Hours/Days that service is required (*e.g., 0800-1600 M-F, 24/7*) M-F 7:30-5:30

3.2.2. What are the impacts on the agency's business if the Desktop Service is not available?

The great majority of the agency's daily business is conducted through the use of strategic and non-strategic IT services. The severity of impact on AHCA employee's ability to complete work assignments required for service to the citizens of Florida, will be related to the pervasiveness of the desktop service incident/interruption. Medicaid data may not be available or as up-to-date as it should be; medical information promised to citizens through internet interface might be unavailable or inaccurate; AHCA management might not have access to information required to fulfill executive or legislative requests. The public and private businesses that use our information could be adversely affected.

3.2.3. Are there any agency-unique service requirements? Yes No

If yes, specify (*Include any applicable constitutional, statutory, or rule requirements*)

Maintenance of desktop, laptop, and Blackberry hardware with custom user software for Medicaid and HOA surveyors. AHCA's Desktop support services are provided to all the agency's business units. As such, this service interfaces with users who must comply with Medicaid, CMS, and HIPAA requirements. Since covered patient medical information/data might be encountered during desktop support, the services providers are obligated to comply with these federal requirements. Failure to maintain compliance could result in punitive measure and/or monetary penalties against AHCA. Additionally, Agency-specific knowledge is required as noted in 2.1 above.

3.2.4. What are security requirements for this IT service? (*Indicate all that apply*)

- User ID/Password Access through Internet or external network
- Access through internal network only Access through Internet with secure encryption
- Other _____

3.2.5. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

- Yes No

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Desktop Computing Service

3.2.5.1. If yes, please specify and describe:

The Agency must comply with Sunshine Law for records retention and public records/legal discovery requests. Additionally, as a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Agency is required to comply with HIPAA specific privacy and security standards found in 45 CFR Parts 160 and 164. The Agency has a HIPAA Privacy Law and Procedures Handbook that all employees receive and are required to read upon hire.

HIPAA requirements govern the appropriate use and disclosure of protected health information (PHI). The email and messaging services are used by Agency employees to exchange PHI in the scope of their duties. The Medicaid division is also required to comply with the requirements of Medicaid law, strictly limiting the use and disclosure of beneficiary information to purposes directly connected with the administration of the Medicaid state plan.

Failure to maintain compliance with Medicaid, CMS, and HIPAA requirements could result in court cases and/or monetary penalties against AHCA

4. User/customer satisfaction

4.1. Are service level metrics reported to business stakeholders or agency management

Yes No

If yes, briefly describe the frequency of reports and how they are provided:

Informal weekly; Formal reports are produced monthly and annually are for Agency leadership.

4.2. Are currently defined IT service levels adequate to support the business needs?

Yes No

4.2.1. If no, what changes need to be made to the current IT service? *(Briefly explain)*

4.2.2. List any significant projects (e.g., total cost more than \$500,000) that are underway or planned to upgrade or enhance any resource or system associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete
N/A				

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2010-11. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

This service is funded from general revenue, with matching federal dollars and state trust funds. A change in the sourcing of this service might result in a recalculation of the available federal match, which is currently 50% Federal to 18.9% Federal.

5.2. Other comments

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: E-Mail, Messaging, and Calendaring Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Robert Fields, CIO**
 Phone: **(850) 921-7922**
 Date submitted: **October 2009**

E-Mail, Messaging, and Calendaring Service

This service enables users to send and receive e-mail and attachments, perform departmental calendaring, manage address lists, create and maintain shared or private folders, and store message data provided through the e-mail service. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

Identify the major commercial hardware and software associated with the E-Mail Service:			
1	VMware	5	Blackberry Enterprise Server Gateway
2	Microsoft Exchange 2007	6	ProofPoint Anti-Spam Appliance
3	Outlook for Web Access	7	IronPort
4	Symantec Enterprise Vault	8	ForeFront

1. IT Service Definition

1.1. Who is the service provider? *(Indicate all that apply)*

- Central IT staff
- Program staff
- Another State agency
- State Primary Data Center
- Other External service provider

1.2. Who uses the service? *(Indicate all that apply)*

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.2)

1.3. Please identify the number of users (e-mail accounts/mailboxes) of this service. 2200

This service provides email service for all AHCA staff, OPS, as well as a significant number party providers and consultants. Our unit of measure for this service is the number of total mailboxes supported, which currently is 2200 mailboxes. A mailbox is not always tied to a "user" – it can also be tied to a function – such as "helpdesk" and/or an office. As such, the number of mailboxes exceeds both the number of total users and employees.

1.4. How many locations currently host IT assets and resources used to provide e-mail, messaging, and calendaring services? 1

2. Service Unique to Agency

2.1. Is a similar or identical IT service provided by another agency or external service provider? *(Identical, Very Similar, No)* Similar

2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider?

- Yes
- No

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: E-Mail, Messaging, and Calendaring Service

2.2.1. If yes, what must happen for your agency to use another IT service provider?

There are a myriad of agency business details and concerns that are incorporated within e-mail services. Timely action for: the creation and deletion of new and old accounts, respectively; tier 2 incident troubleshooting; ability to customize to fit AHCA's individual needs, security, disaster recovery, public records/legal discovery requests, integration with existing applications, and much more.

2.2.2. If not, why does your agency need to maintain the current provider for this IT service?

3. IT Service Levels Required to Support Business Functions

3.1. Has the agency specified the service level requirements for this IT Service?

- Yes; formal Service Level Agreement(s)
- Yes; informal agreement(s)
- No; specific requirements have not been determined and approved by the department

If you answered "Yes," identify major (formal or informal) service level requirements:

Informal – 24 x 7 availability. Development of formal SLAs are currently in progress. In the meantime, metrics on performance against to AHCA's informal standards are reported to Agency leadership on a monthly basis.

3.2. Timing and Service Delivery Requirements

3.2.1. Hours/Days that service is required (*e.g., 0600-2100 M-F, 24/7*): 24/7

3.2.2. What is the agency's tolerance for down time during peak periods, i.e., time before management-level intervention occurs (*e.g., 5 min, 15 min, 60 min*)? Less than 5 minutes – at any time – not just during peak periods

3.2.2.1. What are the impacts on the agency's business if this down-time standard is exceeded?

Email services, including the delivery of email communications to mobile devices/platforms have become business critical communications functions. AHCA depends on this service for time sensitive communication to meet the needs and expectation of the Governor, AHCA's constituents, the Secretary, and other key AHCA staff. On a daily basis effective email communications and portal data applications are at the center of AHCA's capability to meet its statutory functions and even temporary loss of this capability can result in significant negative business impacts, including potentially putting health of consumers at risk; interruptions in business communications between nursing homes and HOA staff; HOA survey information, reports and details about Immediate Jeopardy cases; Federal Medicaid oversight and fiscal support; Medicaid fiscal agent (EDS) functions and payments to hospitals and other Medicaid providers; Medicaid benefit discernment; Pharmacy issues and fraud investigations; coordination with the public and AHCA regarding critical health care services.

3.2.3. Are there any agency-unique service requirements? Yes No

If yes, specify (*include any applicable constitutional, statutory, or rule requirements*)

Service must accommodate mobile users, must be able to access via Internet, Blackberry Services, secure/encrypted message transmission.

3.2.4. What are security requirements for this IT service? (*Indicate all that apply*)

- User ID/Password
- Access through Internet or external network
- Access through internal network only
- Access through Internet with secure encryption

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: E-Mail, Messaging, and Calendaring Service

Other _____

3.2.5. Are there any federal, state, or agency records retention or privacy policies, restrictions, or requirements applicable to this IT Service?

Yes No

3.2.5.1. If yes, please specify and describe:

The Agency must comply with Sunshine Law for records retention and public records/legal discovery requests. Additionally, as a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Agency is required to comply with HIPAA specific privacy and security standards found in 45 CFR Parts 160 and 164. The Agency has a HIPAA Privacy Law and Procedures Handbook that all employees receive and are required to read upon hire.

HIPAA requirements govern the appropriate use and disclosure of protected health information (PHI). The email and messaging services are used by Agency employees to exchange PHI in the scope of their duties. The Medicaid division is also required to comply with the requirements of Medicaid law, strictly limiting the use and disclosure of beneficiary information to purposes directly connected with the administration of the Medicaid state plan.

Failure to maintain compliance with Medicaid, CMS, and HIPAA requirements could result in civil court cases and/or monetary penalties against AHCA.

4. User/customer satisfaction

4.1. Are service level metrics reported to business stakeholders or agency management?

Yes No

If yes, briefly describe the frequency of reports and how they are provided:

Reports are made monthly to the Agency leadership (including CIO and Secretary). These reports contain some service level information regarding e-mail as well as status of e-mail related projects.

4.2. Are currently defined IT service levels adequate to support the business needs?

Yes No

4.2.1. If no, what changes need to be made to the current IT service? *(Briefly explain)*

4.2.2. List any significant projects (e.g., total cost greater than \$500,000) that are underway or planned to upgrade or enhance any resource or system associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: E-Mail, Messaging, and Calendaring Service

FY 2010-11. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

This service is funded from general revenue, with matching federal dollars and state trust funds. A change in the sourcing of this service might result in a recalculation of the available federal match, which is currently 50% Federal to 18.9% Federal.

5.2. Other comments (Briefly describe the usage pattern for any public user groups identified in Question 1.3, e.g., annual use, occasional use, self-service, or optional use, and any other comments to explain the service.)

Network Access Forms for new users are processed as part of our integrated new user process – average time for a change/add for a mail account from time of notification to completion 30 minutes. Changes are processed from 7:00 AM to 5:30 PM, Monday through Friday.

Exchange 2007 is integrated within Microsoft Active Directory. Alternate provider would need to be given access to account administration activities on our domain. We do not establish Microsoft “trust” relationships with alternate domains.

Blackberry Enterprise Server is integrated with Exchange. The same level of integration would need to be achieved.

Agency leadership has realized the importance of accurate, timely and reliable communication. The BlackBerry wireless e-mail devices have become the vehicle for that real-time need. The expectation is that the hardware, software, and services are available at all times. Support for these units demands Agency specific configuration knowledge spanning the Desktop, Mobile, Network and Mail services. Service to these units exposes Agency sensitive information that is best entrusted to Agency IT staff.

Future applications will have a STRONG integration with and dependence on the mail server/active directory for dealing with internal users. To lose the capability to query the exchange database for user info would seriously jeopardize future in house applications that deal with AHCA user info.

AHCA performs routine Disaster Recovery tests both in house and at out contract vendor (SunGard) facilities.

AHCA provides Public Records e-mail Request estimates for both internal and external requestors. Should the requestor in fact wish to exercise the request AHCA investigates, recovers data, searches data, and concedes data to requestor in an acceptable format.

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Helpdesk Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Robert Fields, CIO**
 Phone: **850-921-7299**
 Date submitted: **October 2009**

Helpdesk Service

This service involves the centralized or consolidated intake and resolution of IT system problems for users and stakeholders throughout the department. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

Identify any major commercial hardware and software associated with the Helpdesk Service:			
1	Magic TSD Problem Call Tracking Software	5	
2	2 Servers to run Magic Software	6	
3	VOIP Telephone System – 4 Call Center Licenses	7	
4		8	

1. IT Service Definition

1.1. Who is the service provider? *(Indicate all that apply)*

- Central IT staff
- State Primary Data Center
- Program staff
- Other External service provider
- Another State agency

1.2. Who uses the service? *(Indicate all that apply)*

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.2)

1.3. Please identify the number of users of this service: **2100**

1.4. How many locations currently host IT assets and resources used to provide helpdesk services? **1**

1.5. What communication channels are used for the service? *(Indicate all that apply)*

- On-line self-serve
- On-line interactive
- Telephone/IVR
- Face-to-face
- Remote desktop (e.g., PC Anywhere)
- Other **Email, Instant Messaging Chat sessions**

1.6. What is the scope of the service provided by the Help Desk: *(Check all boxes that apply)*

Help Desk Action	Simple problems	Moderately complex problems	Complex problems
Accepting and logging	X	X	X
Referring/escalating		X	X
Tracking and reporting	X	X	X
Resolving/closing	X	X	X

IT Service Requirements Worksheet: Helpdesk Service

1.7. Please identify the major IT systems or services for which the Help Desk must provide assistance:

1	Microsoft Operating Systems (including Windows 2000, XP, Vista, and Windows 7)	30	Safe Guard Easy
2	Microsoft Office application suite including Visio, Office Communicator, Live Meeting and Project	31	IronPort
3	Adobe Reader	32	Sprint Smart View
4	Adobe Professional	33	Cisco's VPN Client
5	WinZip	34	Vantive Best
6	Secure Zip	35	Chameleon
7	TrueCrypt	36	Crystal Reports
8	Impromptu	37	FoxPro
9	Business Objects	38	Survey Monkey
10	McAfee Malware Protection	39	QE8
11	ForeFront Malware Protection	40	CD and DVD authoring software
12	Oracle	41	SAS
13	Java	42	SPSS
14	Internet Explorer	43	Toad
15	Windows Media Player	44	West Law
16	CMS applications (Aspen, ACO, QIS)	45	Hardware (including desktop, laptop tablet and BlackBerry components)
17	CorrFlow	46	Check-out systems (laptops)
18	Enterprise Vault	47	printers (including local, networked and multi-function)
19	FTP clients (including Core and Cute),	48	Scanners (including local and networked)
20	People First	49	LicenseEase (FRAES)
21	Microsoft SharePoint	50	Dreamweaver
22	iBlaze	51	KēPRO
23	Surf Control	52	Proxy
24	Waltz Certified Mailer	53	IDEA
25	DNA Fusion	54	Audit Leverage
26	FACTS	55	.NET Framework
27	Virtual PC	56	Magic BMC Service Desk Express
28	AHCA IT in-house developed custom applications (currently numbering 54)	57	CrossMatch
29	AHCA's Intranet	58	Network shares and databases

2. Service Unique to Agency

2.1. Is a similar or identical IT service provided by another agency or external service provider?

(Identical, Very Similar, No, Unknown)

Similar

AHCA's helpdesk processes/resolves tickets across all the agencies strategic and non-strategic IT system covering a wide range of business automation solutions and their related technology and business activity problems. A generic helpdesk service would most likely be limited in scope and only able to address about a quarter of AHCA's current helpdesk tickets, and would likely route half

IT Service Requirements Worksheet: Helpdesk Service

of those back to AHCA IT staff for final resolution. The routing and resolution of the remaining 75% of tickets could not be handled by a generic 'helpdesk'.

2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider?

Generic helpdesk tickets could be sourced to another provider approximately 1/4 Yes

Non Generic (unique) tickets could not be sourced to another provider approximately 3/4 No

2.2.1. If yes, what must happen for your agency to use another IT service provider?

1/4 of AHCA's tickets could be routed by a generic 'helpdesk' but we do not recommend splitting out a portion of our comprehensive helpdesk services. We would anticipate at least half of those generic tickets would be routed back to AHCA IT staff for final resolution, which constitutes time spent on extra routing which should be spent on problem resolution. Splitting out a small portion of tickets would not eliminate the other 3/4 of AHCA's specialized tickets, and would damage the cohesive, stream-lined routing/resolution process AHCA currently maintains, resulting in an overall decline in helpdesk services to AHCA. Splitting out a small portion of AHCA's comprehensive helpdesk function does not make practical or economic sense.

2.2.2. If not, why does your agency need to maintain the current provider for this IT service?

A generic 'helpdesk' could not handle the comprehensive range of tickets generated at AHCA, nor can any outside source stay abreast of constantly evolving agency specific knowledge required in ticket resolution. As pointed out above, splitting out a small portion of AHCA's comprehensive helpdesk function does not eliminate the need for AHCA's helpdesk and is not practical or economically sound.

3. IT Service Levels Required to Support Business Functions

3.1. Has the agency specified the service level requirements for this IT Service?

- Yes; formal Service Level Agreement(s)
- Yes; informal agreement(s)
- No; specific requirements have not been determined and approved by the department

If you answered "Yes," identify major (formal or informal) service level requirements:

AHCA requires a full-service helpdesk as follows:

All helpdesk tickets are entered through Magic software, during the **initial call** (the first conversation in which a user gives details of a problem to the helpdesk), and are assigned **concurrent** with the initial call to an appropriate IT staff member (the **initial notification**). Note that the initial call and the initial notification happen at the same time.

Tickets are ranked according to the severity of the problem and the user(s) affected. The IT staff member assigned the ticket is required to update the ticket with the resolution or the resolution plan. Tickets lacking a resolution or a resolution plan escalate to a **second notification** (to the IT staff member originally assigned or to an alternative IT staff member, and copy to the user) and a **third notification** (to the IT staff member assigned, copy to the user, and copy to supervisor) within specific timeframes associated with the severity of the problem and the user(s) affected.

Prompt service is required in all cases.

IT Service Requirements Worksheet: Helpdesk Service

Executive Direction and agency leadership tickets require immediate response and priority resolution. Tickets without resolution or resolution plan escalate to second notification 10 minutes after initial notification, then to third notification 20 minutes after initial notification.

User tickets for hardware / software / system failure or virus attack require immediate to next-in-line response. Tickets without resolution or resolution plan escalate to second notification 15 minutes after initial notification, then to third notification 30 minutes after initial notification.

Other calls are ranked by the Help Desk based on the substance of the call itself, agency unit production requirements, potential public impact, and call volume in the technician's queue. Tickets without resolution or resolution plan escalate to second notification 48 hours after initial notification. **Network Access Forms (NAFs)** are used to authorize user/resource/group administration work. NAFs are entered into Magic. Tickets without resolution or resolution plan escalated to second notification 2 hours after initial notification, then to third notification 2 hours and 15 minutes after initial notification.

Calls classified as	Target Resolution Time
Critical	As Soon As Humanly Possible
High	2 business hours
Medium	6 business hours
Low	24 business hours

3.2. Timing and Service Delivery Requirements

3.2.1. Hours/Days the Help Desk service is required (*e.g., 0800-1600 M-F, 24/7*)

M-F 7:30am - 5:30pm

3.2.2. What are the impacts on the agency's business if the Help Desk service is not available?

The great majority of the agency's daily business is conducted through the use of strategic and non-strategic IT services. The severity of impact on AHCA employee's ability to complete work assignments required for service to the citizens of Florida, will be related to the specific helpdesk user's roles/functions and the related severity of that user's work interruption. Medicaid data may not be available or as up-to-date as it should be; medical information promised to citizens through internet interface might be unavailable or inaccurate; AHCA management might not have access to information required to fulfill executive or legislative requests. The public and private businesses that use our information could be adversely affected.

3.2.3. What is the average monthly volume of calls/cases/tickets?

2900

This past year AHCA has updated its processes for tracking helpdesk requests and associated resolution statuses. While the intake of requests has remained relatively steady from the previous fiscal year to this year, the new processes track the calls along with work assignments associated with the calls. This explains the significant increase in average monthly ticket volume from the average 1500 calls that were reported last year. With the new tracking methodology in Magic, we have a monthly average of 1150 Incidents and 1750 Work Order tickets. Incidents are calls and tickets handled directly by the Help Desk technicians. Works Orders are generally "sub" task sent to various areas outside the Help Desk, but within IT. The Help Desk manages the work orders as part of each incident, so we could include the total number: 2900 average total tickets managed monthly.

IT Service Requirements Worksheet: Helpdesk Service

3.2.4. Are there any agency-unique service requirements? Yes No

If yes, specify *(include any applicable constitutional, statutory, or rule requirements)*

AHCA has numerous in-house applications, which require the Helpdesk to maintain knowledge of application requirements, i.e., type of account to be given, group access and permission levels and other application specifics. Also, processing of Network Access request forms and routing requires in-depth knowledge as stated above. This could not be handled by a basic helpdesk.

AHCA's Helpdesk services are provided to all the agency's business units. As such, this service interfaces with users who must comply with Medicaid, CMS, and HIPAA requirements. Since covered patient medical information/data might be encountered during helpdesk support, the services providers are obligated to comply with these federal requirements. Failure to maintain compliance could result in punitive measure and/or monetary penalties against AHCA.

3.2.5. What are security requirements for this IT service? *(Indicate all that apply)*

- User ID/Password
- Access through internal network only
- Access through Internet or external network
- Access through Internet with secure encryption
- Other _____

3.2.6. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

Yes No

3.2.6.1. If yes, please specify and describe:

AHCA's Helpdesk provides support services to all the agency's business units. As such, this service interfaces with users who must comply with Medicaid, CMS, and HIPAA requirements. Since covered patient medical information/data might be encountered during ticket resolution support service providers are obligated to comply with these federal requirements. Failure to maintain compliance could result in punitive measure and/or monetary penalties against AHCA.

4. User/customer satisfaction

4.1. Are service level metrics reported to business stakeholders or agency management?

Yes No

If yes, briefly describe the frequency of reports and how they are provided:

Informal weekly; Formal monthly and annual reports are produced for management.

4.2. Are currently defined IT service levels adequate to support the business needs?

Yes No

4.2.1. If no, what changes need to be made to the current IT service? *(Briefly explain)*

IT Service Requirements Worksheet: Helpdesk Service

4.2.2. List any significant projects (e.g., total cost greater than \$500,000) that are underway or planned to upgrade or enhance any resource or system associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2010-11. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

This service is funded from general revenue, with matching federal dollars and state trust funds. A change in the sourcing of this service might result in a recalculation of the available federal match, which is currently 50% Federal to 18.9% Federal.

5.2. Other comments (Briefly describe the usage pattern for any public user groups identified in Question 1.3, e.g., annual use, occasional use, self-service, or optional use, and any other comments to explain the service.)

AHCA occasionally receives calls from the public related to Security and Email. The Helpdesk will typically respond to these public inquires and assist in resolving issues with IronPort and Email that can interfere with their being able to send to or receive from AHCA users.

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: IT Administration and Management Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Robert Fields, CIO**
 Phone: **(850) 921-7922**
 Date submitted: **October 2009**

IT Administration and Management Service

This service enables the management and administration of the agency's central IT program or unit. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

Identify major IT Systems (applications) that are included (in whole or part) in this IT Service:			
1	Microsoft Sharepoint	5	
2		6	
3		7	
4		8	

1. IT Service Definition

1.1. Who is the service provider? *(Indicate all that apply)*

- Central IT staff
- Program staff
- Another State agency
- External service provider

1.2. How many locations currently host assets and resources used to provide IT administration and management services? 2

2. Service Unique to Agency

2.1. If the same level of service could be provided through another agency or external source for less than the current cost of the IT service, could your agency change to another service provider?

- Yes No

2.1.1. If yes, what must happen for your agency to use another IT service provider?

2.1.2. If not, why does your agency need to maintain the current provider for this IT service?

In order to maintain Administrative and Management staff who are familiar with Medicaid requirements and needed "Information Security", who are abreast of this Agency's unique HIPAA implementation schedule, and who can be called on at a moments notice, to advise the Agency Management Team, to respond to adverse situations, and to represent AHCA's unique requirements within the Health and Human Services Domain.

3. IT Service Levels Required to Support Business Functions

3.1. Has the agency specified the service level requirements for this IT Service?

- Yes; formal Service Level Agreement(s)
- Yes; informal agreement(s)
- No; specific requirements have not been determined and approved by the department

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: IT Administration and Management Service

If you answered "Yes," identify major (formal or informal) service level requirements:

Informal agreements are maintained and appropriate to the management and administration of Non-strategic IT assets and resources.

While some level of administration and management for all IT systems and services are supported within this service, the Non-Strategic IT services are at the focus of this service and receive the time and resources indentified herein and on the associated cost worksheet. Similar planning, management and administration for the Agency's Strategic IT Services are associated directly with those systems/services and not included in this non-strategic service.

3.2. Timing and Service Delivery Requirements

3.2.1. Hours/Days that service is required (*e.g., 0800-1600 M-F, 24/7*) for the systems included in this service: 24/7

3.2.2. What is the agency's tolerance for down time during peak periods, i.e., time before management-level intervention occurs (*e.g., 5 min, 15 min, 60 min*)? 5 minutes

3.2.3. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

Yes No

If yes, please specify and describe:

AHCA is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Agency is required to comply with HIPAA specific privacy and security standards found in 45 CFR Parts 160 and 164. The Agency has a HIPAA Privacy Law and Procedures Handbook that all employees receive and are required to read upon hire.

HIPAA requirements govern the appropriate use and disclosure of protected health information (PHI). The email and messaging services are used by Agency employees to exchange PHI in the scope of their duties. The Medicaid division is also required to comply with the requirements of Medicaid law, strictly limiting the use and disclosure of beneficiary information to purposes directly connected with the administration of the Medicaid state plan.

Failure to maintain compliance with Medicaid, CMS, and HIPAA requirements could result in court cases and/or monetary penalties against AHCA.

3.2.4. Are there any agency-unique service requirements? Yes No

If yes, specify (*include any applicable constitutional, statutory, or rule requirements*)

Extensive federal coordination required for reimbursement of IT expenses.

4. User/customer satisfaction

4.1. Are service level metrics reported to business stakeholders or agency management?

Yes No

If yes, briefly describe the frequency of reports and how they are provided:

In terms of a metric report, no, however appropriate topical reporting does occur.

The staff in this activity are the Chief Information Officer (the IT bureau chief) and his first line reports: the managers of the LAN, WAN, E-mail, CompOp, Helpdesk, Desktop, Web Dev/Sup, Business Unit Application Dev/Sup, Support Services Application Dev/Sup, and IT Admin; plus three administrative staff members to support the activities of the previously mentioned managers. The work of these individuals as part of the IT Administrative and Management Service activity is devoted to management, however, it should be noted that the CIOs first line reports are also functioning workers within the strategic and non-strategic IT activities. Only the 'management'

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: IT Administration and Management Service

aspects included under the activity 'IT Administration and Management Service' are discussed here. This work is primarily 'project' oriented, having a clear purpose, beginning, strategy, schedule, and ending. Projects can be recurring, though rarely without major process changes, but the majority of projects are unique, based on current and changing requirements. The stakeholders of this work and agency management are generally one and the same.

The CIO's first line reports (mentioned above) meet weekly as a "round-table" with the CIO and all IT managers. Additionally, the manager of IT Security and Risk Mitigation also reports to the CIO. Each manager reports on projects under his/her responsibility and/or within his/her purview during weekly MIS Manager meeting. Each IT manager reporting during the meeting summarizes the status of all current recurring and ad hoc projects; notes the recurring projects and known 'scheduled adhoc' projects which will begin during the next two weeks; and identifies major recurring projects/dates for current and following quarter. Each report also details problems encountered, identifies stakeholders and resources, lays out a strategy to solve the problem, estimates a timeframe, and tracks the process until a solution is reported.

Other Agency management, in addition to the Deputy Secretary, may attend these meetings. The CIO also meets one-on-one with the Deputy Secretary weekly and with the Agency Management Team bi-weekly. The Directory of Administrative Services forwards items requiring more immediate Agency Management Team oversight as needed.

Communication between the staff of this activity and the stakeholders/Agency Management Team is current, open, practical, substantive and effective. Stakeholders/Agency Management Team steer the agency, have first-hand input in IT project issues, receive topical project status updates, and have first-hand knowledge of how well projects are completed.

4.2. Are currently defined IT service levels adequate to support the business needs of the agency?

Yes No

If no, what changes need to be made to the current IT service? *(Briefly explain)*

4.3. List any significant projects that are underway or planned to upgrade or enhance any system, resource, or process associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost of Completion

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2010-11. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

This service is funded from general revenue, with matching federal dollars and state trust funds. A change in the sourcing of this service might result in a recalculation of the available federal match, which is currently 50% Federal to 18.9% Federal.

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: IT Administration and Management Service

5.2. Other comments

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: IT Security/Risk Mitigation Service

Dept/Agency: **Agency for Health Care Administration**
Submitted by: **Robert Fields, CIO**
Phone: **(850) 921-7922**
Date submitted: **October 2009**

IT Security/Risk Mitigation Service

This service involves the implementation of measures to reduce risk and ensure continuity of the IT Services supporting the agency. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

1. IT Service Definition

1.1. Who is the service provider? (*Indicate all that apply*)

- | | | | |
|-------------------------------------|----------------------|-------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | Central IT staff | <input type="checkbox"/> | State Primary Data Center |
| <input type="checkbox"/> | Program staff | <input checked="" type="checkbox"/> | Other External service provider |
| <input checked="" type="checkbox"/> | Another State agency | | |

1.2. Who uses the service? (*Indicate all that apply*)

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.2)

2. Service Unique to Agency

2.1. Is a similar or identical IT service provided by another agency or external service provider?
(*Identical, Very Similar, No*)

Similar

AHCA uses an external contractor to provide disaster recovery services. Before detailing that service, we need to explain that AHCA's approach to IT Security and Risk Mitigation is complex. The IT Security Manager plays a large role in the Agency's COOP planning, preparedness, and testing; in physical access to space, data and information; in active defense against and recovery from cyber-attacks; in response to and resolution of Audit findings, and in assessment of existing and proposed applications regarding actual or potential breaches of security or privacy. The latter aspect, if mishandled, could cost the Agency tens of thousands of dollars per incident in federal fines. On the issue of disaster recovery for computer operations and data applications, AHCA IT has developed specifications to meet state and federal requirements and to fulfill the Agency's mission. AHCA in July of 2007, at the request of the Department of Management Services, converted from an SLA (with DMS) to a multi-year disaster recovery contract between SunGard and AHCA.

AHCA's approach to security and risk mitigation is sure to increase in complexity as the complexities of security increase. We must have a singularly flexible relationship with our disaster recovery provider. We would be open to any provider that could offer the level of service/flexibility that we require.

2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider?

- Yes No

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: IT Security/Risk Mitigation Service

2.2.1. If yes, what must happen for your agency to use another IT service provider?

Yes, AHCA would be open to any provider who could offer the level of service/flexibility that we require, and who would bear any penalties due to a breach in data security/privacy. Maintaining compliance with HIPAA, Medicaid regulations, and CMS rules would be a concern if this service was consolidated.

2.2.2. If not, why does your agency need to maintain the current provider for this IT service?

The complexities explained in 2.1 lead us to believe that a 'one size fits all' approach to disaster recovery would likely fall short of AHCA's specific needs. We also want to repeat that disaster recovery of only one of many services managed by AHCA's IT Security and Risk Mitigation unit.

3. IT Service Levels Required to Support Business Functions

3.1. Has the agency specified the service level requirements for this IT Service?

- Yes; formal Service Level Agreement(s)
- Yes; informal agreement(s)
- No; specific requirements have not been determined and approved by the department

If you answered "Yes," identify major (formal or informal) service level requirements:

As noted above, we have a contract with SunGard Availability Services to provide disaster recovery resources. Other documents detail additional services under AHCA's IT Security and Risk umbrella. The agency's IT Security Manager acts in a co-leadership capacity in the agency's COOP plan; reviews security compliance of existing/proposed application software; chairs the agency's Computer Security Incident Response Team (CSIRT) which is based on the agency's unique CSIRT manual; bears responsibility for the agency's Information Technology Security Plan (ITSP); and chairs the Information Security Work Group (ISWG) which regularly reviews evolving security issues, specifies and updates the requirements of the ITSP, and monitors user compliance with the ITSP. The agency's COOP plan, CSIRT manual, and ITSP are current, and are available under conditions which meet sensitivity and security requirements.

3.2. Timing and Service Delivery Requirements

- 3.2.1. Hours/Days that service is required (*e.g., 0800-1600 M-F, 24/7*): 24/7
- 3.2.2. In the event of an emergency, how quickly must essential services be restored to maintain the agency's continuity of operations? 48 hours
- 3.2.3. How frequently must the IT disaster recovery plan be tested? annually
- 3.2.4. In the event of a security breach, what is the agency's tolerance for down time of security IT services during peak periods, i.e., time before management-level intervention occurs (*e.g., 10 min, 60 min, 4 hours*)? 12 hours
- 3.2.5. Are there any agency-unique service requirements? Yes No

If yes, specify (*Include any applicable constitutional, statutory, or rule requirements*)

We would need first priority response. During a disaster, the exact time AHCA would be trying to recover would be the very time when our data, such as AHCA's "Emergency Status System" which provides information for hospital bed availability, critical care units, drug supplies and locations, nursing home patient tracking, etc., would be most needed for the citizens of Florida and for the state's emergency operations. AHCA must be at the top of a disaster recovery contractor's list, rather than vying for position as one of many groups under a large and general 'group' coverage.

3.2.6. What are security requirements for this IT service? (*Indicate all that apply*)

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: IT Security/Risk Mitigation Service

- User ID/Password
- Access through internal network only
- Other _____
- Access through Internet or external network
- Access through Internet with secure encryption

3.2.7. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

- Yes No

If yes, please specify and describe:

The Agency must comply with Sunshine Law for records retention and public records/legal discovery requests. Additionally, as a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Agency is required to comply with HIPAA specific privacy and security standards found in 45 CFR Parts 160 and 164. The Agency has a HIPAA Privacy Law and Procedures Handbook that all employees receive and are required to read upon hire. HIPAA requirements govern the appropriate use and disclosure of protected health information (PHI).

The Medicaid division is also required to comply with the requirements of Medicaid law, strictly limiting the use and disclosure of beneficiary information to purposes directly connected with the administration of the Medicaid state plan.

Failure to maintain compliance with Medicaid, CMS, and HIPAA requirements could result in civil court cases and/or monetary penalties against AHCA

4. User/customer satisfaction

4.1. Are service level metrics reported regularly to business stakeholders or agency management?

- Yes No

If yes, briefly describe the frequency of reports and how they are provided:

After each annual Disaster Recovery test occurs, reports are issued to AHCA management.

4.2. Are currently defined IT service levels adequate to support the business needs?

- Yes No

4.2.1. If no, what changes need to be made to the current IT service? *(Briefly explain)*

4.2.2. List any significant projects (e.g., total cost greater than \$500,000) that are underway or planned to upgrade or enhance any resource or system associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete
Data Center Consolidation	Initial planning is currently underway for the AEIT sponsored project. However, the actual timeframe, security services, and associated costs for the proposed transition/move have not yet been identified.	TBD	TBD	TBD

5. Additional Information

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: IT Security/Risk Mitigation Service

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2010-11. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

This service is funded from general revenue, with matching federal dollars and state trust funds. A change in the sourcing of this service might result in a recalculation of the available federal match, which is currently 50% Federal to 18.9% Federal.

5.2. Other comments (Briefly describe the usage pattern for any public user groups identified in Question 1.3, e.g., annual use, occasional use, self-service, or optional use, and any other comments to explain the service.)

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: IT Support Service for Agency Financial and Administrative Functions

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Robert Fields, CIO**
 Phone: **(850) 921-7922**
 Date submitted: **October 2009**

IT Support Service for Agency Financial and Administrative Systems

This service enables users in the agency's administrative and support areas to operate and maintain the non-strategic applications that support agency administrative. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

Identify major IT Systems (applications) that are included (in whole or part) in this IT Service:			
1	Standard Desktop Applications	5	
2	Local desktop databases (e.i. Foxpro & Access)	6	
3		7	
4		8	

1. IT Service Definition

1.1. Who is the service provider? *(Indicate all that apply)*

- Central IT staff
- Program staff
- Another State agency
- State Primary Data Center
- Other External service provider

1.2. Who uses the service? *(Indicate all that apply)*

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.2)

1.3. Please identify the number of users of this service. 150

1.4. How many locations currently host agency financial/ administrative systems? 1

2. Service Unique to Agency

2.1. Is a similar or identical IT service provided by another agency or external service provider? *(Identical, Very Similar, No)* No

2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider?

- Yes No

2.2.1. If yes, what must happen for your agency to use another IT service provider?

The same level of service & expertise onsite must be available at a lower cost.

2.2.2. If not, why does your agency need to maintain the current provider for this IT service?

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: IT Support Service for Agency Financial and Administrative Functions

3. IT Service Levels Required to Support Business Functions

Answer the following questions for the primary or dominant IT system within this IT Service.

3.1. Has the agency specified the service level requirements for this IT Service?

- Yes; formal Service Level Agreement(s)
- Yes; informal agreement(s)
- No; specific requirements have not been determined and approved by the department

If you answered "Yes," identify major (formal or informal) service level requirements:

Adhoc response to user queries for programmatic data & routine reporting.

3.2. Timing and Service Delivery Requirements

3.2.1. Hours/Days that service is required (e.g., 0700-1800 M-F, 24/7) for:

- 3.2.1.1. User-facing components of this IT service (online) 7-6 M-F
- 3.2.1.2. Back-office-facing components of this IT service (batch and maintenance) 7-6 M-F

3.2.2. What is the agency's tolerance for down time during peak periods, i.e., time before management-level intervention occurs (e.g., 15 min, 30 min, 60 min)?

30 minutes

3.2.2.1. What are the impacts on the agency's business if this down-time standard is exceeded?

Work arounds are available and typically employed when outages extend for one working day. Beyond that, business processes could be impacted.

3.2.3. Are there any agency-unique service requirements? Yes No

If yes, specify (include any applicable constitutional, statutory, or rule requirements)

HIPAA
CMS
Medicaid Regulations

3.2.4. What are security requirements for this IT service? (Indicate all that apply)

- User ID/Password Access through Internet or external network
- Access through internal network only Access through Internet with secure encryption
- Other _____

3.2.5. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

- Yes No

3.2.5.1. If yes, please specify and describe:

HIPAA
CMS
Medicaid Regulations

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: IT Support Service for Agency Financial and Administrative Functions

4. User/customer satisfaction

4.1. Are service level metrics reported to business stakeholders or agency management

Yes No

If yes, briefly describe the frequency of reports and how they are provided:

4.2. Are currently defined IT service levels adequate to support the business needs?

Yes No

4.2.1. If no, what changes need to be made to the current IT service? *(Briefly explain)*

4.2.2. List any significant projects that are underway or planned to upgrade or enhance any system associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2010-11. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

This service is funded from general revenue, with matching federal dollars and state trust funds. A change in the sourcing of this service might result in a recalculation of the available federal match, which is currently 50% Federal to 18.9% Federal.

5.2. Other comments (Briefly describe the usage pattern for any public user groups identified in Question 1.3, e.g., annual use, occasional use, self-service, or optional use, and any other comments to explain the service.)

FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Network Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Robert Fields, CIO**
 Phone: **(850) 921-7922**
 Date submitted: **October 2009**

Network Service

This service enables data connectivity and transport using Local Area Network (LAN) and/or Wide Area Network (WAN) technologies. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

Identify the major commercial hardware and software associated with the LAN Service:			
1	Windows Server	5	Oracle RAC
2	VMware	6	Microsoft SQL, SharePoint, ForeFront, ISA, Team Foundation,
3	Cisco Switches/Routers/Firewalls/Wireless	7	.Net
	HP Servers		HP SAN
	IBM BladeCenter		Dell ML6000 Tape Library
	Dell Servers		APC UPS
	SUN Servers, Storage & Tape Library		Ironport
4	Cisco VOIP	8	Symantec Backup Exec

1. IT Service Definition

1.1. Who is the LAN service provider? *(Indicate all that apply)*

- Central IT staff
- Program staff
- Another State agency
- State Primary Data Center
- Other External service provider

1.2. Who is the WAN service provider? *(Indicate all that apply)*

- Central IT staff
- Program staff
- Another State agency
- External service provider

1.3. Who uses the service? *(Indicate all that apply)*

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.2)

1.4. Please identify the number of users of the Network Service. 2100

1.5. How many locations currently host IT assets and resources used to provide LAN services? 17

1.6. How many locations currently use WAN services? 24

1.7. What types of WAN connections are included in this service? *(Indicate all that apply)*

- ATM
- Frame Relay
- Cellular Network

IT Service Requirements Worksheet: Network Service

- | | | |
|--|--|--|
| <input type="checkbox"/> SUNCOM RTS | <input checked="" type="checkbox"/> Internet | <input checked="" type="checkbox"/> Dedicated Wired connection |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Satellite | <input checked="" type="checkbox"/> Dial-up connection |
| <input type="checkbox"/> Other <u>MFN, Air card, VPN</u> | | |

2. Service Unique to Agency

2.1. Is a similar or identical IT service provided by another agency or external service provider?
(Identical, Very Similar, No) Similar

2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider?

- Yes No

2.2.1. If yes, what must happen for your agency to use another IT service provider?

The current service levels and costs would need to be base lined using a uniform cost model. The alternate service provider would need to agree to provide the same (or better) level of service for the same (or less) cost. Current AHCA locations integrated with all other aspects of AHCA systems – Directory services, mail, custom applications, internet monitoring, etc are all integrated. The service would need to be seamless for AHCA users.

2.2.2. If not, why does your agency need to maintain the current provider for this IT service?

3. IT Service Levels Required to Support Business Functions

3.1. Has the agency specified the service level requirements for LAN service?

- Yes; formal Service Level Agreement(s)
 Yes; informal agreement(s)
 No; specific requirements have not been determined and approved by the department

If you answered "Yes," identify major (formal or informal) service level requirements:

Informal – 24 x 7 availability. Performance on these verbal standards are reported to Agency Leadership on a monthly basis. Development of formal SLAs is currently in progress.

3.2. Has the agency specified the service level requirements for WAN service?

- Yes; formal Service Level Agreement(s)
 Yes; informal agreement(s)
 No; specific requirements have not been determined and approved by the department

If you answered "Yes," identify major (formal or informal) service level requirements:

Between AHCA and DMS – Formal

3.3. Timing and Service Delivery Requirements

3.3.1. Hours/Days that service is required (*e.g., 0800-1600 M-F, 24/7*) for:

3.3.1.1. Online availability 24/7

3.3.1.2. Offline and availability for maintenance

Only if schedule with users in advance – typically 1-2 hours per month

IT Service Requirements Worksheet: Network Service

3.3.2. What is the agency's tolerance for down time during peak periods, i.e., time before management-level intervention occurs *(e.g., 5 min, 15 min, 60 min)*?

less than 5 minutes

3.3.2.1. What are the impacts on the agency's business if this down-time standard is exceeded?

Users will not be able to complete work assignments required for service to the citizens of Florida. Medicaid data may not be available or as up-to-date as it should be; Medicaid information promised to citizens through internet interface might be unavailable or inaccurate; AHCA management might not have access to information required to fulfill executive or legislative requests. Many private businesses that use our information might be adversely affected.

3.3.3. Does the agency have a standard for required bandwidth its locations? Yes No
 If yes, indicate the standard *(e.g. fiber channels for certain locations)*

3.3.4. Are there any agency-unique service requirements? Yes No
 If yes, specify *(include any applicable constitutional, statutory, or rule requirements)*

Organ Donor System – life/death 24/7 system
 Medicaid Regulations
 HIPAA information
 Federal Health Information Exchange
 Log monitoring, integrated access requirements, many others

3.3.5. What are security requirements for this IT service? *(Indicate all that apply)*

- User ID/Password
- Access through Internet or external network
- Access through internal network only
- Access through Internet with secure encryption
- Other _____

3.3.6. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

Yes No

3.3.6.1. If yes, please specify and describe:

AHCA is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Agency is required to comply with HIPAA specific privacy and security standards found in 45 CFR Parts 160 and 164. The Agency has a HIPAA Privacy Law and Procedures Handbook that all employees receive and are required to read upon hire.

HIPAA requirements govern the appropriate use and disclosure of protected health information (PHI). The email and messaging services are used by Agency employees to exchange PHI in the scope of their duties. The Medicaid division is also required to comply with the requirements of Medicaid law, strictly limiting the use and disclosure of beneficiary information to purposes directly connected with the administration of the Medicaid state plan.

Failure to maintain compliance with Medicaid, CMS, and HIPAA requirements could result in civil court cases and/or monetary penalties against AHCA.

IT Service Requirements Worksheet: Network Service

4. User/customer satisfaction

4.1. Are service level metrics reported to business stakeholders or agency management?

Yes No

If yes, briefly describe the frequency of reports and how they are provided:

Reports are made monthly to the Agency leadership (including CIO and Secretary). These monthly reports include Availability, application response, server capacity, email volume, spam volume statistics and more and are available for viewing on a near real-time dashboard.

4.2. Are currently defined IT service levels adequate to support the business needs?

Yes No

4.2.1. If no, what changes need to be made to the current IT service? *(Briefly explain)*

4.2.2. List any significant projects (e.g., total cost greater than \$500,000) that are underway or planned to upgrade or enhance any resources or system associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2010-11. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

This service is funded from general revenue, with matching federal dollars and state trust funds. A change in the sourcing of this service might result in a recalculation of the available federal match, which is currently 50% Federal to 18.9% Federal.

5.2. Other comments (Briefly describe the usage pattern for any public user groups identified in Question 1.3, e.g., annual use, occasional use, self-service, or optional use, and any other comments to explain the service.)

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.

Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>William Long, Charles Todd Lee, Rodney Peterson, John Boyd, Clayton L. 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</u>		
Court with Jurisdiction:	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 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 a Class Action Complaint on January 15, 2008. 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 June 7, 2008, the Court entered an order denying the Defendants’ Motion to Dismiss and Deferring Ruling on Class		

	<p>Certification. On July 7, 2008, the Defendants filed an Answer to the Plaintiffs' Amended Complaint. On September 17, 2008, Plaintiffs filed a Motion for Preliminary Injunction regarding one of the named Plaintiffs. On September 30, 2008 the Court orally granted the injunction, followed by a written order on October 14, 2008. Also on October 14, 2008 the Court entered an order certifying the class. Mediation sessions were held on January 5, January 20, February 24, July 7, August 11, August 17, and August 18, 2009. The parties reached a settlement which places the case in abeyance for one year. On August 20, 2009, the Court held a status conference during which a joint request to stay the proceedings for one year was granted. A status conference will be held at the first available date after August 20, 2010. During the period of abeyance the parties may reach a resolution that leads to a dismissal of the case or the parties will request that the Court schedule the matter for trial.</p>	
Who is representing (of record) the state in this lawsuit? Check all that apply.		Agency Counsel
	X	Office of the Attorney General or Division of Risk Management
	X	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).	<p>Class was certified on October 14, 2008. Jodi Siegel with Southern Legal Counsel, Inc. Neil Chonin with Southern Legal Counsel, Inc. Gabriella Ruiz with Southern Legal Counsel, Inc. Stephen F. Gold, P.A. Stacy Canan, D.C. with AARP Foundation Litigation Bruce Vignery, D.C. with AARP Foundation Litigation Sarah Somers, N.C. with National Health Law Program</p>	

Office of Policy and Budget – September 2009

<p>Schedule VII: Agency Litigation Inventory</p> <p><i>For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.</i></p>			
Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<p><u>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</u></p>		
Court with Jurisdiction:	Circuit Court of the 11 th 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. On June 5, 2009, AHCA paid plaintiff \$120,000.00 in full settlement. A Stipulation and Order of Dismissal with Prejudice was filed.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		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).		

Office of Policy and Budget – September 2009

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.

Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>Mactown, Inc., Adams Acres, Inc., St. Augustine Group Home, Inc., and National Mentor Healthcare, Inc. and Franklin Debernardis, Rebecca Roberts, Jonathan Grant, Jorge Barragan through his legal guardian Raisa Barragan, Linda Klooster, Jonathan Koester, David Ciecieski, Andre Chaplin, Lynn Duperault and Patti Burnham v. State of Florida Agency for Persons With Disabilities, and Jane E. Johnson in her official capacity as Executive Director of the Agency for Persons with Disabilities and 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</u>		
Court with Jurisdiction:	Circuit Court of the 2 nd Judicial Circuit		
Case Number:	07CA3368		

Summary of the Complaint:	Plaintiffs' seek Declaratory, Injunctive and Supplemental Relief. Plaintiffs' allege denial of due process rights and breach of contract.	
Amount of the Claim:	Monetary impact could exceed \$21,000,000.00	
Specific Law(s) Challenged:		
Status of the Case:	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 attempted settlement of this matter. On October 17, 2008, the Plaintiffs filed a Voluntary Dismissal. Case closed.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		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).		

Office of Policy and Budget – September 2009

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>Pharmastat, Inc. v. State of Florida, Agency for Health Care Administration</u>		
Court with Jurisdiction:	Circuit Court of the 2 nd 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 lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		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).		

Office of Policy and Budget – September 2009

Schedule VII: Agency Litigation Inventory			
<i>For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.</i>			
Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>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</u>		
Court with Jurisdiction:	Circuit Court of the 14 th 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 & 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:	Estimated claim value is unknown, but could easily be in the tens of millions.		
Specific Law(s)	Chapter 409.910, Florida Statutes (Medicaid Third Party Liability Act)		

Challenged:	
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 lawsuit? Check all that apply.	<input checked="" type="checkbox"/> Agency Counsel
	<input type="checkbox"/> Office of the Attorney General or Division of Risk Management
	<input type="checkbox"/> 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).	

Office of Policy and Budget – September 2009

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.

Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	850-922-5873
Names of the Parties:	<u>Jack Edmonds, Susan Weschke, Gaylord Payne et al. v. Alan Levine, in his official capacity as Secretary, Agency for Health Care Administration of the State of Florida</u>		
Court with Jurisdiction:	United States District Court for the Southern District of Florida		
Case Number:	05-21215-CIV		
Summary of the Complaint:	This was a class action lawsuit challenging Program discretion in the consideration of drug reimbursements, specifically Neurontin and/or its generic equivalent, Gabapentin. The Plaintiffs sought declaratory and injunctive relief. They asked the court for injunctive relief ensuring that a prescription for a covered outpatient drug would 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 asked 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 th 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. The Court issued an Order on April 15, 2009, awarding the Plaintiffs \$288,336.88 in fees and costs. Plaintiffs are attempting to collect supplemental attorney's fees of \$18,000.
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/> Agency Counsel
	<input type="checkbox"/> Office of the Attorney General or Division of Risk Management
	<input type="checkbox"/> 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.

Office of Policy and Budget – September 2009

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>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 Kelley, 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 Nathaniel Gorenflo, minor</u>		

	<u>children v. Holly Benson, in her official capacity as Secretary of the Florida Agency for Health Care Administration; George H. Sheldon, in his official capacity as Secretary of the Florida Department of Children and Family Services; and Ana M. Viamonte Ros, M.D., in her official capacity as the Secretary of the Florida Department of Health</u>	
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. Agency 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. The Court granted 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. Two rounds of mediation have been held, the most recent on May 12, 2009. Mediation was not successful and the parties reported an impasse to the court. Discovery has been completed. A hearing was held on August 6, 2009 to hear Motions for Summary Judgment and the defendants' objections to the magistrate's recommendation on class certification. Awaiting the Court's ruling on class certification and summary judgment. The original trial date of June 22, 2009 was cancelled. No new trial date has been set, but the court has stated it will give eight days notice of the start of the trial.	
Who is representing (of record) the state in this lawsuit? Check all that	<input checked="" type="checkbox"/>	Agency Counsel
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management

apply.	X	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 has not been certified to date. Boies, Schiller & Flexner, LLP Public Interest Law Center of Philadelphia Miller, Keffer & Bullock, P.C.	

Office of Policy and Budget – September 2009

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.

Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	850-922-5873
Names of the Parties:	<u>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</u>		
Court with Jurisdiction:	Circuit Court of the Second Judicial Circuit in and for Leon County, Florida.		
Case Number:	04CA1291		
Summary of the Complaint:	Plaintiffs, long term care pharmacies providing services to Medicaid recipients, alleged 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 sought declaratory relief finding that AHCA exceeded its statutory authority by reimbursing at the WAC rate.		
Amount of the Claim:	Potential exposure up to \$50 million.		

Specific Law(s) Challenged:	
Status of the Case:	Hearing held on March 23, 2006 to deal with discovery issues and discuss time frames for trial. Plaintiffs filed a motion for protective order that was also heard on March 23, 2006, however, the Judge has not ruled on it to date. The Agency filed a Notice of Service of Administrative requests for Medicaid Provider Information from the plaintiffs on May 2, 2006. Plaintiffs filed an Emergency Motion for Protective Order in response to the Agency's request. The Agency filed objections. All discovery issues are stayed pending the outcome of the Motions for Summary Judgment. Petitioner filed Third Amended Complaint on February 5, 2007. The Agency answered the Third Amended Complaint on February 5, 2007. Plaintiff filed a Motion for Partial Summary Judgment on March 7, 2007. The Agency filed a Cross Motion for Summary Judgment on March 21, 2007. On April 25, 2007 a hearing was held on the Summary Judgment motions. 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, WAC +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. On February 6, 2009, the Court issued an order upholding the lower Court's decision. Case closed.
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/> Agency Counsel
	<input checked="" type="checkbox"/> Office of the Attorney General or Division of Risk Management
	<input type="checkbox"/> 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).	

Office of Policy and Budget – September 2009

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

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

Names of the Parties:	<u>Florida Association of Rehabilitation Facilities, Inc.[FARF] v. State of Florida, Agency for Health Care Administration</u>	
Court with Jurisdiction:	Division of Administrative Hearings	
Case Number:	08-1512RP	
Summary of the Complaint:	FARF challenged 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. FARF challenged the rates as insufficient to serve the population in need, approximately 25,000 persons. Also, FARF challenged the service requirements as too burdensome for providers under the payment table.	
Amount of the Claim:	Monetary 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. The parties executed a settlement agreement. The Petitioner filed a Notice of Voluntary Dismissal on October 7, 2008. Case closed.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		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).		

Office of Policy and Budget – September 2009

Schedule VII: Agency Litigation Inventory			
<i>For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.</i>			
Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>Agency for Health Care Administration v. Maria D. Gonzalez</u>		

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. Status report due October 9, 2009.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input type="checkbox"/>	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).		

Office of Policy and Budget – September 2009

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.

Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>SA-PG Clearwater, LLC d/b/a Palm Garden of Clearwater, SA-PG Gainesville, LLC d/b/a Palm Garden of Gainesville, SA-PG Jacksonville, LLC d/b/a Palm Garden of Jacksonville, SA-PG Largo, LLC d/b/a Palm Garden of Largo, SA-PG North Miami Beach, LLC d/b/a Palm Garden of North Miami Beach, SA-PG Ocala, LLC d/b/a Palm Garden of Ocala, SA-</u>		

	<u>PG Orlando, LLC d/b/a Palm Garden of Orlando, SA-PG Pinellas, LLC d/b/a Palm Garden of Pinellas, SA-PG Port St. Lucie, LLC d/b/a Palm Garden of Port St. Lucie, SA-PG Sun City, LLC d/b/a Palm Garden of Sun City, SA-PG Tampa, LLC d/b/a Palm Garden of Tampa, SA-PG Vero Beach, LLC d/b/a Palm Garden of Vero Beach, SA-PG West Palm Beach, LLC d/b/a Palm Garden of West Palm Beach, SA-PG Winter Haven, LLC d/b/a Palm Garden of Winter Haven v. Agency for Health Care Administration</u>	
Court with Jurisdiction:	Division of Administrative Hearings	
Case Number:	DOAH Case No. 08-4894 previously Informal Case No. 08-238PH	
Summary of the Complaint:	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	
Amount of the Claim:	Monetary impact could exceed \$2,100,000.00	
Specific Law(s) Challenged:	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. Case referred to DOAH on September 30, 2008. Case is in abeyance until September 30, 2009.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input type="checkbox"/>	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).	
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Office of Policy and Budget – September 2009

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.

Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>Christine R. Dunham and Robert Bromhall, individually, and on behalf of all others similarly situated v. The State of Florida, Agency for Health Care Administration, by and through its Director, Carlton Dyke Snipes, Carlton Dyke Snipes and Tom Arnold, Individually, Health Management Systems, Inc. a Subsidiary of HMS Holdings Corp., and DOES 1-10</u>		
Court with Jurisdiction:	Circuit Court of the 1 st Judicial Circuit in and for Santa Rosa County		
Case Number:	09-612CA01		
Summary of the Complaint:	Class action lawsuit alleging violation of 42 U.S.C. §1396(k) and 1396(p)(a)(1), U.S. Constitutional Amendments V and XIV, Art. X, §6 Florida Constitution and breach of contract. The plaintiffs allege that defendants have asserted liens and received recovery out of workers compensation settlements when no reimbursement of medical expenses was part of such settlement. Plaintiffs seek injunctive relief alleging violation of federal law and the <i>Ahlborn</i> Decision. This case is one of several recent actions regarding the Medicaid anti-lien provision that was decided by the United States Supreme Court in <i>Arkansas Dept of Health & Human Services v. Ahlborn</i> , 126 S.Ct. 1752 (2006). <i>Ahlborn</i> directs that Medicaid liens may be recovered only from the portion of a settlement that applied to reimbursement of medical expenses.		
Amount of the Claim:	Monetary impact could exceed \$25,000,000.00		
Specific Law(s) Challenged:			
Status of the Case:	The Agency was served with the Class Action Complaint on April 14, 2009. Counsel for the Agency filed a Motion to Dismiss and a Motion to Transfer Venue to Leon County. Plaintiffs agreed to the transfer of venue. Awaiting Court order on Motion to Dismiss.		

Who is representing (of record) the state in this lawsuit? Check all that apply.		Agency Counsel
	X	Office of the Attorney General or Division of Risk Management
		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 has not been certified to date. Whibbs & Stone, P.A. Burgess & Lamp, P.C.	

Office of Policy and Budget – September 2009

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.

Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>“Karina Smith” and “Elijah Moses”, individually and on behalf of others similarly situated v. Jeff Rainey, Sunny Hall, Hillsborough Kids, Inc., a Florida corporation, First Health, the Agency for Health Care Administration, Holly Benson, individually and as Secretary for the Agency for Health Care Administration, the Florida Department of Children and Families, George Sheldon, individually and in his official capacity as Secretary of the Department of Children and Families and Nicholas Cox, individually and in his capacity as Regional Administrator of the Department of Children and Families</u>		
Court with Jurisdiction:	United States District Court Middle District of Florida (Tampa) previously filed in Circuit Court of the 13 th Judicial Circuit in and for Hillsborough County		
Case Number:	8:09-cv-01628-JDW-MAP previously 09-16377		
Summary of the Complaint:	Class action lawsuit alleging violation of the Americans with Disabilities Act and breach of statutory duty against the Agency for allowing payment of Medicaid reimbursement for psychiatric medication of children under the care and supervision of The Department of Children and Families and Hillsborough Kids, Inc.		
Amount of the Claim:	Plaintiffs seek an unstated amount of monetary damages for a class of plaintiffs. Because of the class action implications, the amount could be substantial.		

Specific Law(s) Challenged:	
Status of the Case:	The Agency was served with the Class Action Complaint on July 20, 2009. On August 17, 2009, counsel for the Department of Children and Families filed a Notice of Removal from the 13 th Judicial Circuit to the United States District Court Middle District of Florida. On August 19, 2009, counsel for the Agency filed Defendants' Motion to Dismiss Complaint and Memorandum of Law in Support.
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/> Agency Counsel
	<input type="checkbox"/> Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/> 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 has not been certified to date. Gievers, P.A. Wasson & Associates, Chartered

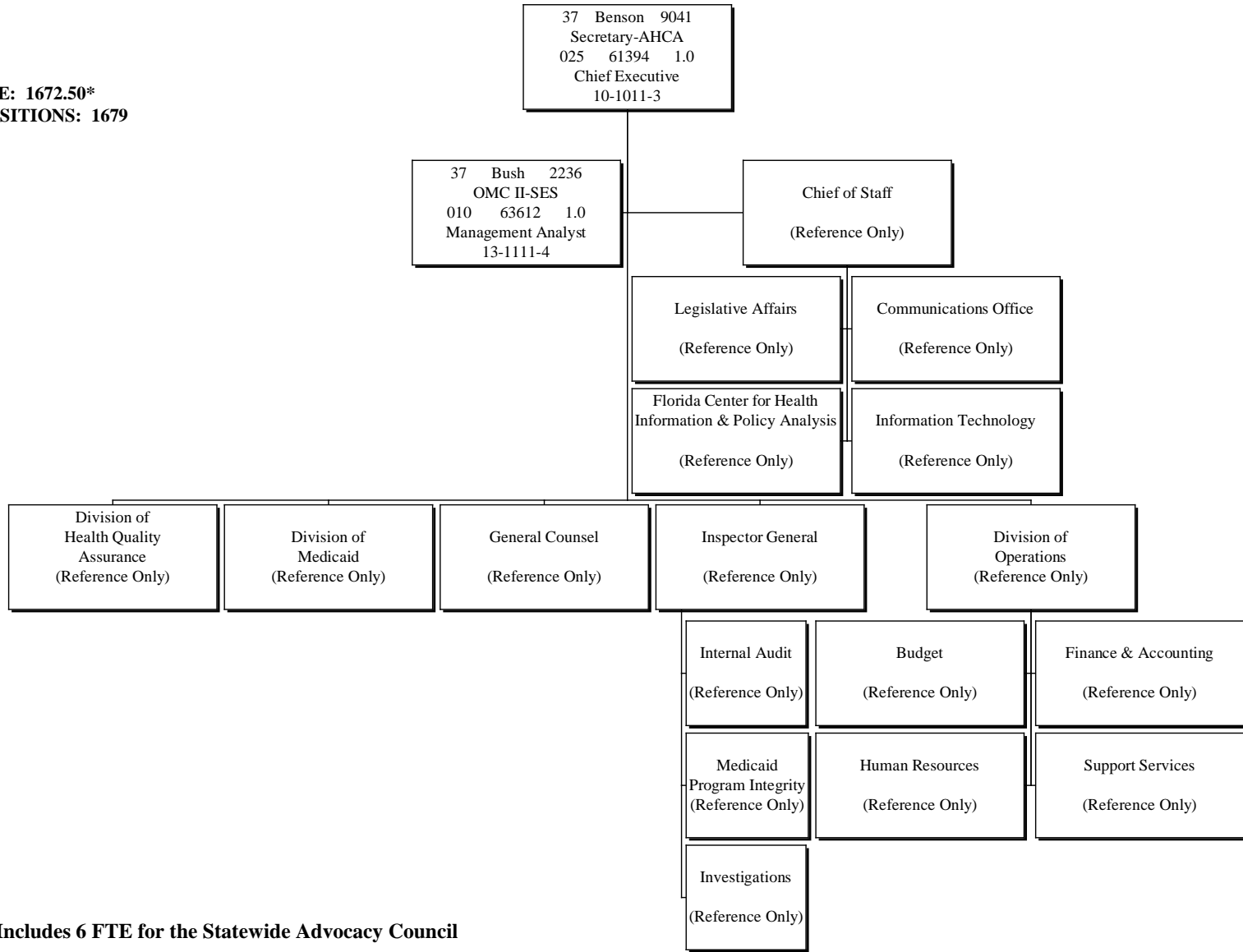
Office of Policy and Budget – September 2009

AGENCY FOR HEALTH CARE ADMINISTRATION

**Executive Direction
Secretary's Office**

Effective Date: July 1, 2009
Org. Level: 68-10-00-00-000
FTEs: 2 Positions: 2

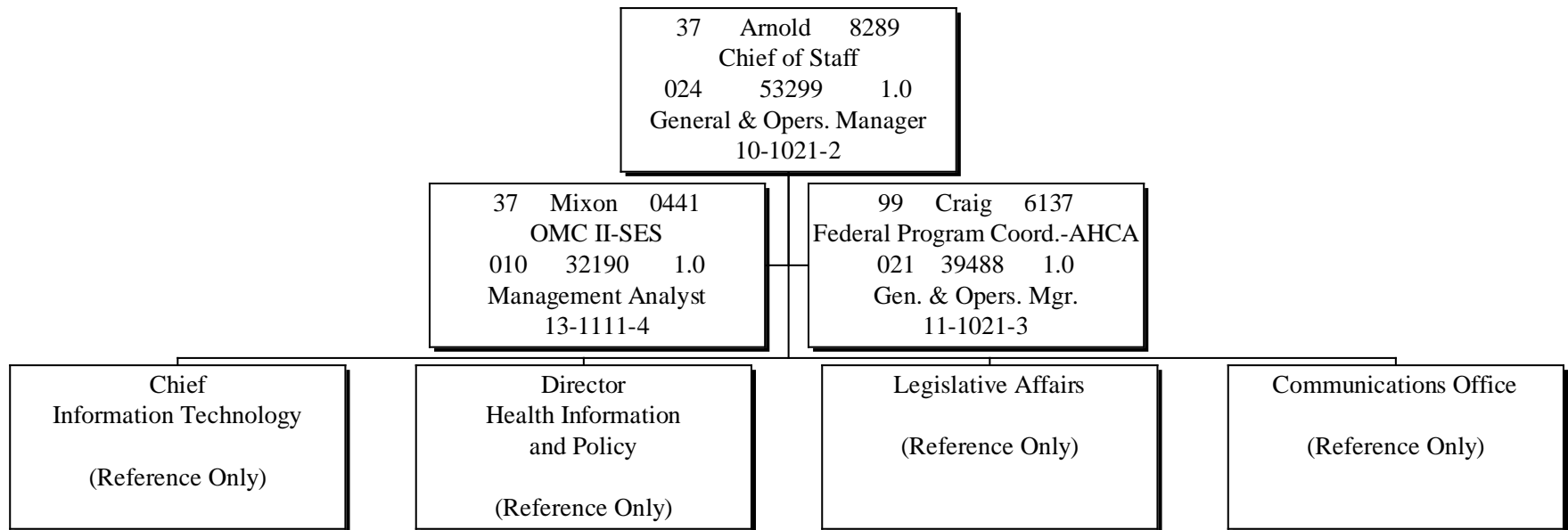
FTE: 1672.50*
POSITIONS: 1679



***Includes 6 FTE for the Statewide Advocacy Council**

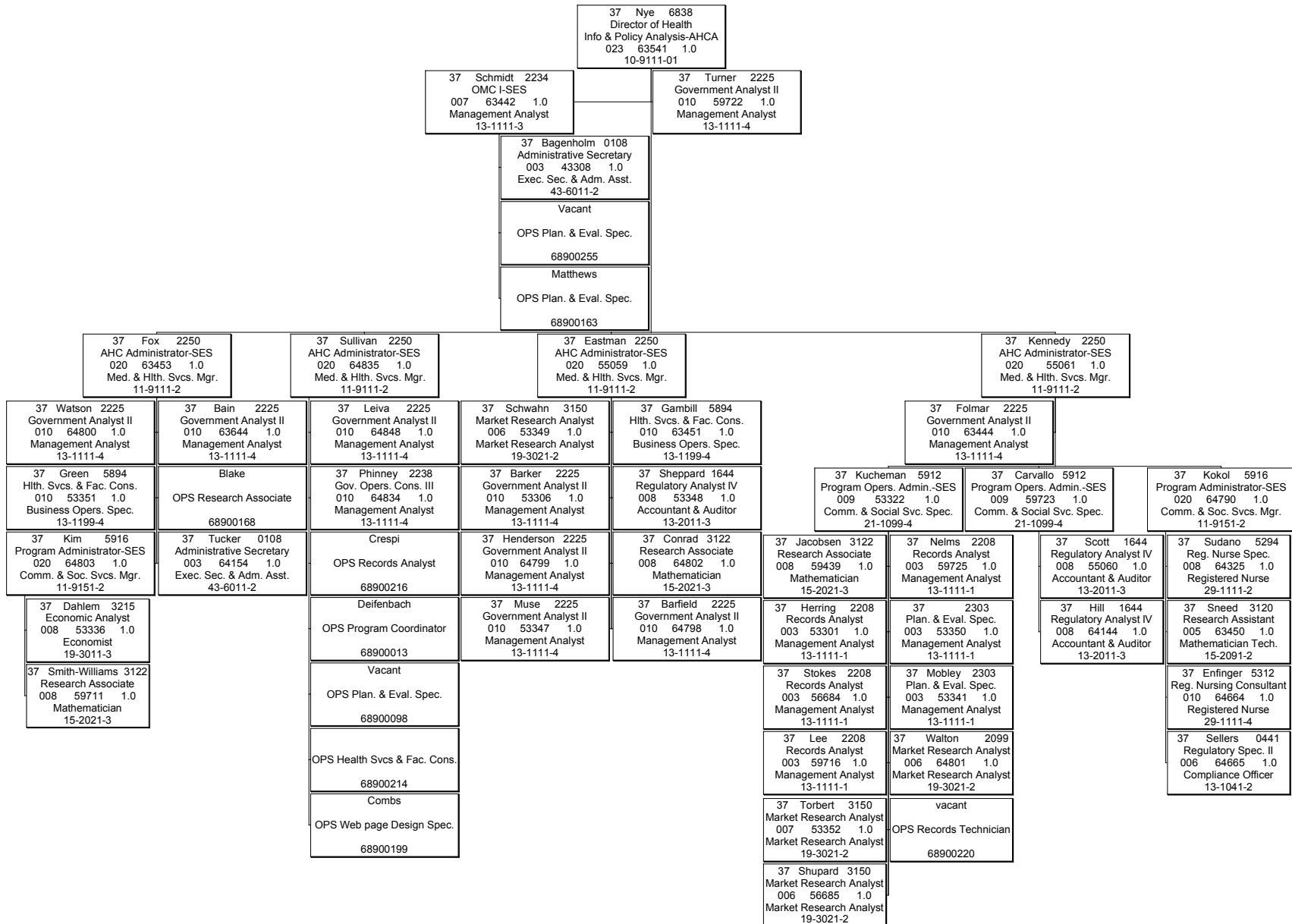
AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Chief of Staff

Effective Date: July 1, 2009
 Org Level: 68-10-10-00-00-000
 FTEs: 3 Positions: 3



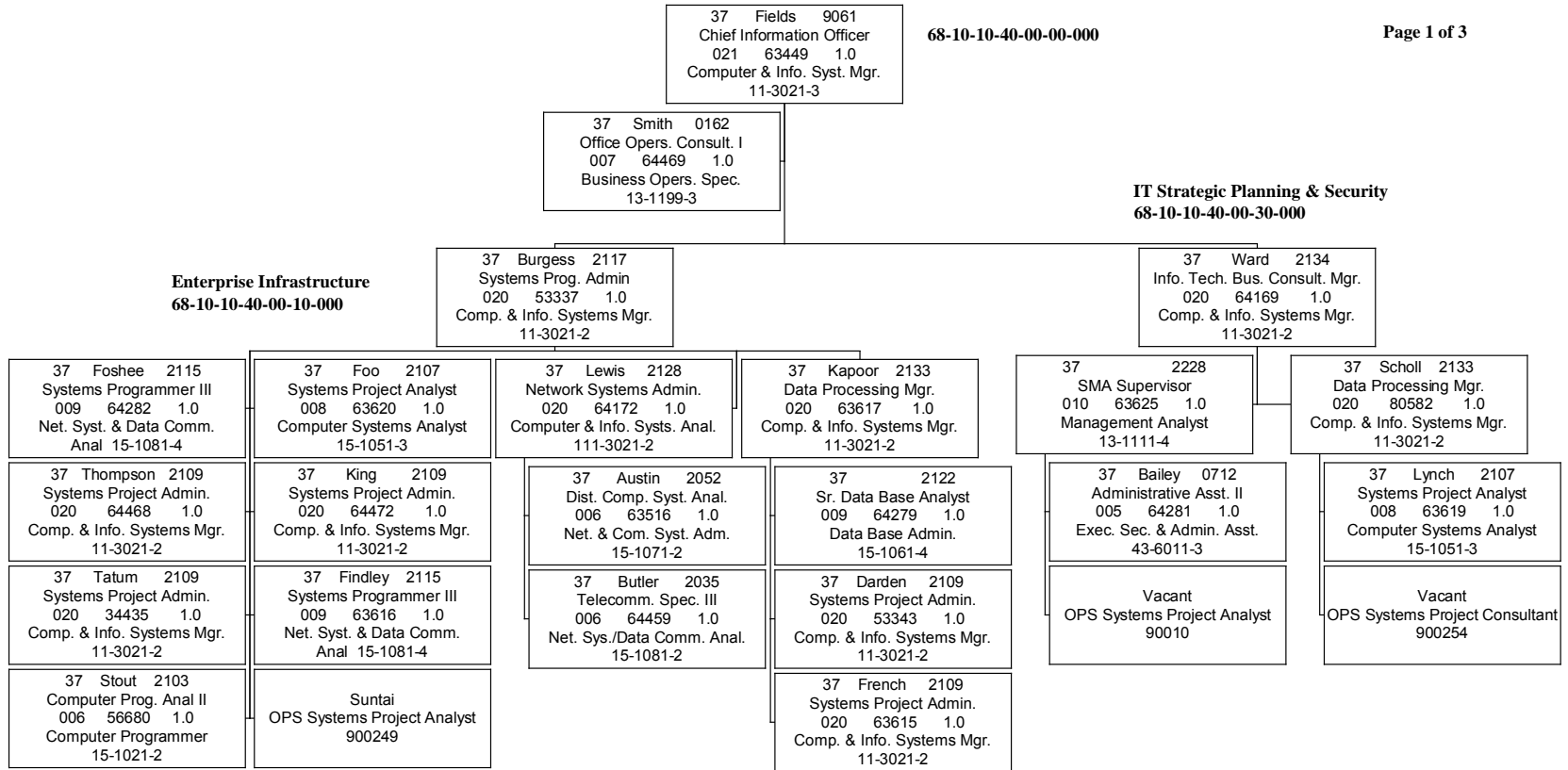
AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff
Florida Center for Health Information & Policy Analysis

Org. Level: 68-10-50-20-00-000
 Revised Date: July 1, 2009
 FTEs: 45 Positions: 45



AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff
Office of Information Technology

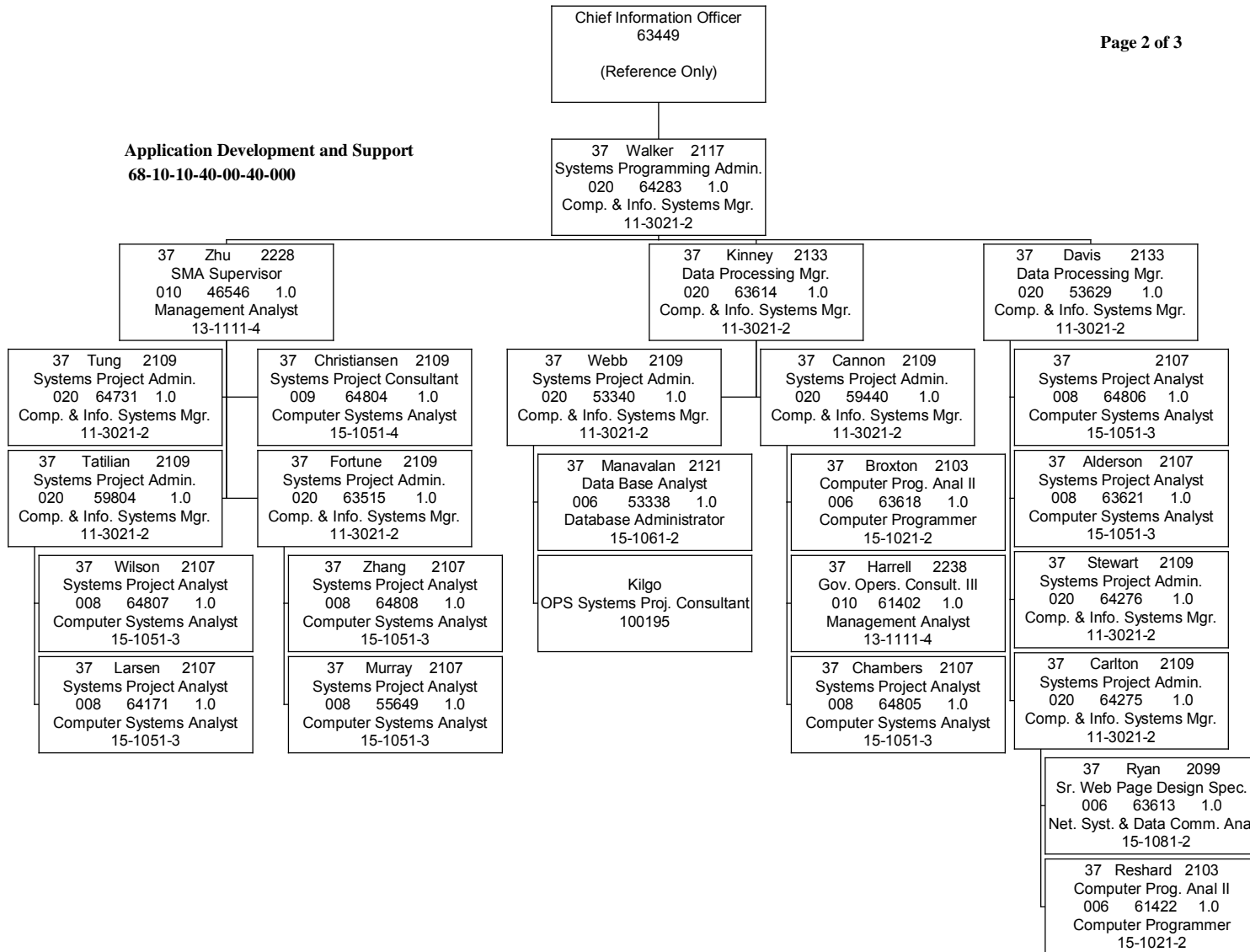
Revised Date: July 1, 2009
 FTEs: 69 Positions: 69



AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff
Office of Information Technology

Revised Date: July 1, 2009
 FTEs: 69 Positions: 69

Page 2 of 3



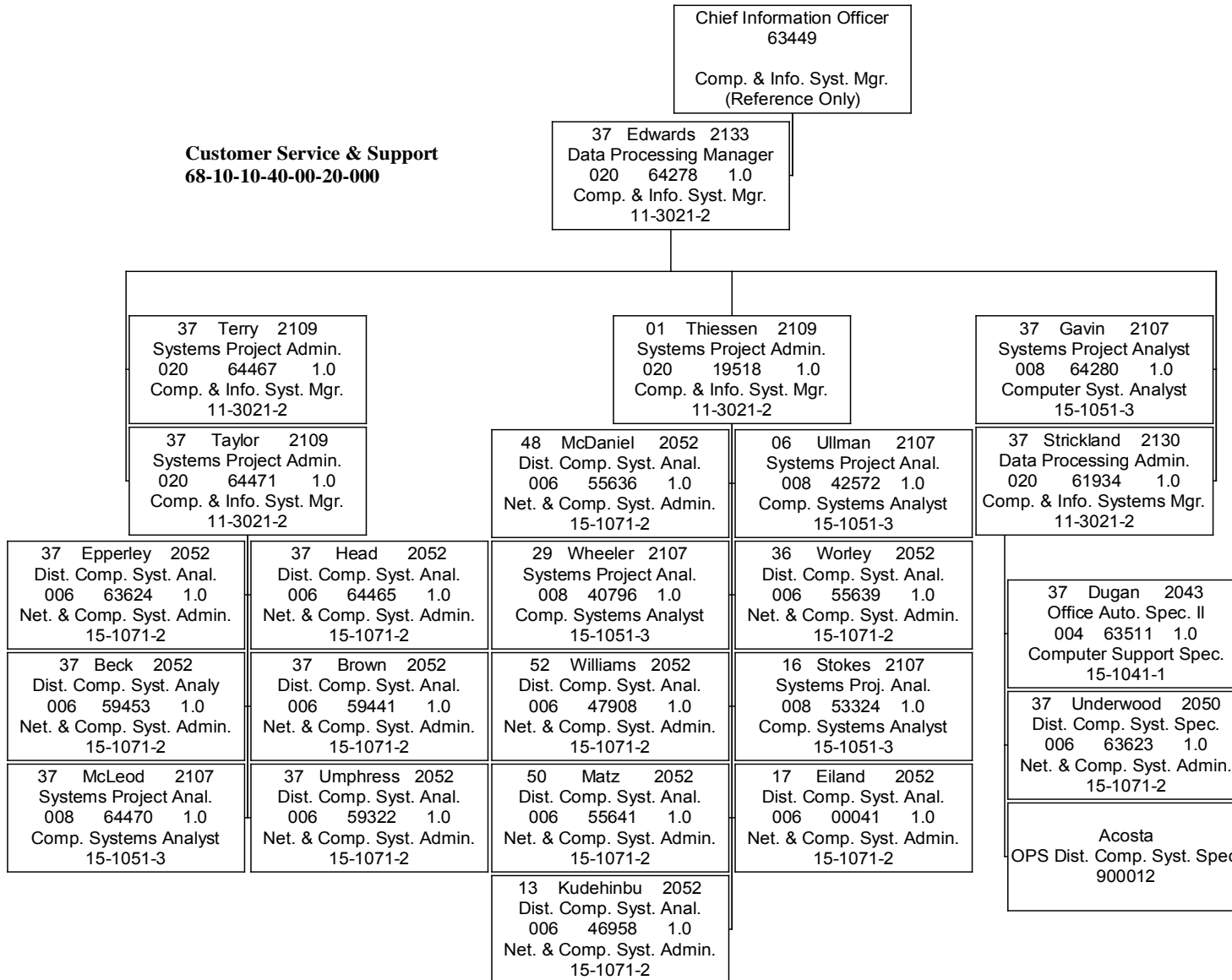
AGENCY FOR HEALTH CARE ADMINISTRATION

Chief of Staff Office of Information Technology

Revised Date: July 1, 2009
FTEs: 69 Positions: 69

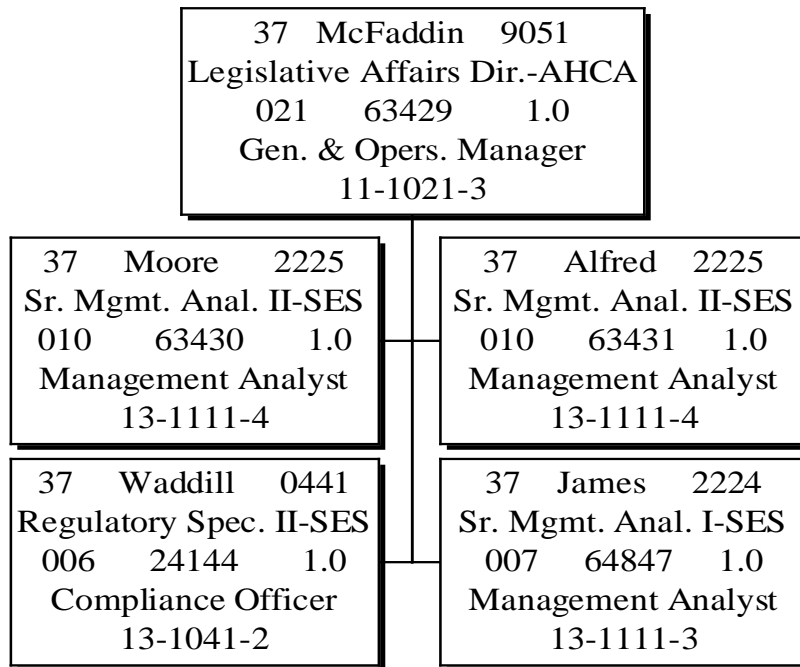
Page 3 of 3

Customer Service & Support
68-10-10-40-00-20-000



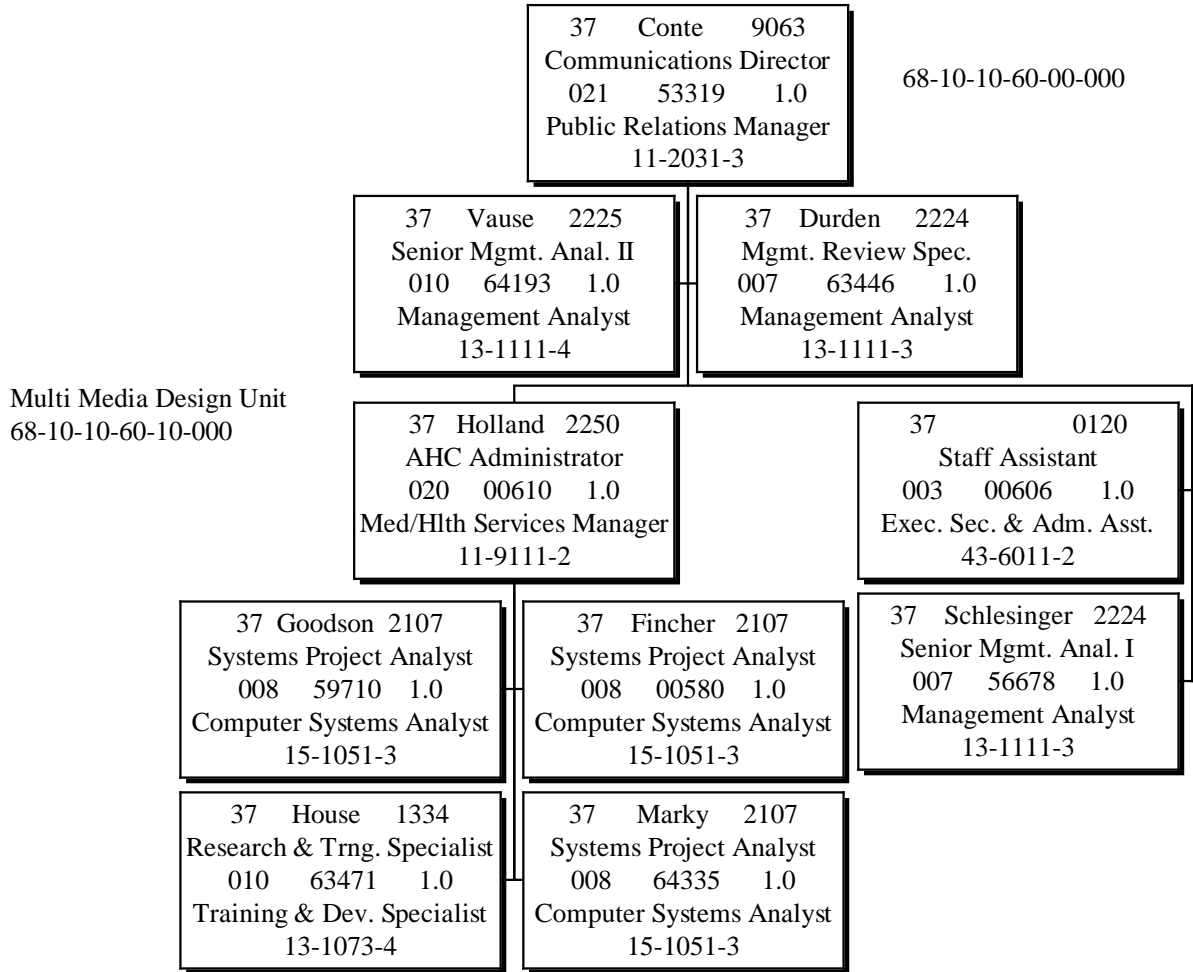
AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff
Legislative Affairs Office

Effective Date: July 1, 2009
 Org Level: 68-10-10-50-00-000
 FTEs: 5 Positions: 5



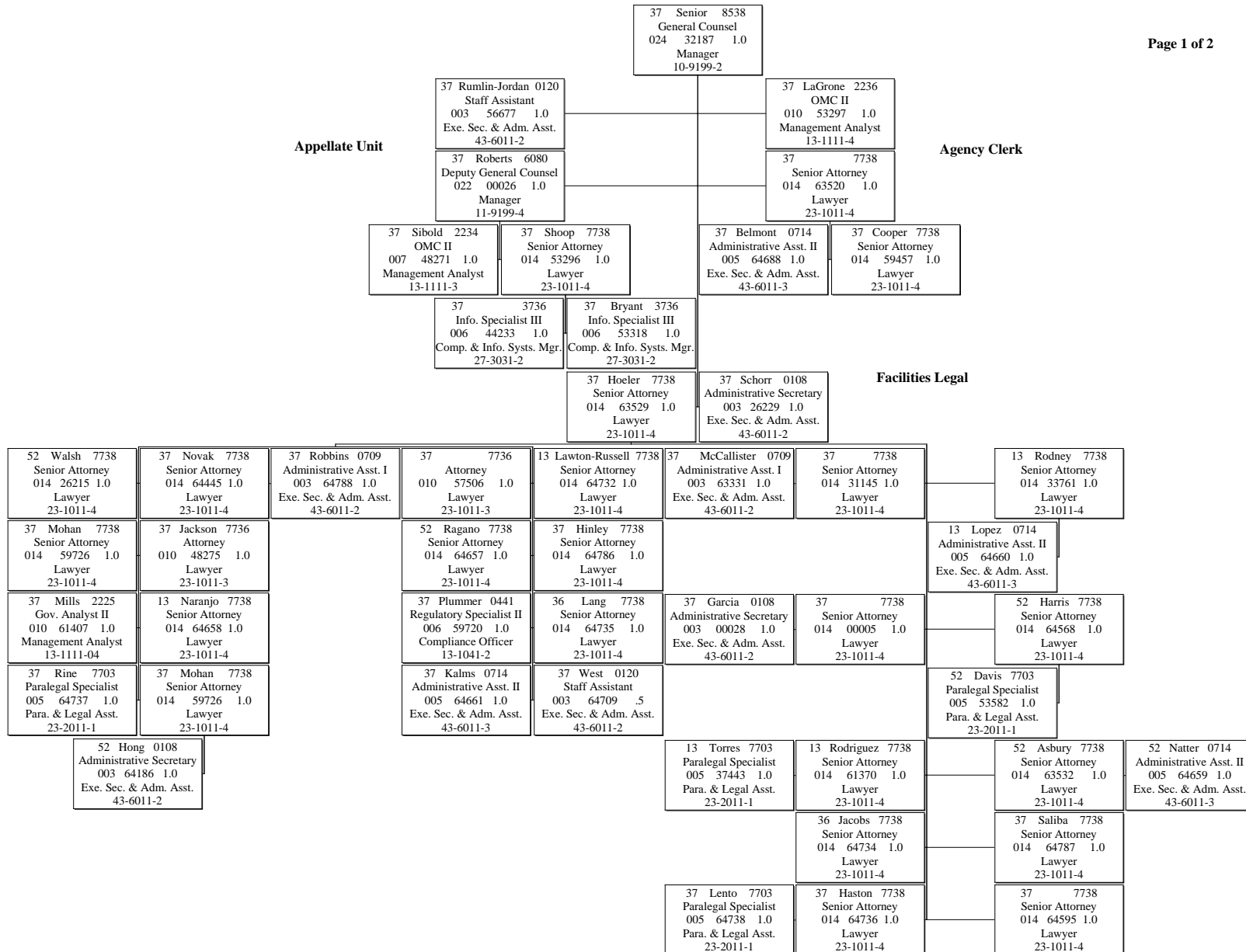
AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff
Communications Office

Revised Date: July 1, 2009
 FTEs: 10 Positions: 10



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

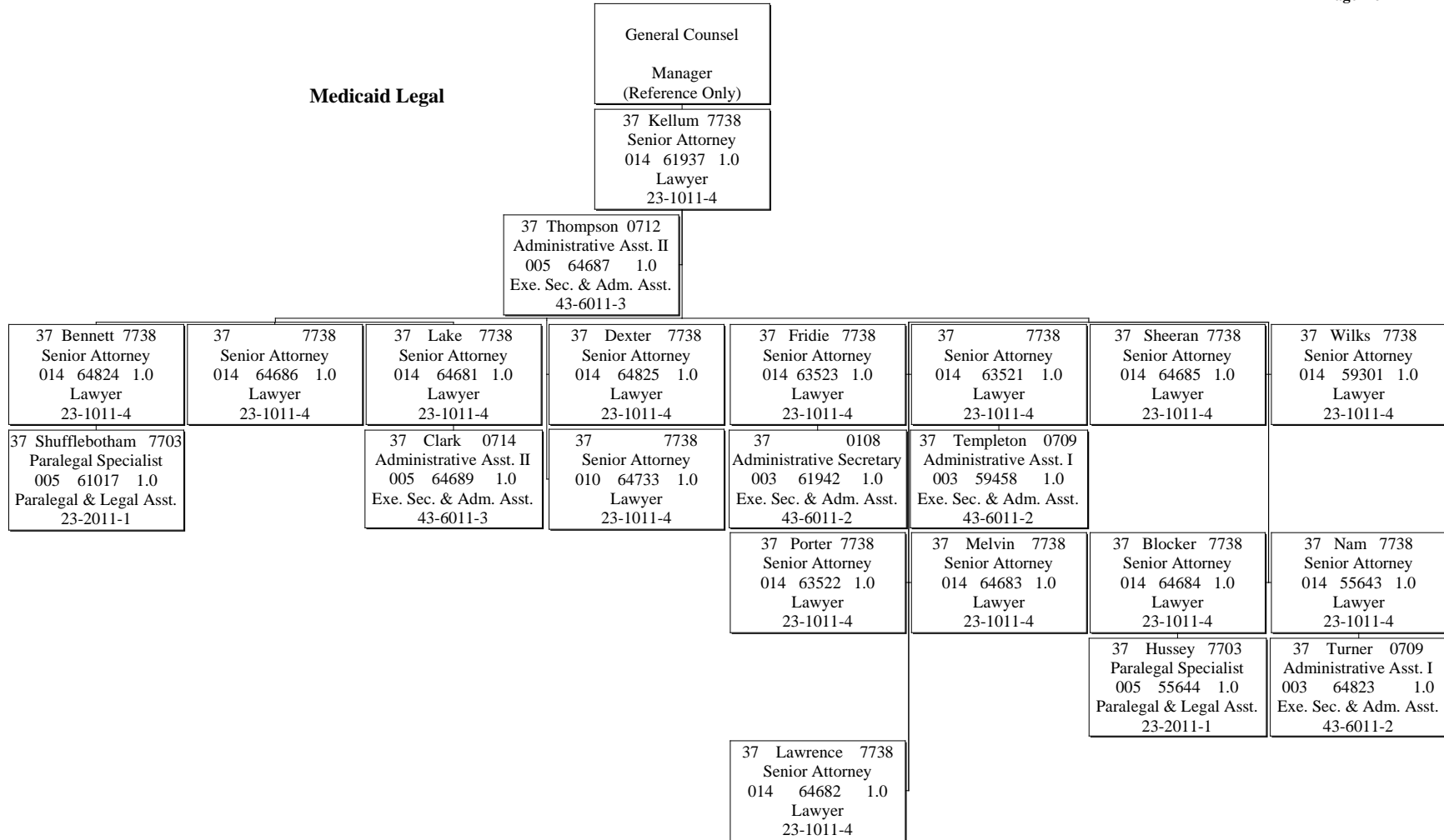
Org. Level: 68 10 20 00 000
Revised Date: July 1, 2009
FTEs: 67.5 Positions: 68



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction - General Counsel

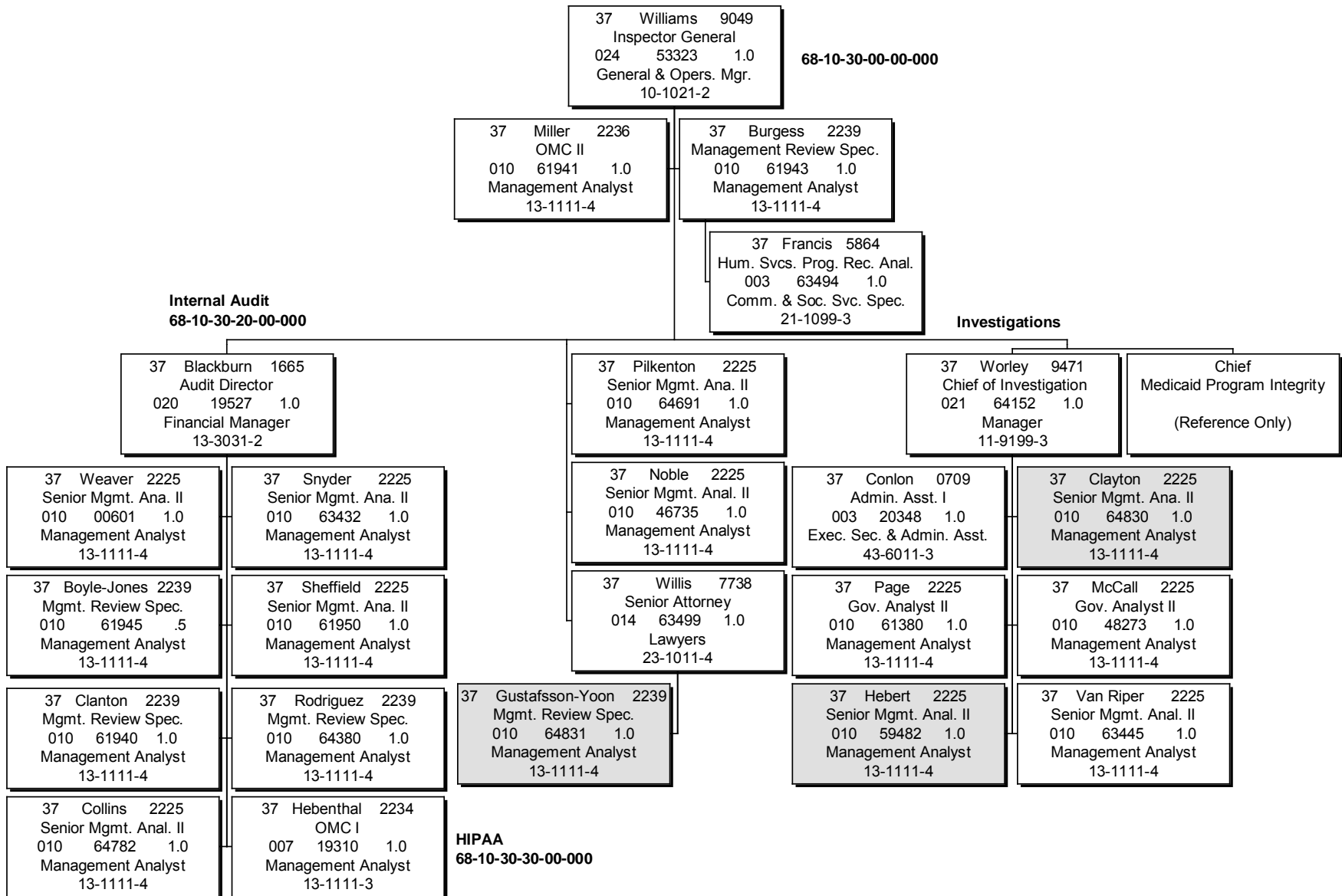
Org. Level: 68 10 20 00 000
 Revised Date: July 1, 2009
 FTEs: 675 Positions: 68

Medicaid Legal



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction - Inspector General

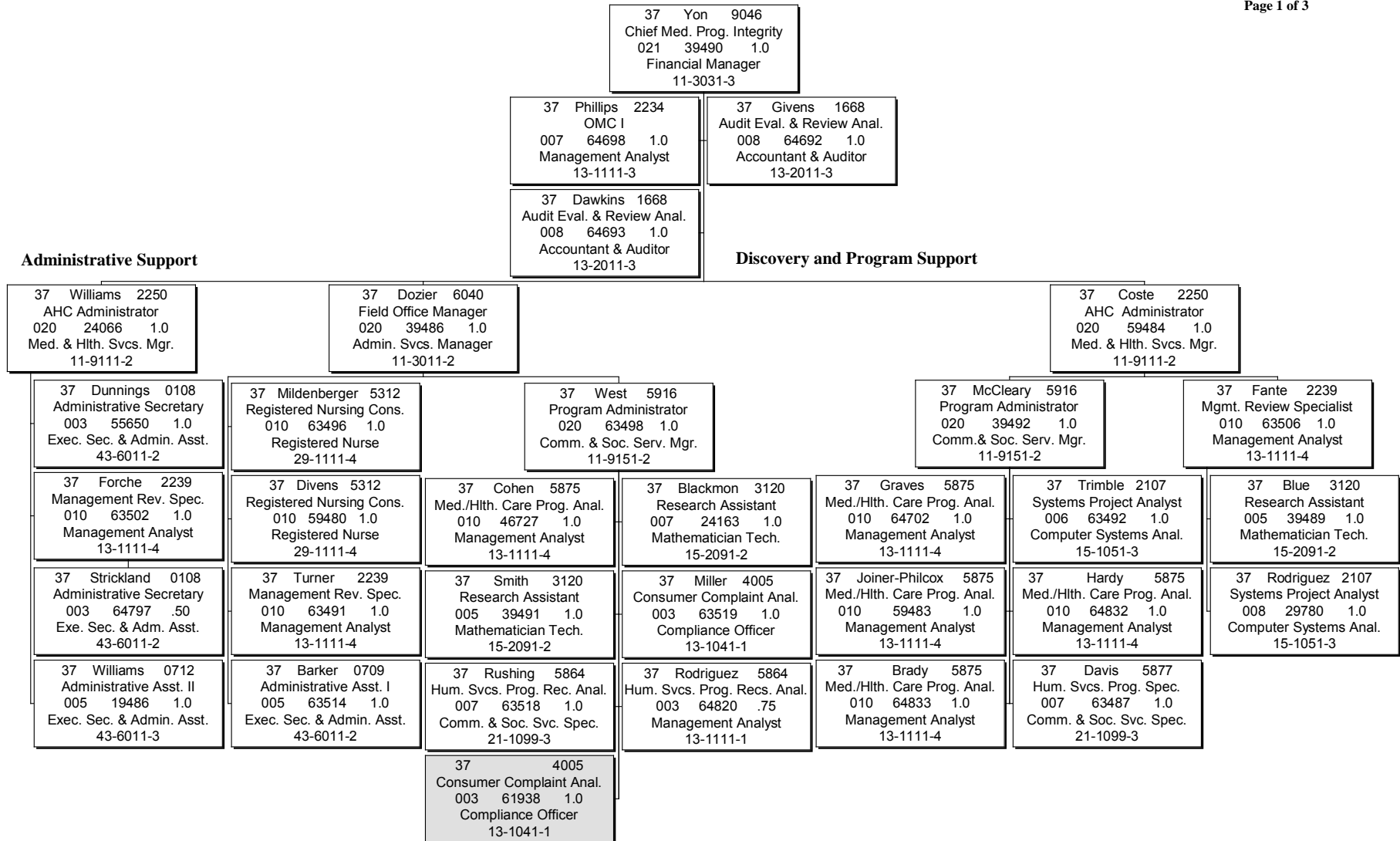
Revised Date: July 1, 2009
 FTEs: 21.5 Positions: 22



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

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

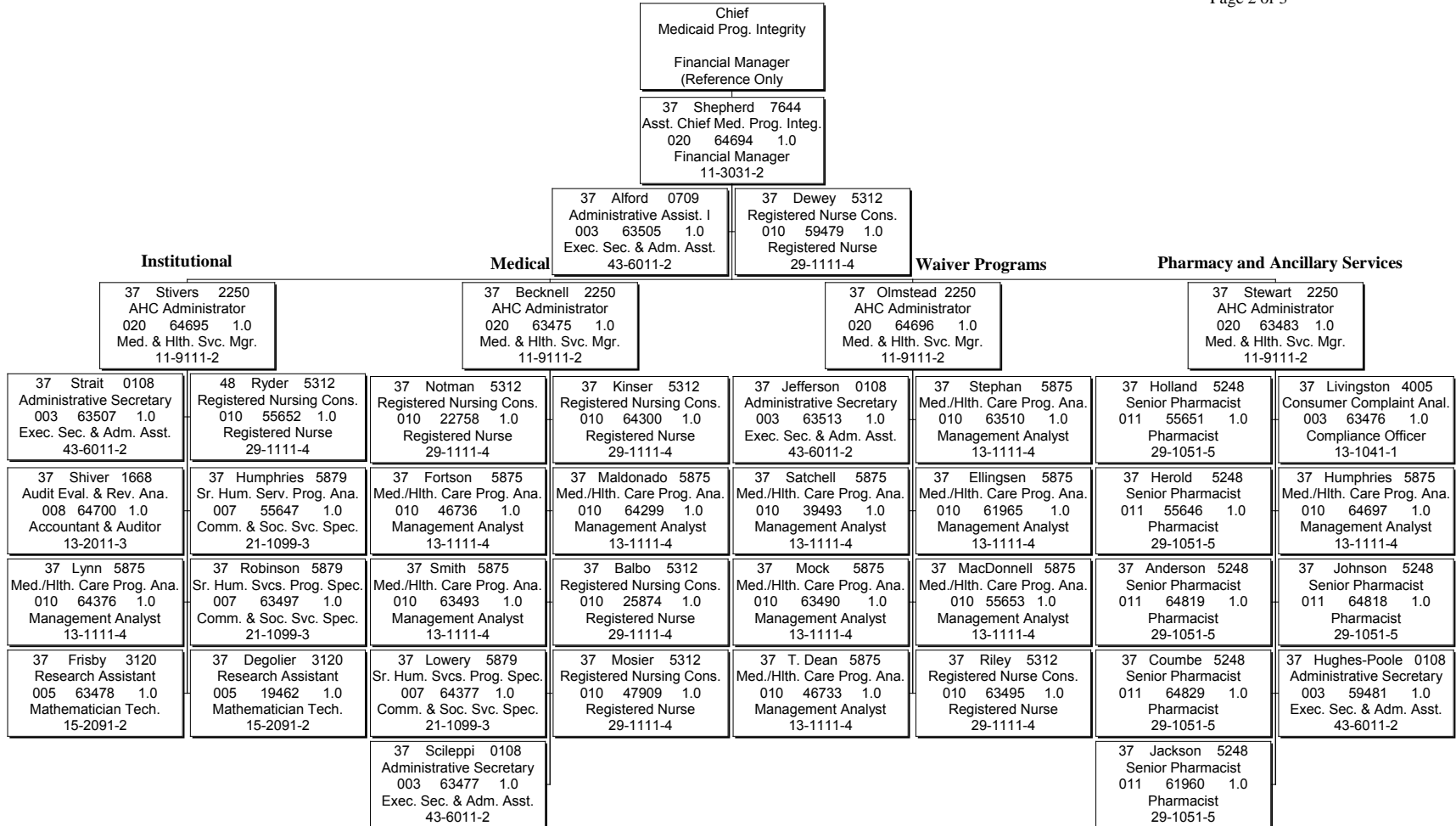
Org. Level: 68-10-30-10-000
 Revised Date: July 1, 2009
 FTEs: 82 Positions: 83



*Shaded position reports to org code 68-10-30-20-00-000 - Inspector General's Office - Internal Audit Section

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

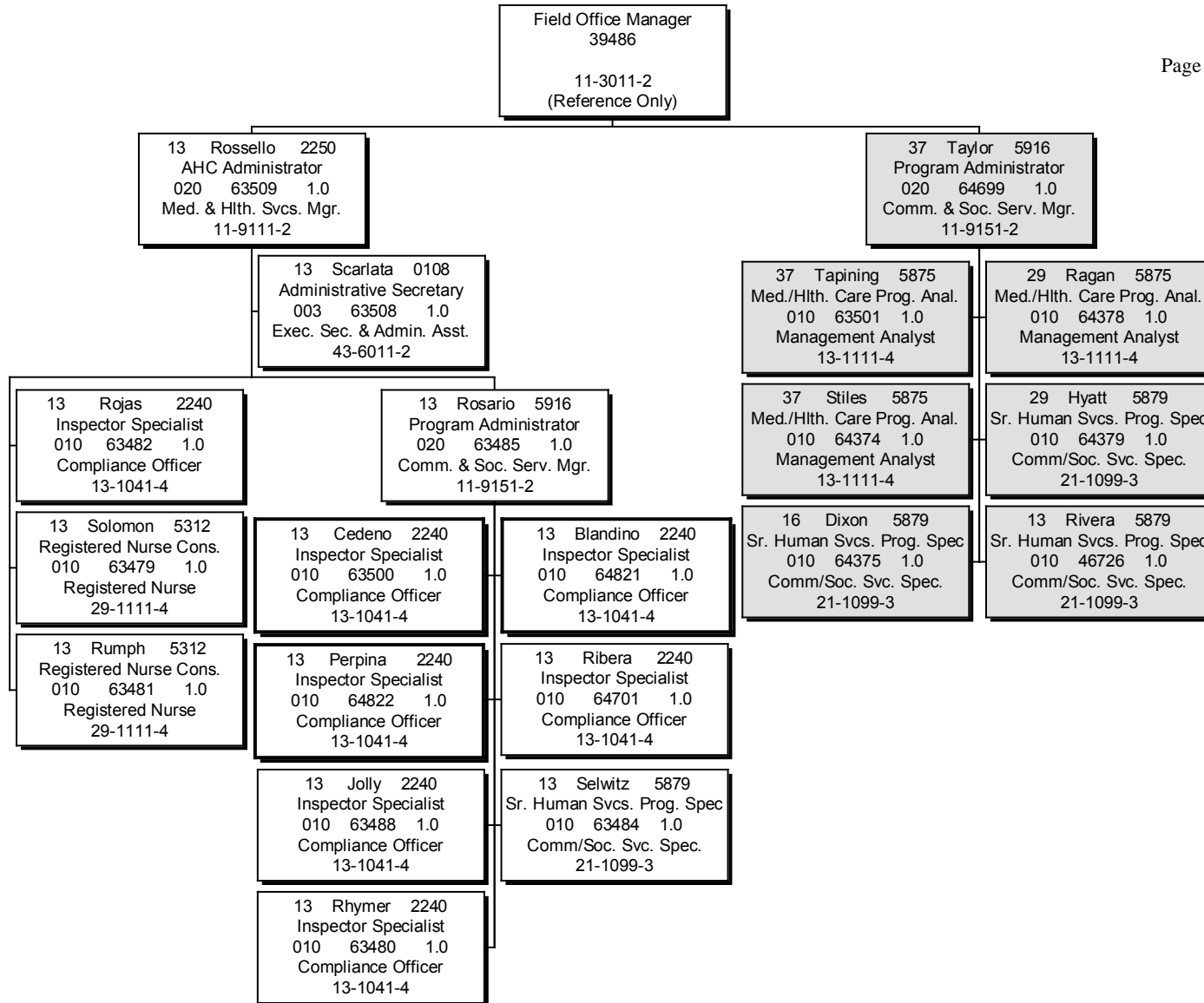
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 Revised Date: July 1, 2009
 FTEs: 82 Positions: 83



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

Org. Level: 68-10-30-10-01-100
 Revised Date: July 1, 2009
 FTEs: 13 Positions: 13

Page 3 of 3

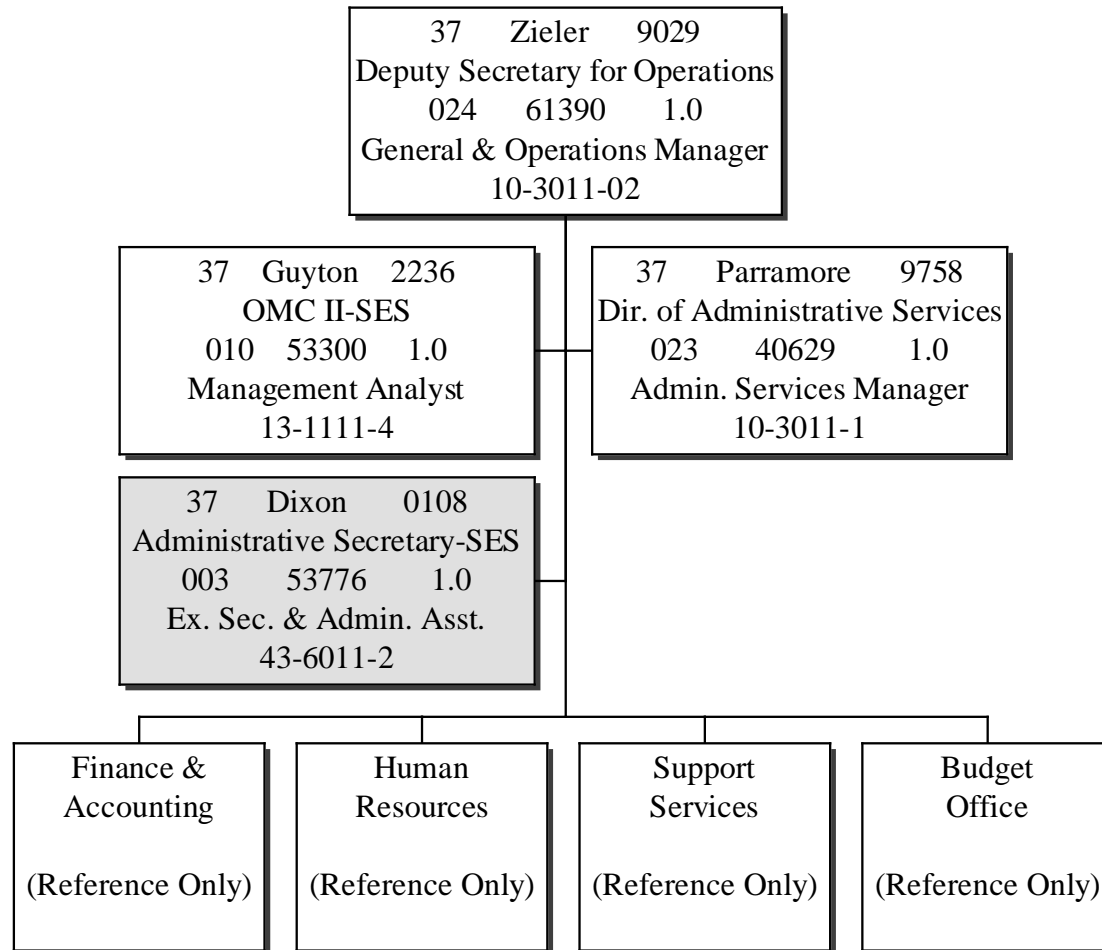


*Shaded positions report to org code 68-10-30-10-00-000 - Bureau of Medicaid Program Integrity

A-7-2

AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Operations
Deputy Secretary's Office

Revised Date: July 1, 2009
 Org Level: 68-20-00-00-000
 FTEs: 3 Positions: 3

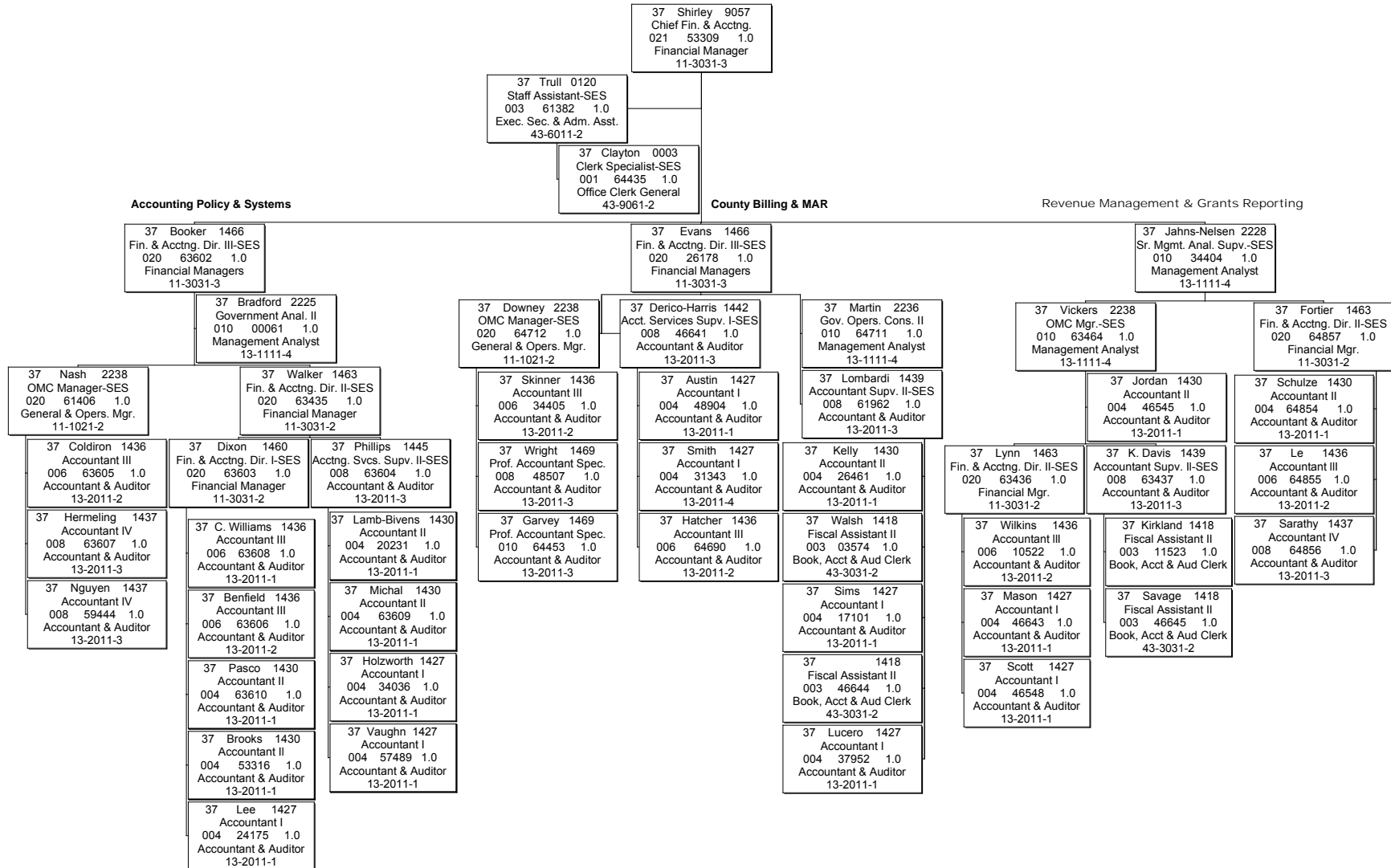


***Shaded position reports to org code 68-50-90-00-00-000 - Bureau of Medicaid Pharmacy Services**

B-0

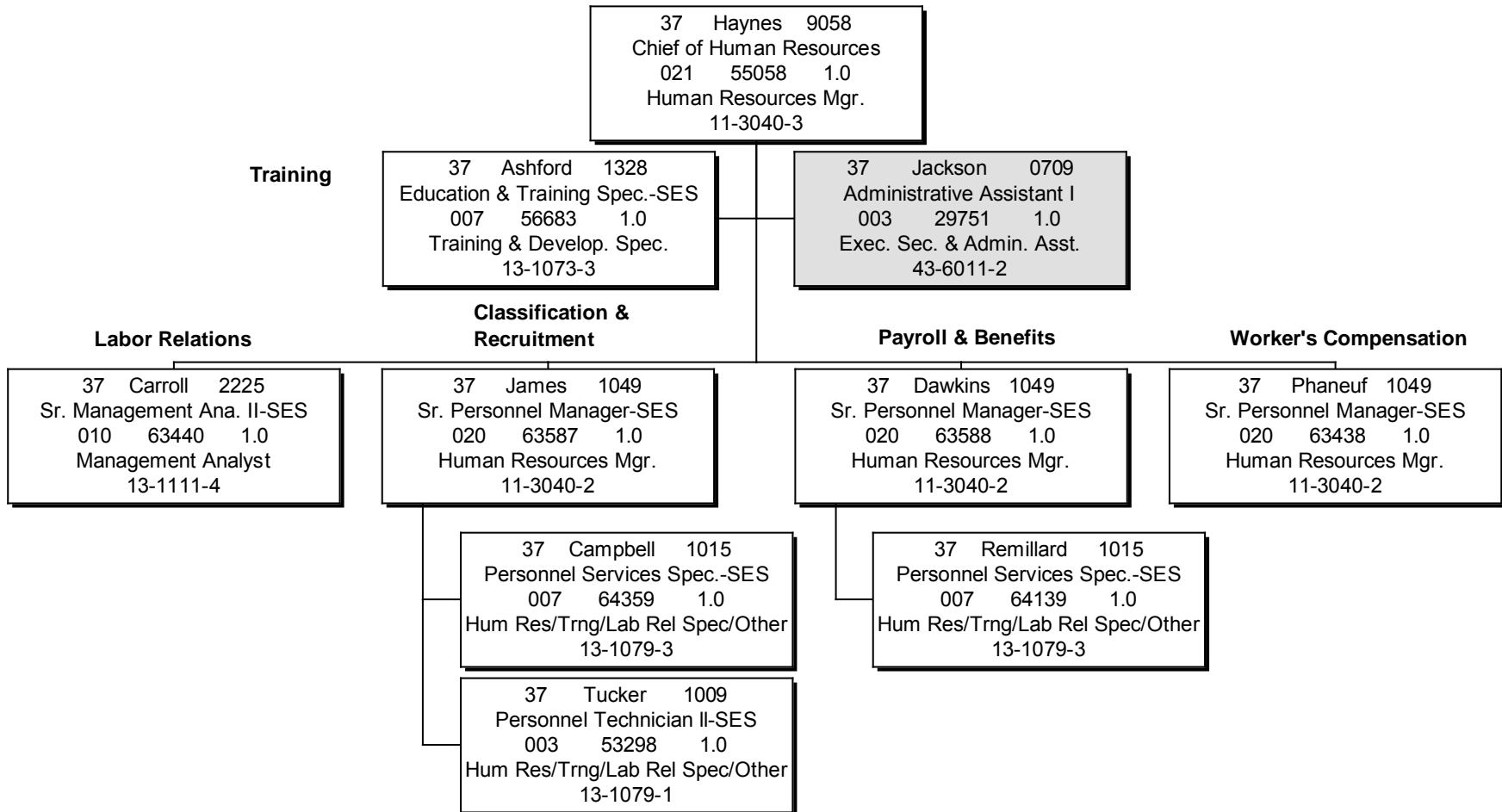
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Operations
Bureau of Finance & Accounting

Org. Level: 68-20-10-00-000
 Revised Date: July 1, 2009
 FTEs: 51 Positions: 51



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Operations
Bureau of Human Resources

Org. Level: 68-20-20-00-000
 Revised Date: July 1, 2009
 FTEs: 9 Positions: 9

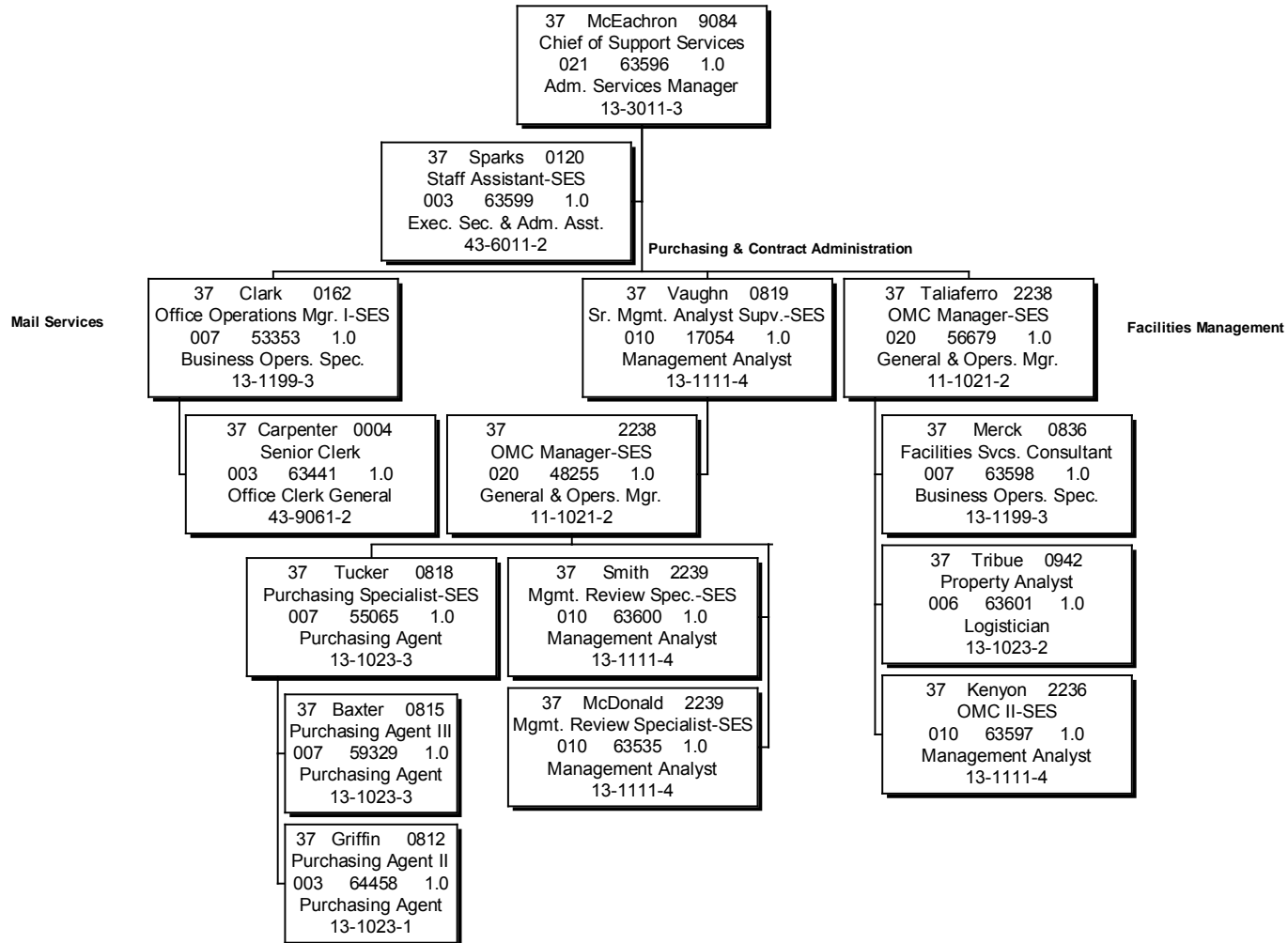


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AGENCY FOR HEALTH CARE ADMINISTRATION

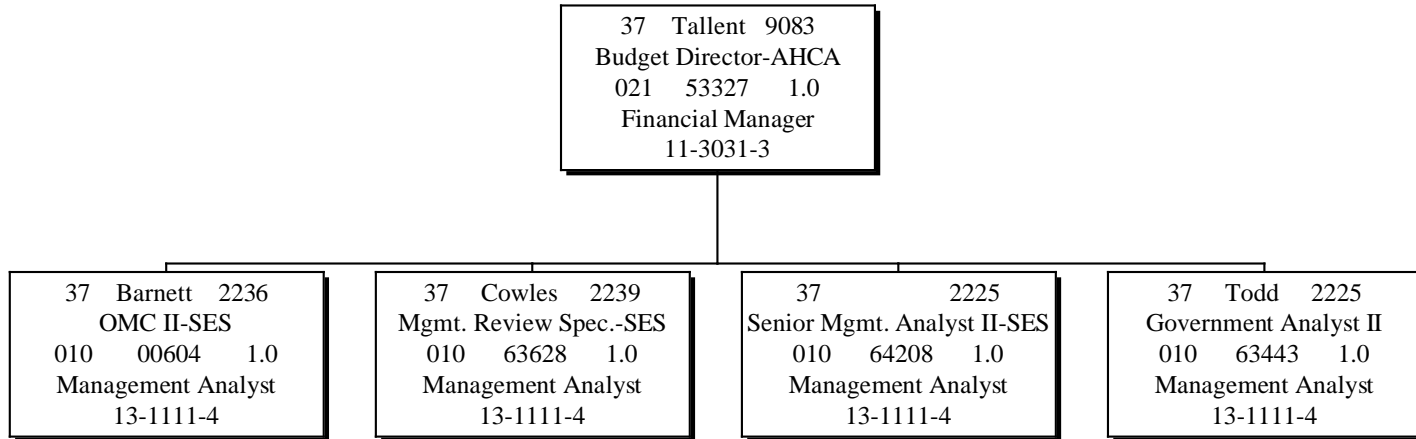
Division of Operations

Bureau of Support Services



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Operations
Budget Office

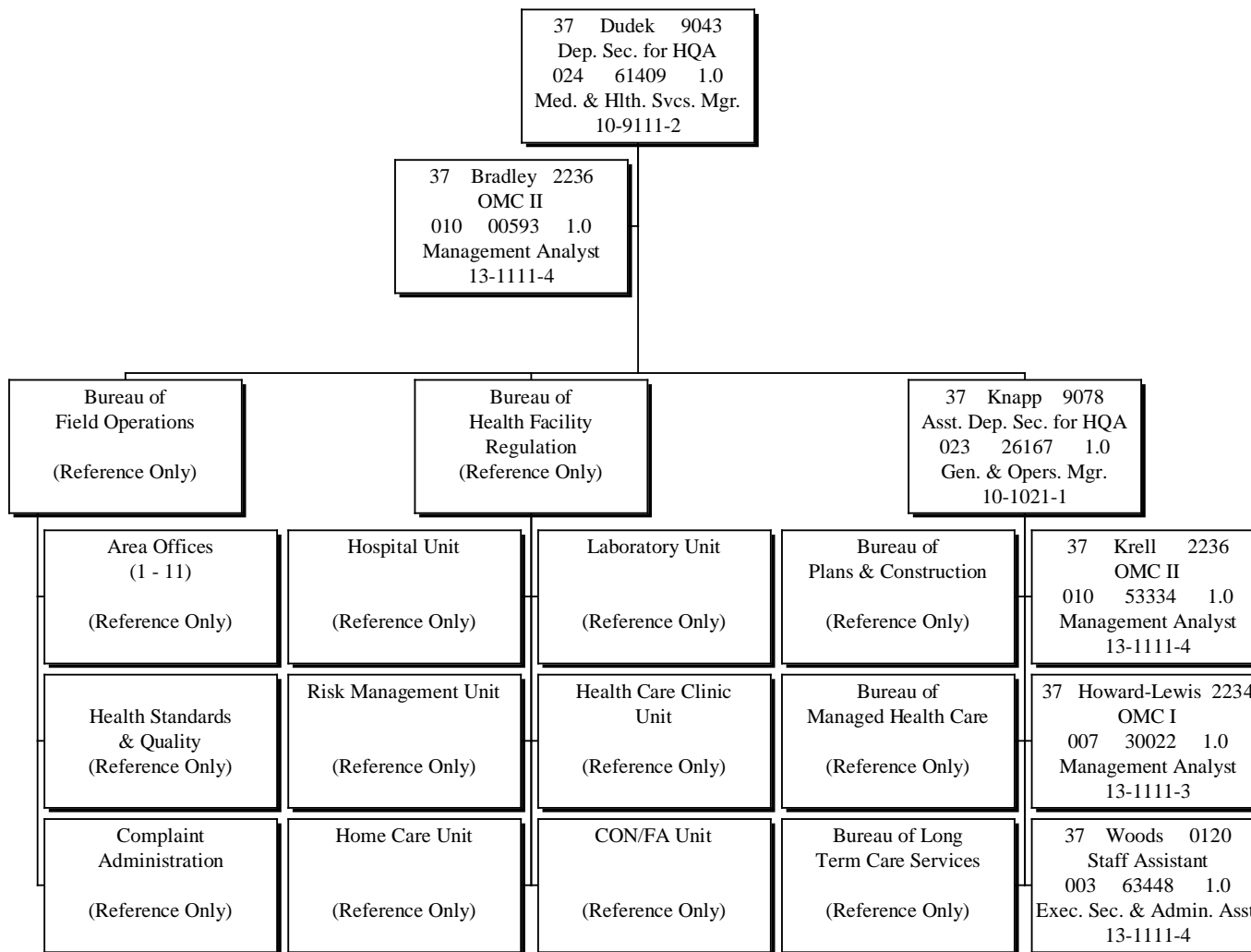
Org. Level: 68-20-70-00-000
Revised Date: July 1, 2009
FTEs: 5 Positions: 5



B-5

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance - Deputy Secretary's Office

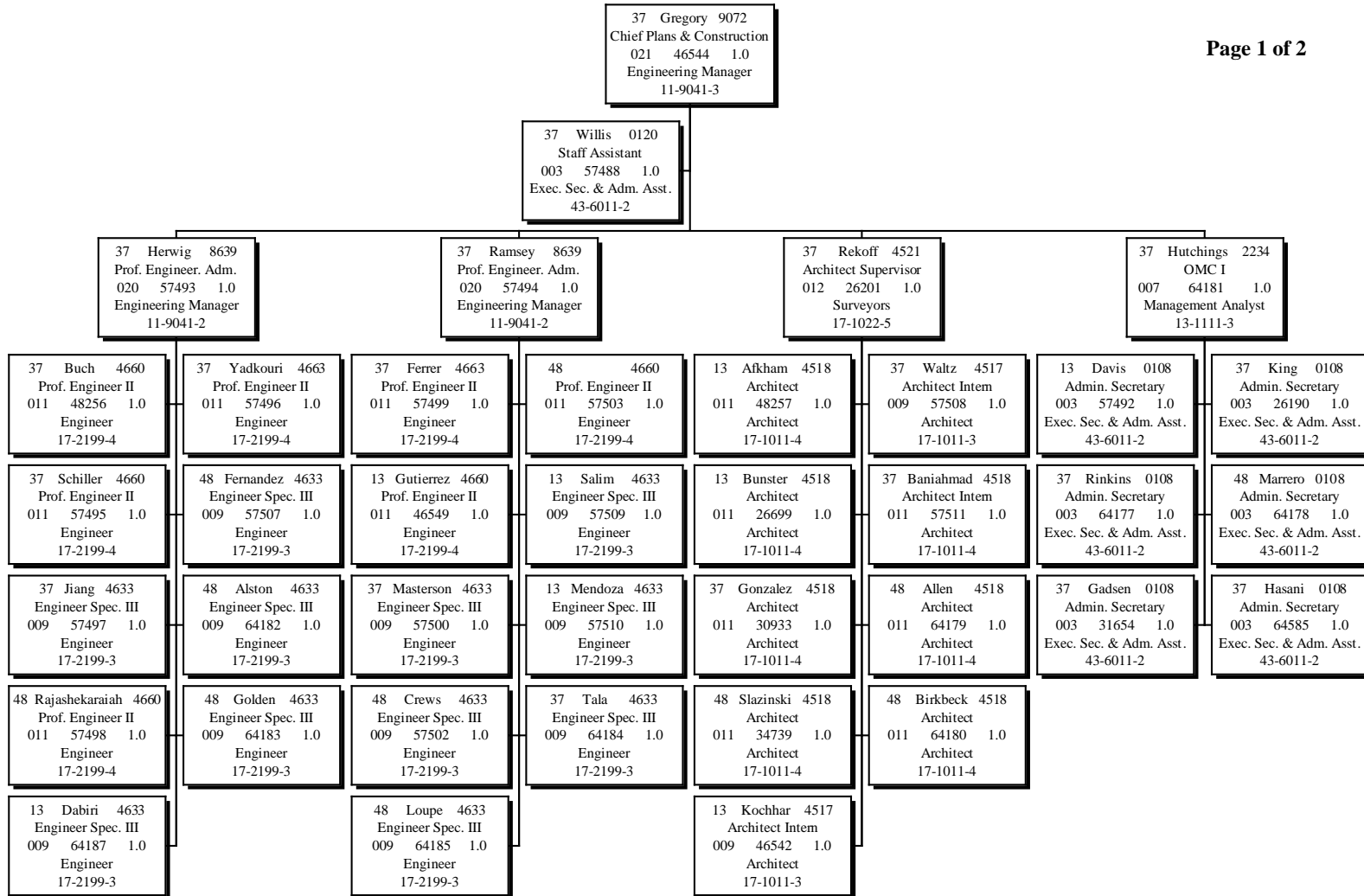
Org. Level: 68-30-00-00-000
 Revised Date: July 1, 2009
 FTEs: 6 Positions: 6



AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance - Plans and Construction

Org. Level: 68 30 10 00 000
 Revised Date: July 1, 2009
 FTEs: 46 Positions: 46



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

Org. Level: 68 30 10 00 000
 Revised Date: July 1, 2009
 FTEs: 46 Positions: 46

Chief Plans & Construction
 Engineering Manager
 (Reference Only)

37 Temkin 2238
 OMC Manager
 020 28050 1.0
 General & Opers. Mgr.
 11-1021-2

37 Vasko 8804
 Fire Protection Spec.
 007 61400 1.0
 Compliance Officer
 13-1041-3

48 Peka 8804
 Fire Protection Spec.
 007 31652 1.0
 Compliance Officer
 13-1041-3

13 Grasso 8804
 Fire Protection Spec.
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 Compliance Officer
 13-1041-3

48 Teat 8804
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 007 64654 1.0
 Compliance Officer
 13-1041-3

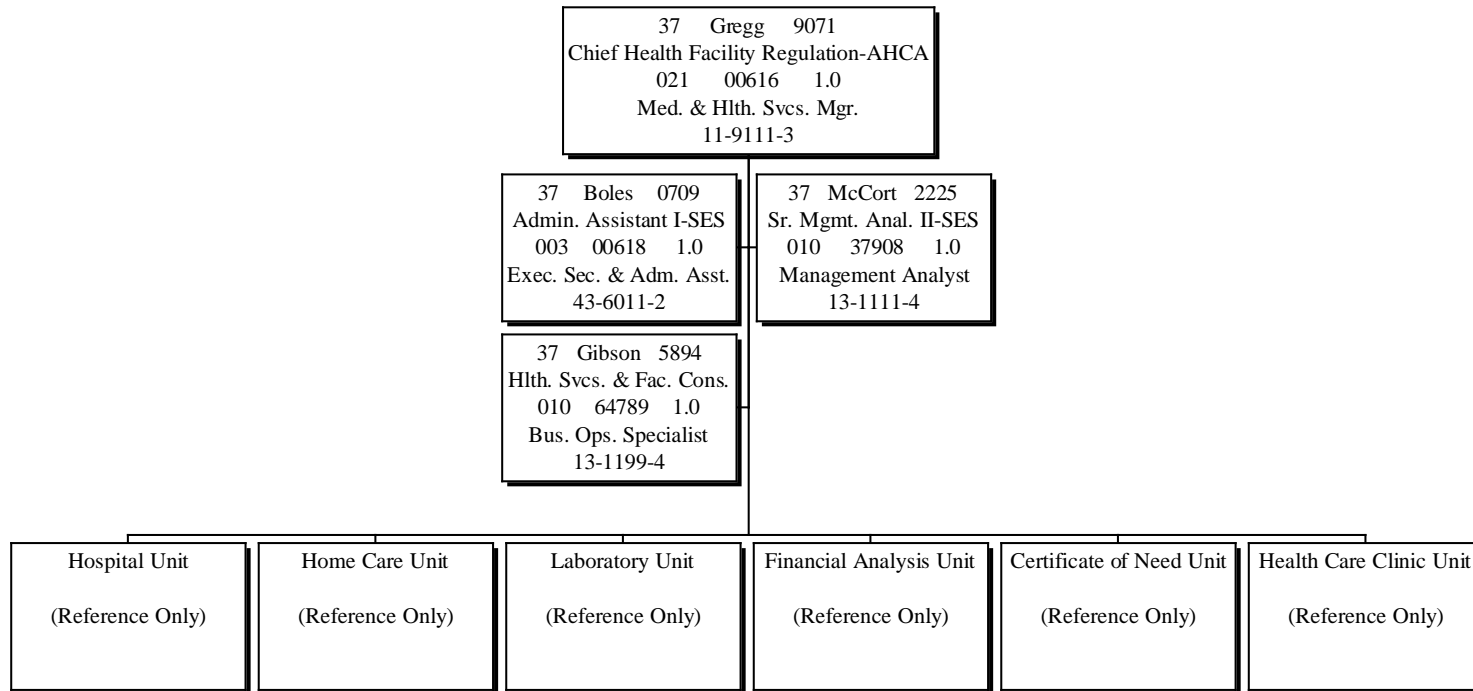
29 Cranfield 8804
 Fire Protection Spec.
 007 64656 1.0
 Compliance Officer
 13-1041-3

37 Starks 0440
 Regulatory Spec. I
 003 57490 1.0
 Compliance Officer
 13-1041-1

Page 2 of 2

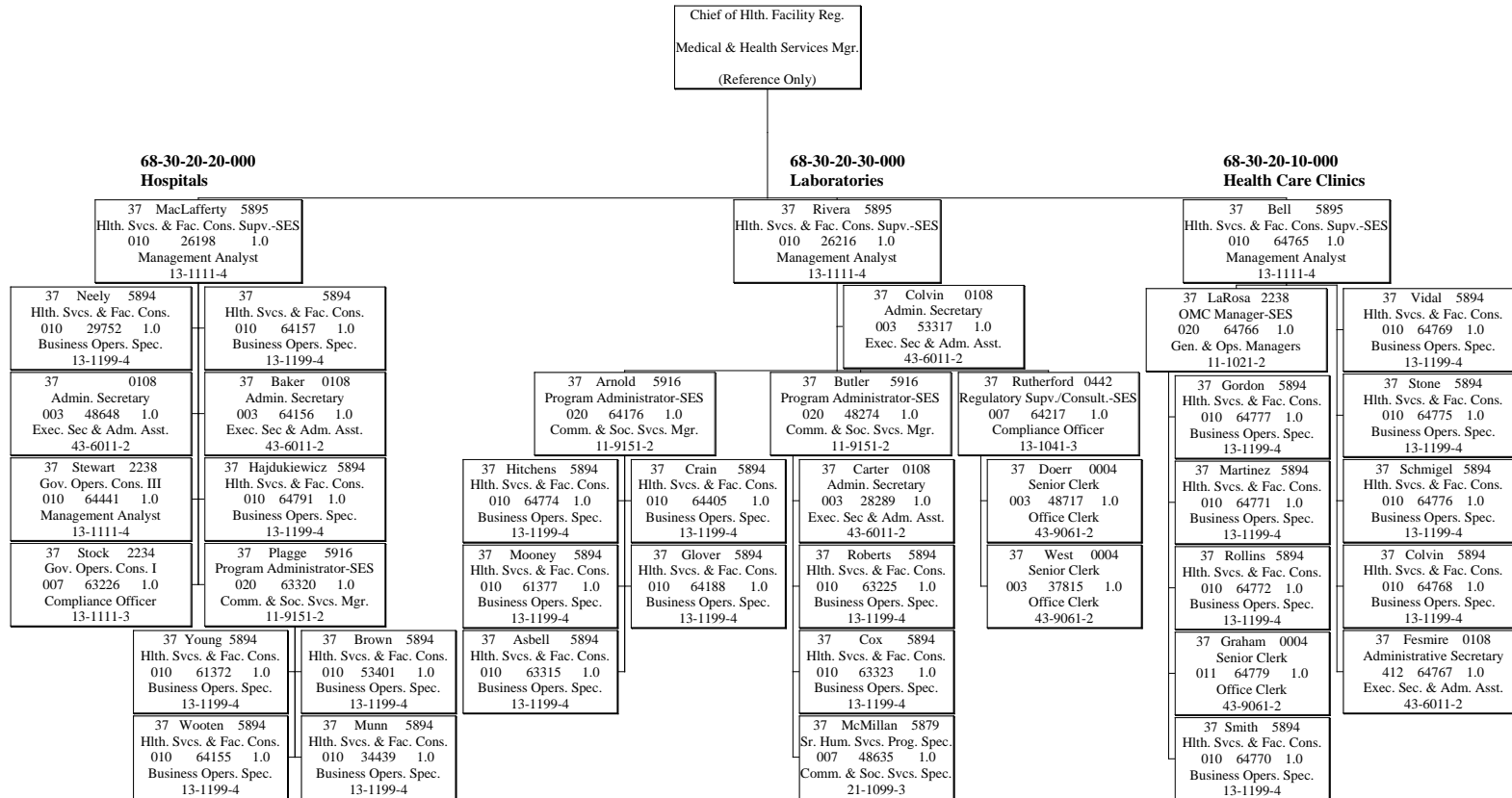
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Health Facility Regulation

Org. Level: 68 30 20 00 000
 Revised Date: June, 2009
 FTEs: 80 Positions: 80



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

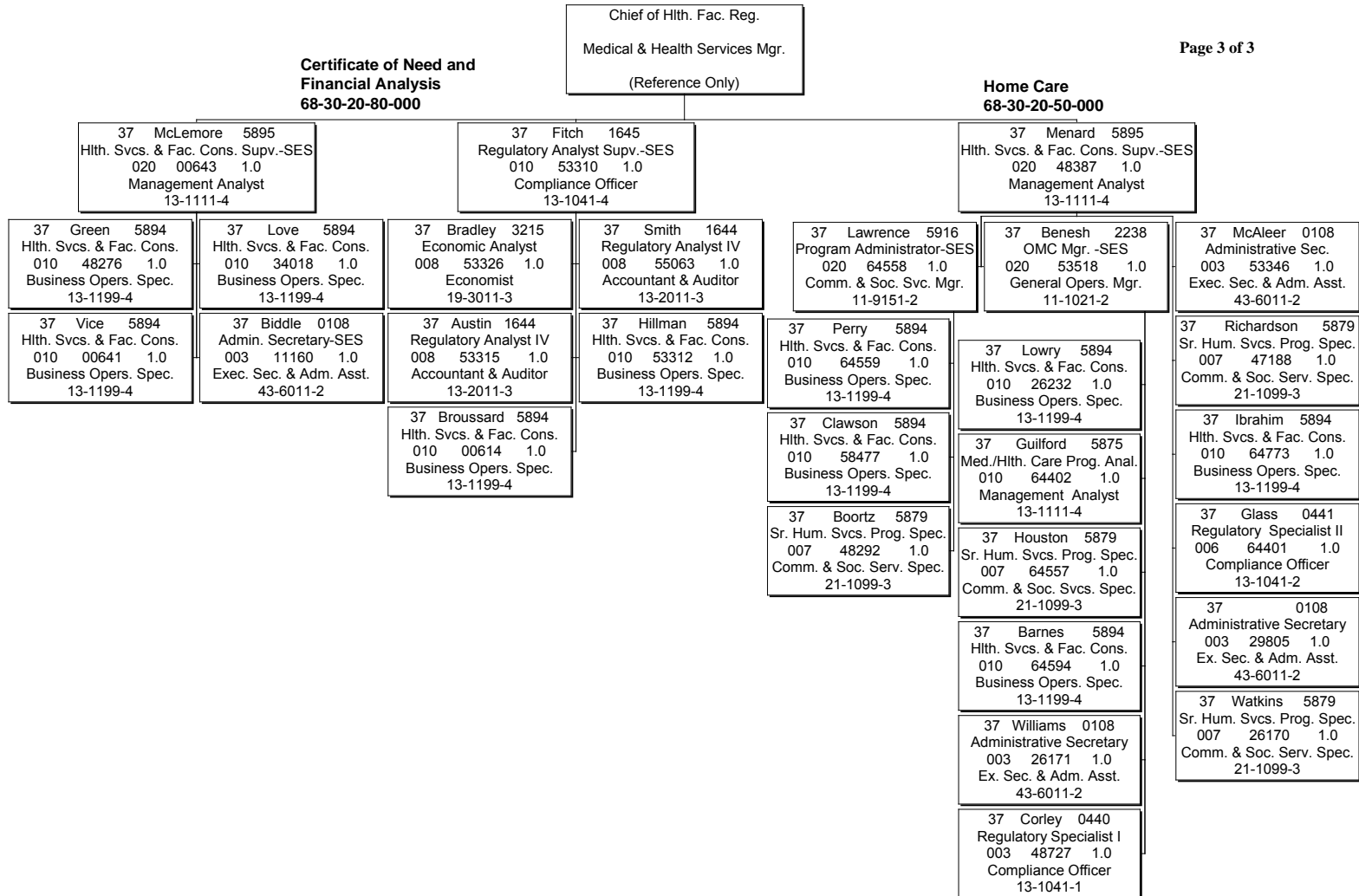
Revised Date: July 1, 2009
FTEs: 74 Positions: 74



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

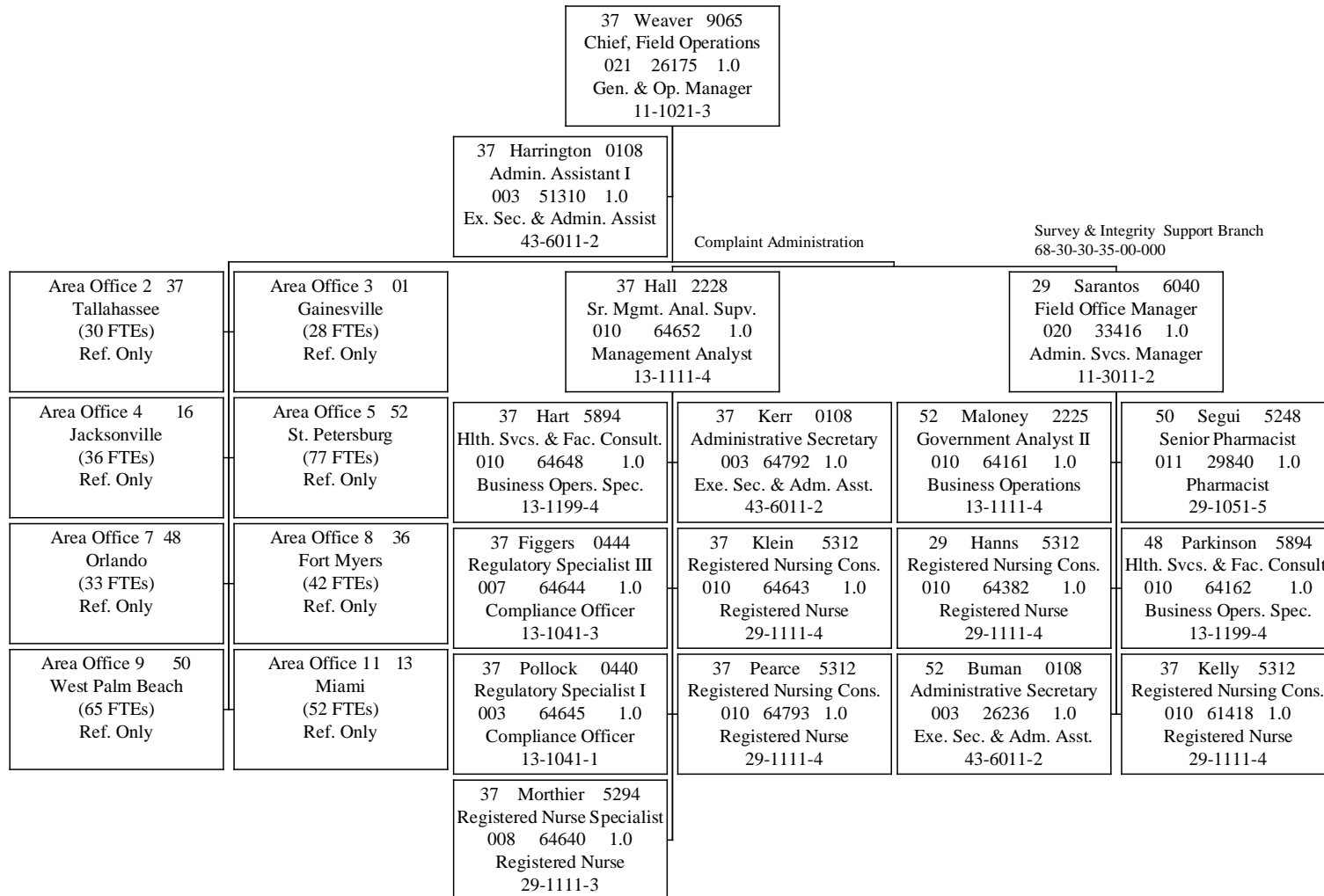
Revised Date: July 1, 2009
 FTEs 74 Positions: 74

Page 3 of 3



AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
(Field Operations)

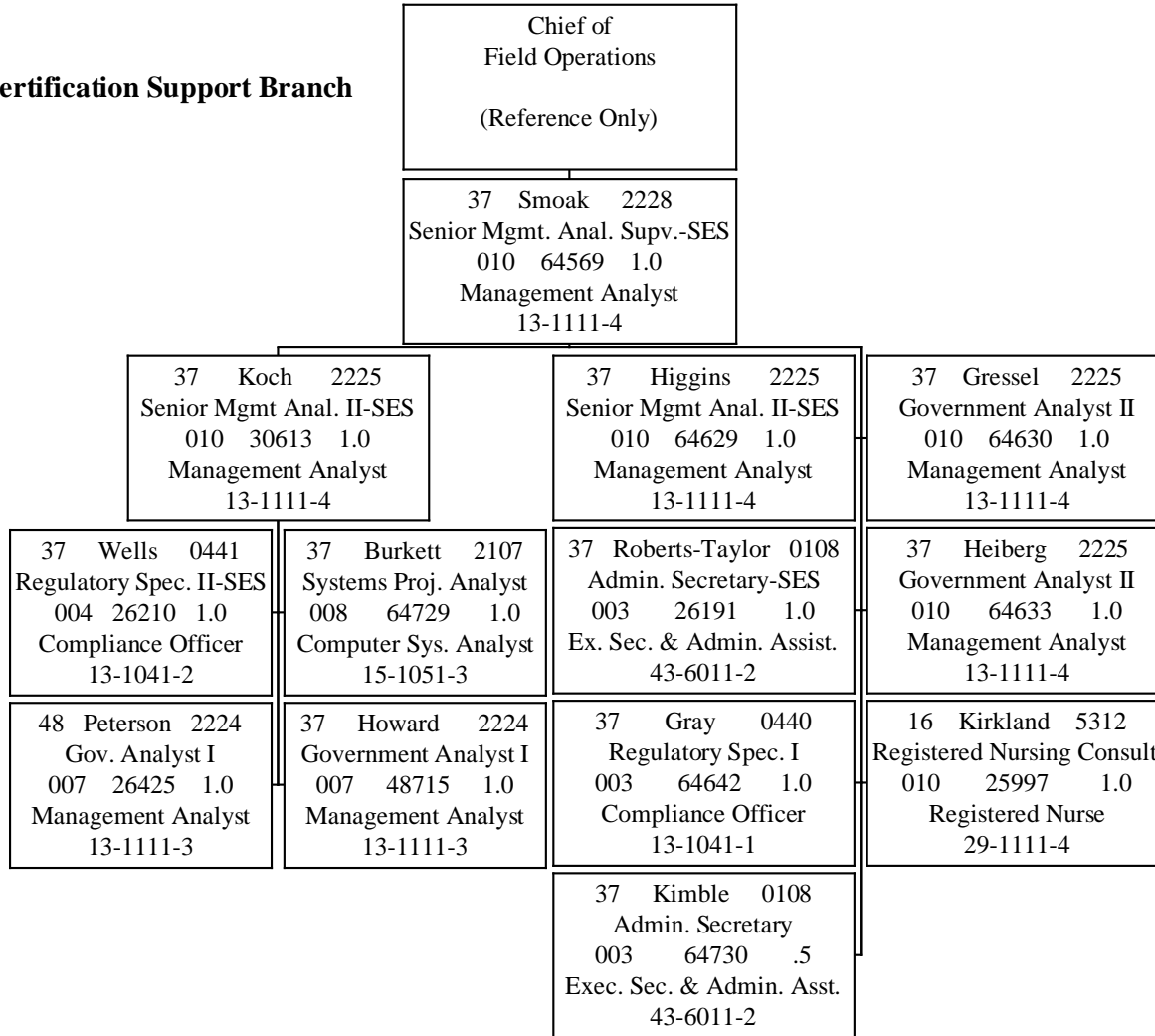
Org Code: 68-30-30-00-000
 Revised Date: July 1, 2009
 FTEs: 18 Positions: 18



AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Field Operations - Health Standards & Quality

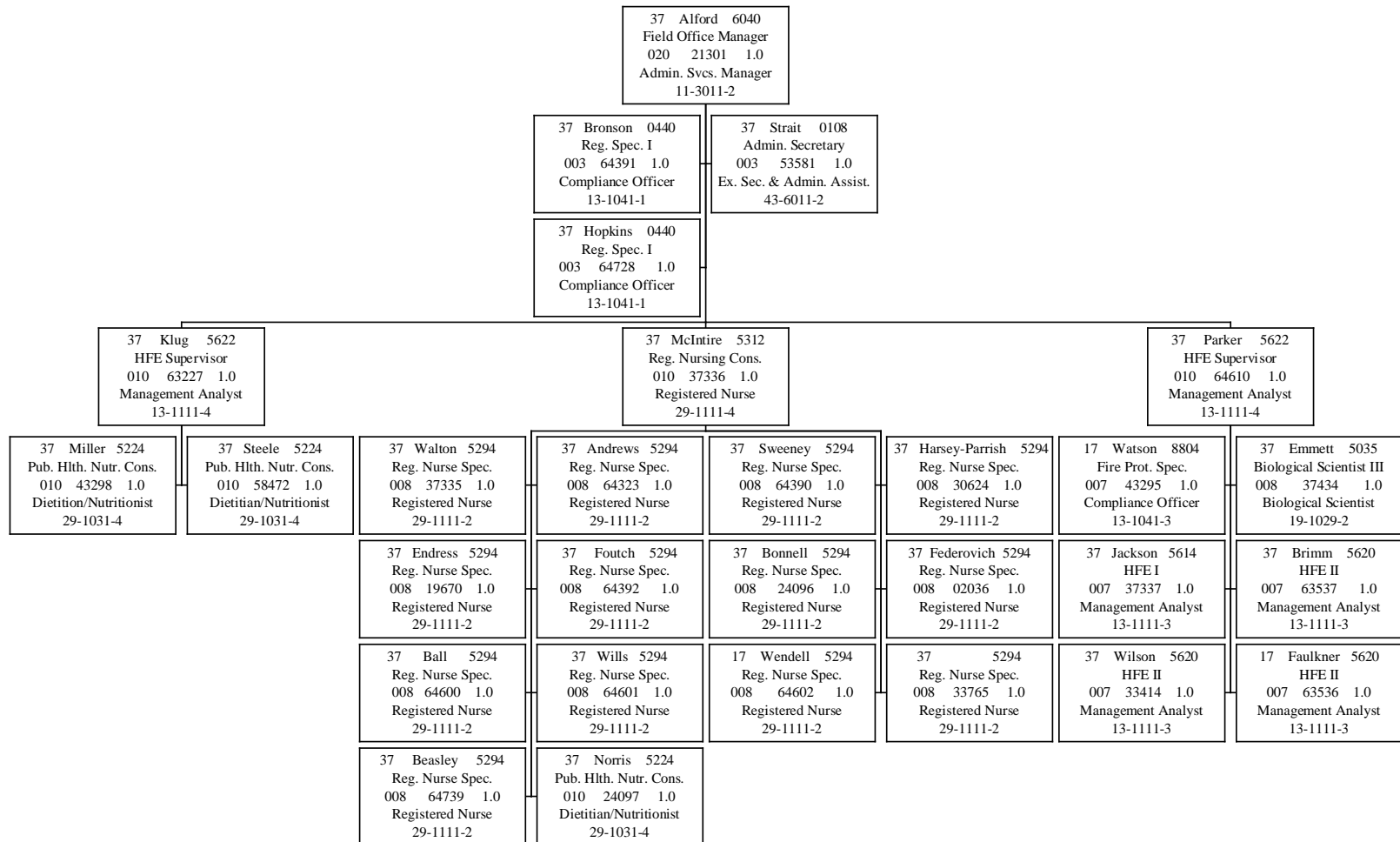
Revised Date: July 1, 2009
 Org Level: 68-30-30-00-000
 FTEs: 12.5 Position: 13

Survey & Certification Support Branch



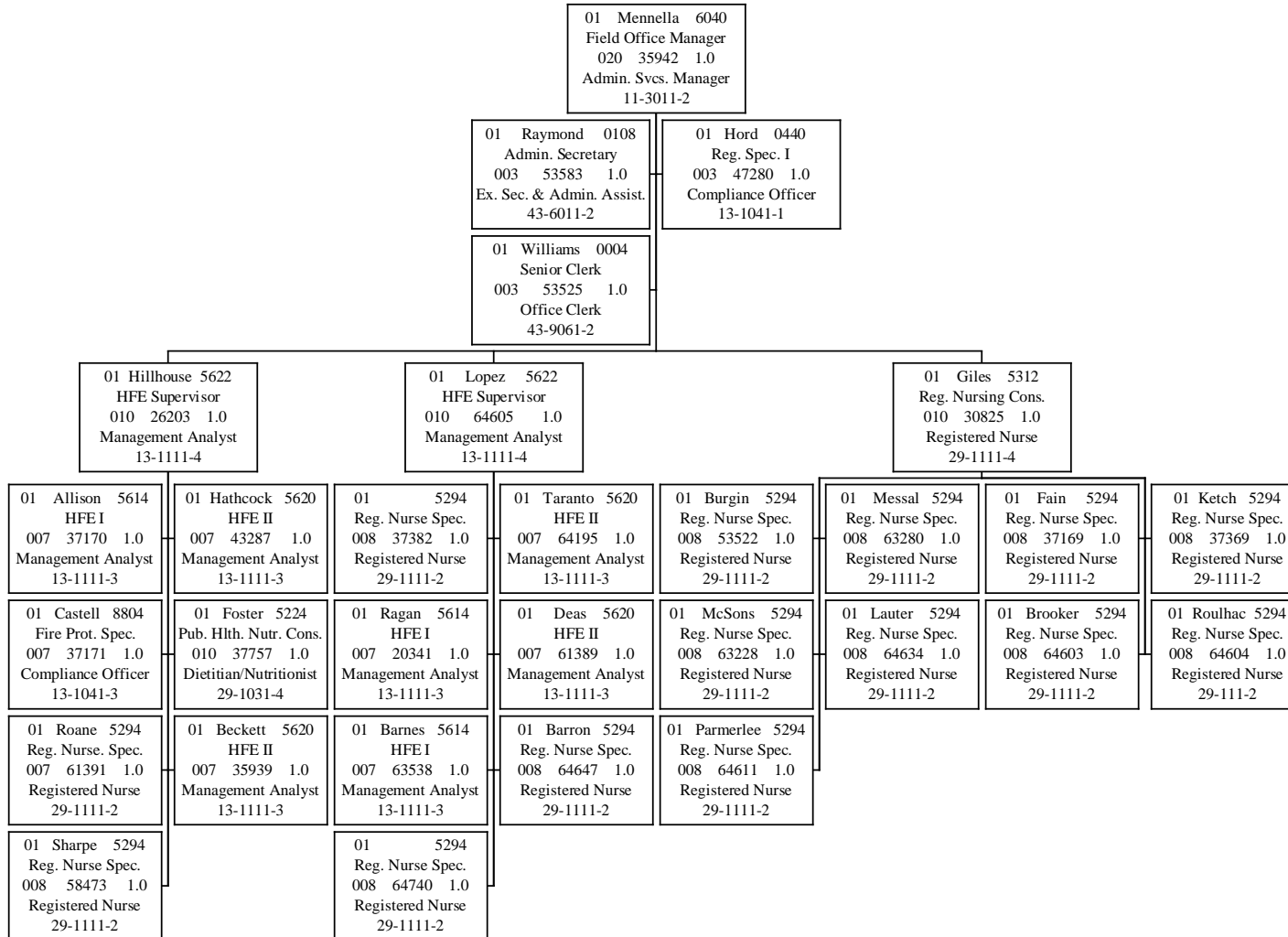
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 2 - Tallahassee

Org. Level: 68 30 30 02 000
 Revised Date: July 1, 2009
 FTEs: 29 Positions: 29



AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 3 Alachua

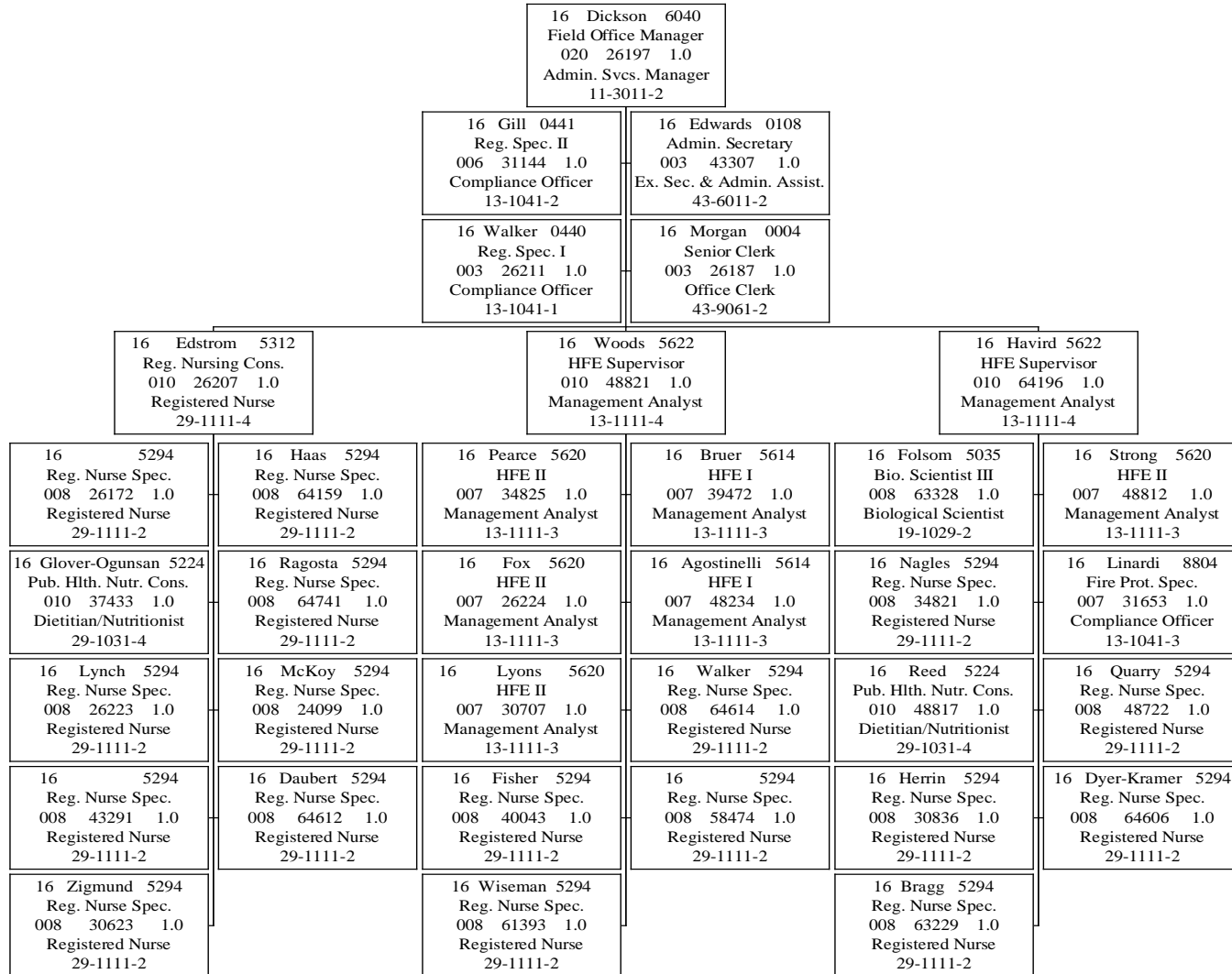
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C-4-4

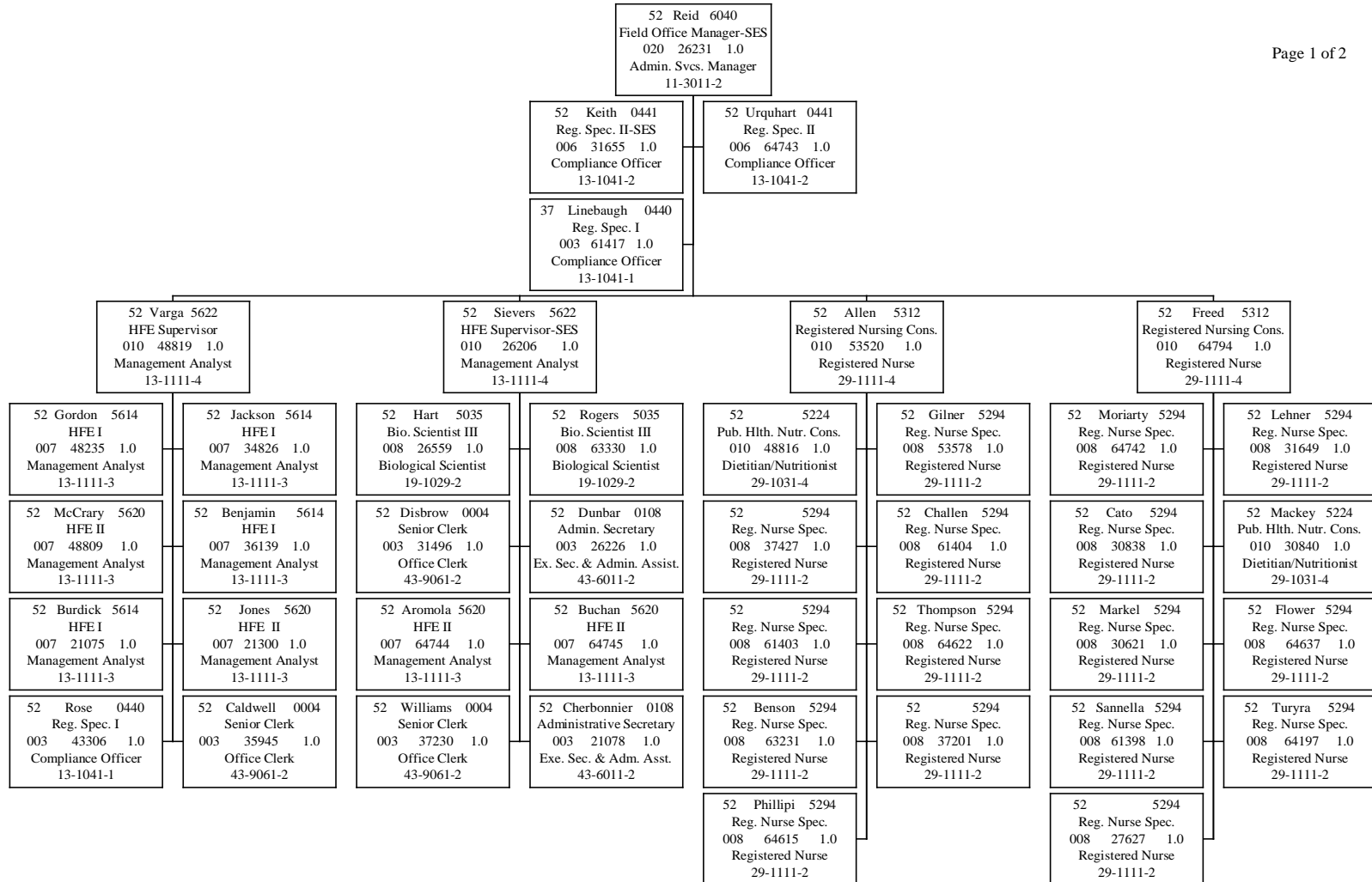
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 4 - Jacksonville

Org. Level: 68 30 30 04 000
 Revised Date: July 1, 2009
 FTEs: 35 Positions: 35



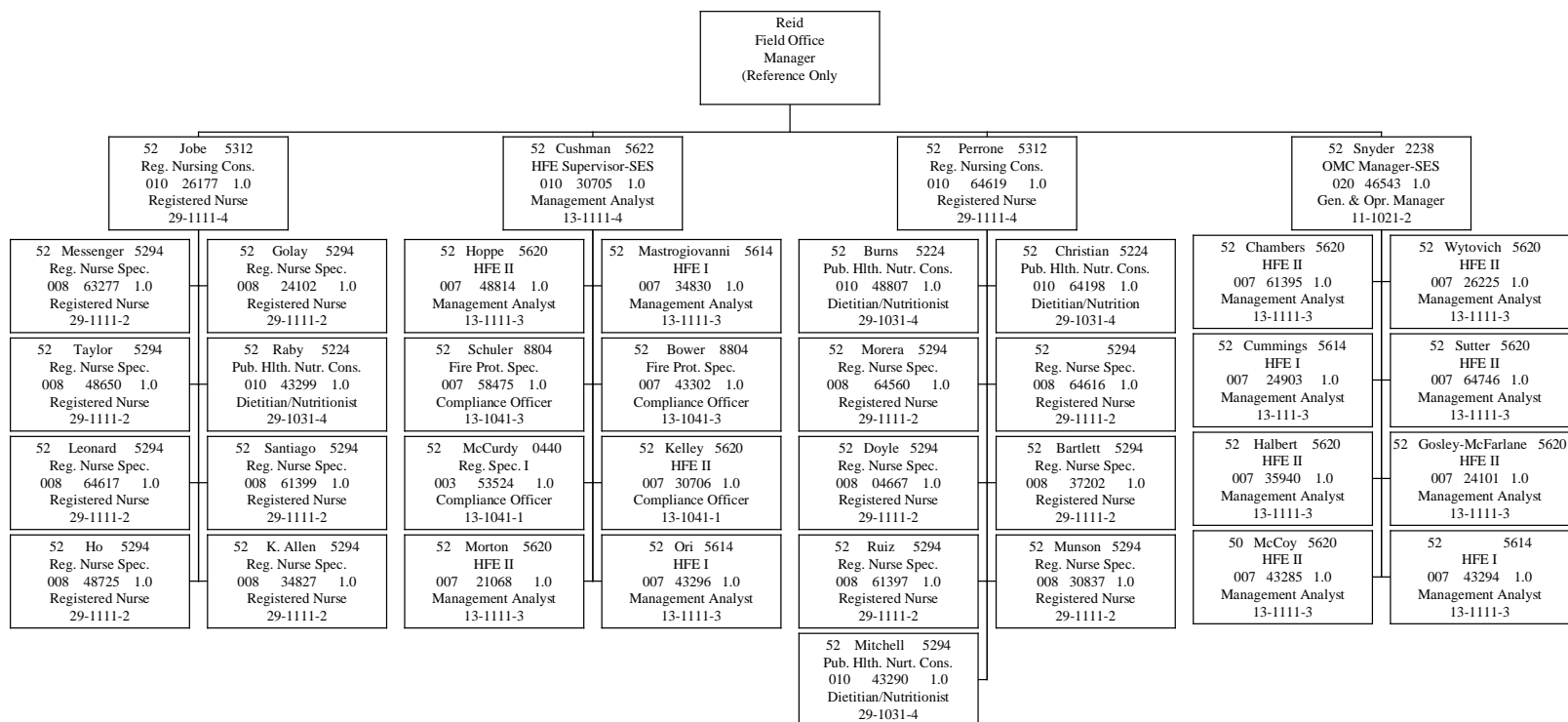
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 5 - St. Petersburg

Org Level: 68 30 30 05 00
 Revised Date: July 1, 2009
 FTEs: 79 Positions: 79



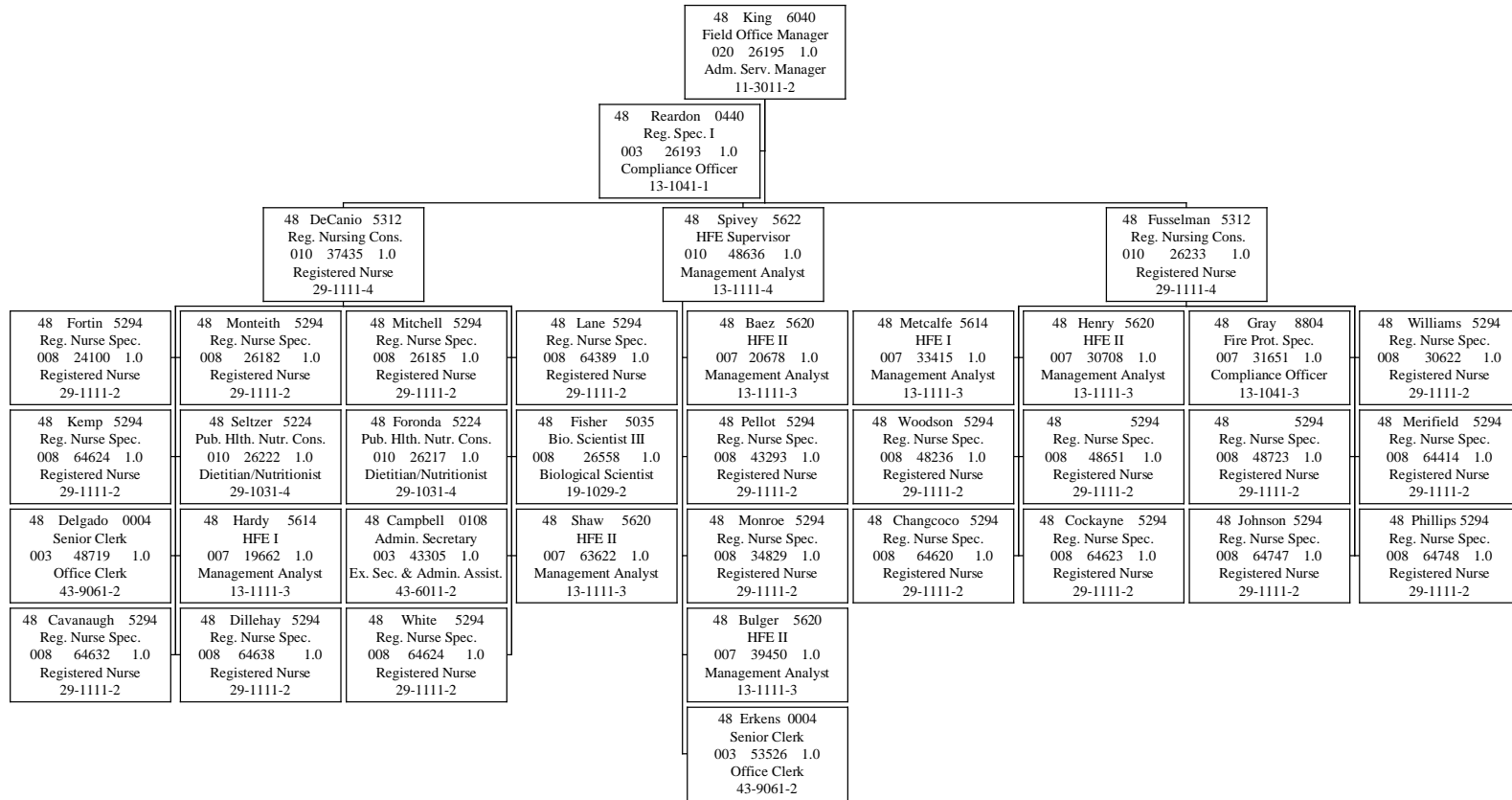
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 5 - St. Petersburg

Org. Level: 68 30 30 05 000
 Revised Date: July 1, 2009
 FTEs: 79 Positions: 79



AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 7 - Orlando

Org. Level: 68 30 30 07 000
 Revised Date: July 1, 2009
 FTEs: 37 Positions: 37



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

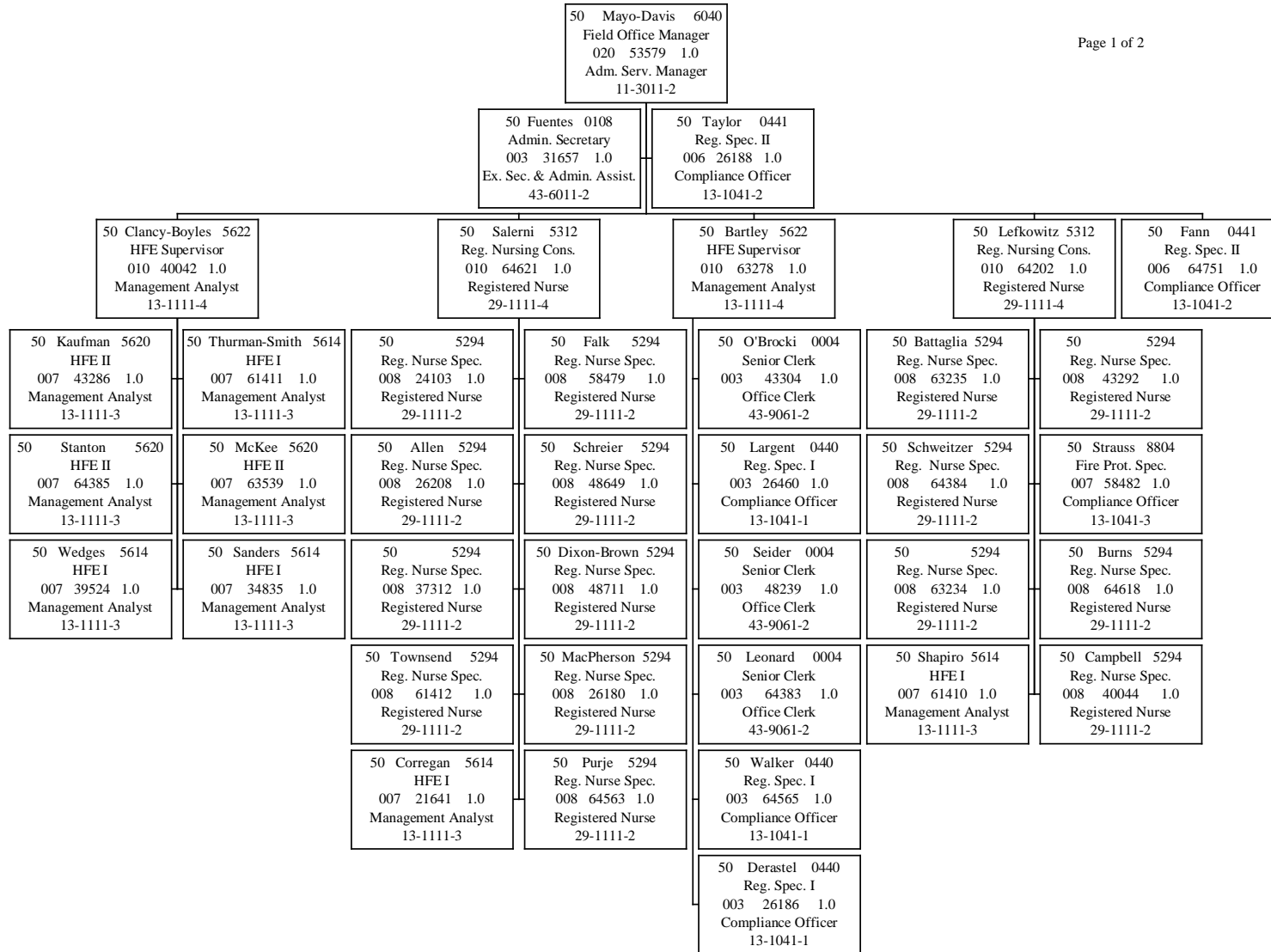
Org. Level: 68 30 30 08 000
 Revised Date: July 1, 2009
 FTEs: 41 Positions: 41

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			36 Houk 5312 Reg. Nursing Cons. 010 64639 1.0 Registered Nurse 29-1111-4	36 Faison 5622 HFE Supervisor 010 48813 1.0 Management Analyst 13-1111-4		36 Fisher 5312 Reg. Nursing Cons. 010 64650 1.0 Registered Nurse 29-1111-4
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 Herbert 5294 Reg. Nurse Spec. 008 30625 1.0 Registered Nurse 29-1111-2	36 Wolfe 5294 Reg. Nurse Spec. 008 63232 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 Pinto 5224 Pub. Hlth. Nutr. Cons. 010 64609 1.0 Dietitian/Nutritionist 29-1031-4
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 Vanderford 5294 Reg. Nurse Spec. 010 34822 1.0 Registered Nurse 29-1111-2	36 Reed 5294 Reg. Nurse Spec. 008 64627 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 5294 Reg. Nurse Spec. 008 64628 1.0 Registered Nurse 29-1111-2	36 Byrne 5294 Reg. Nurse Spec. 008 64625 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	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 Bustamante 5620 HFE II 007 35941 1.0 Management Analyst 13-1111-3	13 Fernandez 5620 HFE II 007 64608 1.0 Management Analyst 13-1111-3	36 Dolan 5294 Reg. Nurse Spec. 008 37828 1.0 Registered Nurse 29-1111-2	36 Kaczmarek 5294 Reg. Nurse Spec. 008 64626 1.0 Registered Nurse 29-1111-2
36 Steiner 5620 HFE II 007 64194 1.0 Management Analyst 13-1111-3	36 Worley 0004 Senior Clerk 003 64388 1.0 Office Clerk 43-9061-2	36 Ford 5224 Pub. Hlth. Nutr. Cons. 010 61405 1.0 Dietitian/Nutritionist 29-1031-4			13 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 Partlow 5294 Reg. Nurse Spec. 008 43283 1.0 Registered Nurse 29-1111-2
36 Alter 5620 HFE II 007 61419 1.0 Management Analyst 13-1111-3	36 Stuckey 8804 Fire Prot. Spec. 007 43301 1.0 Compliance Officer 13-1041-3			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 S. Smith 0441 Reg. Spec. II 006 64749 1.0 Compliance Officer 13-1041-2	36 Corrales 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 Seehawer 5294 Reg. Nurse Spec. 008 31574 1.0 Registered Nurse 29-1111-2		
36 N. Smith 5620 HFE II 007 21873 1.0 Management Analyst 13-1111-3					36 Seville 5294 Reg. Nurse Spec. 008 31578 1.0 Registered Nurse 29-1111-2	36 Negahdari 0108 Admin. Secretary 003 25182 1.0 Ex. Sec. & Admin. Assist. 43-6011-2	
36 McAllister 5620 HFE II 007 64761 1.0 Management Analyst 13-1111-3					36 Mozen 5294 Reg. Nurse Spec. 008 63230 1.0 Registered Nurse 29-1111-2		

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

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 9 - West Palm Beach

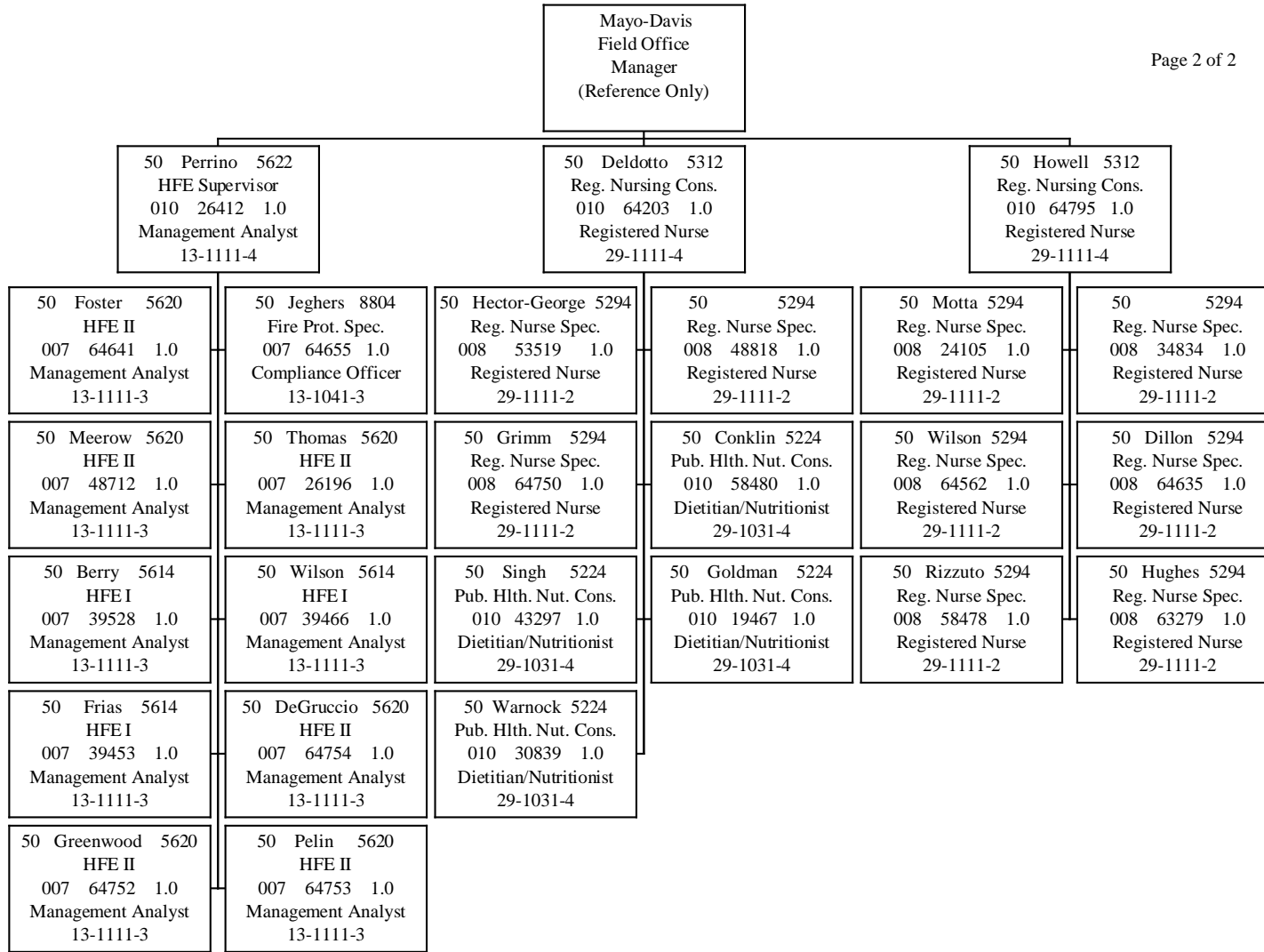
Org. Level: 68 30 30 09 000
 Revised Date: July 1, 2009
 FTEs: 64 Positions: 64



AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 9 - West Palm Beach

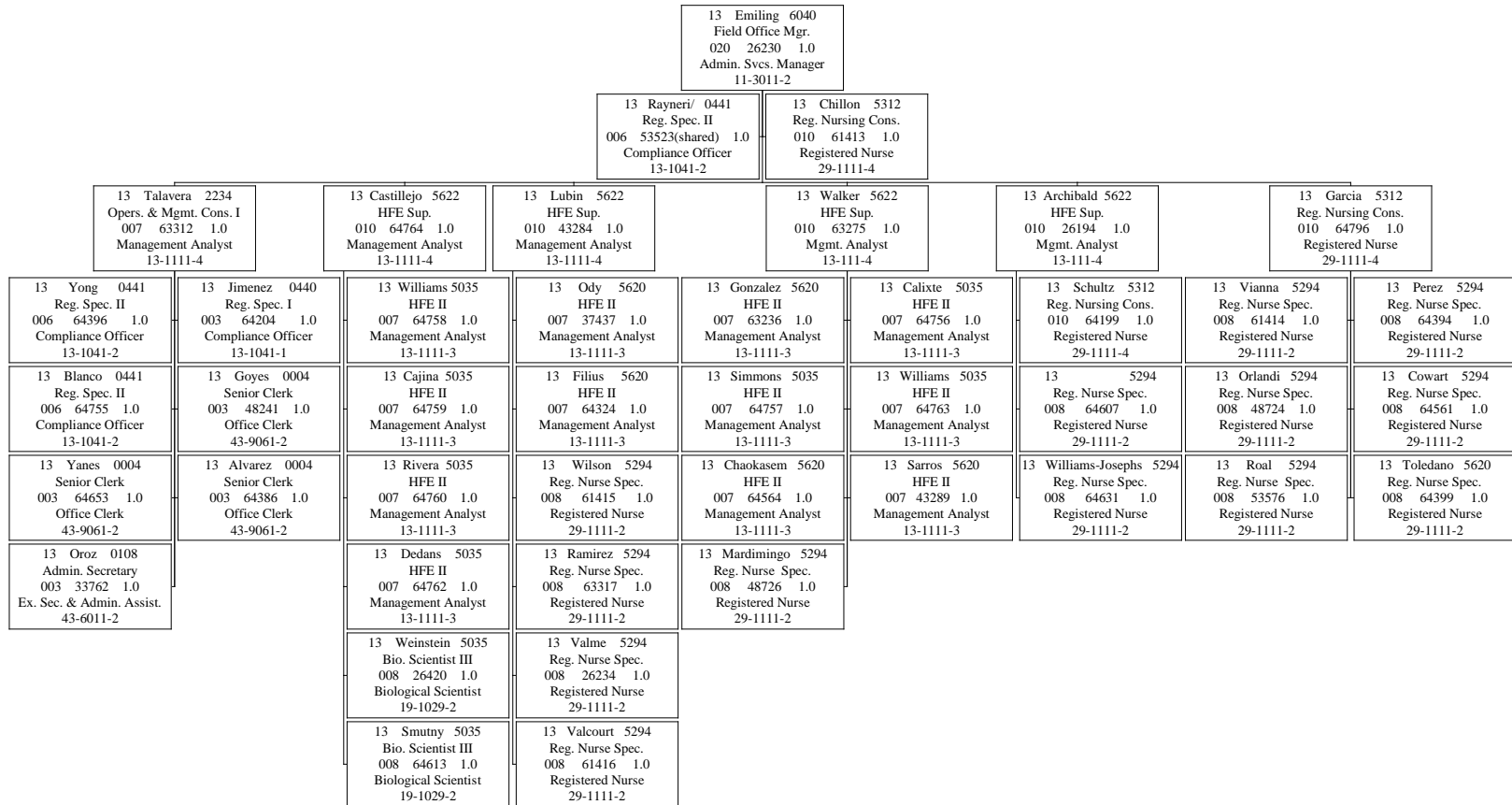
Org Code: 68 30 30 09 000
 Revised Date: July 1, 2009
 FTEs: 64 Positions: 64

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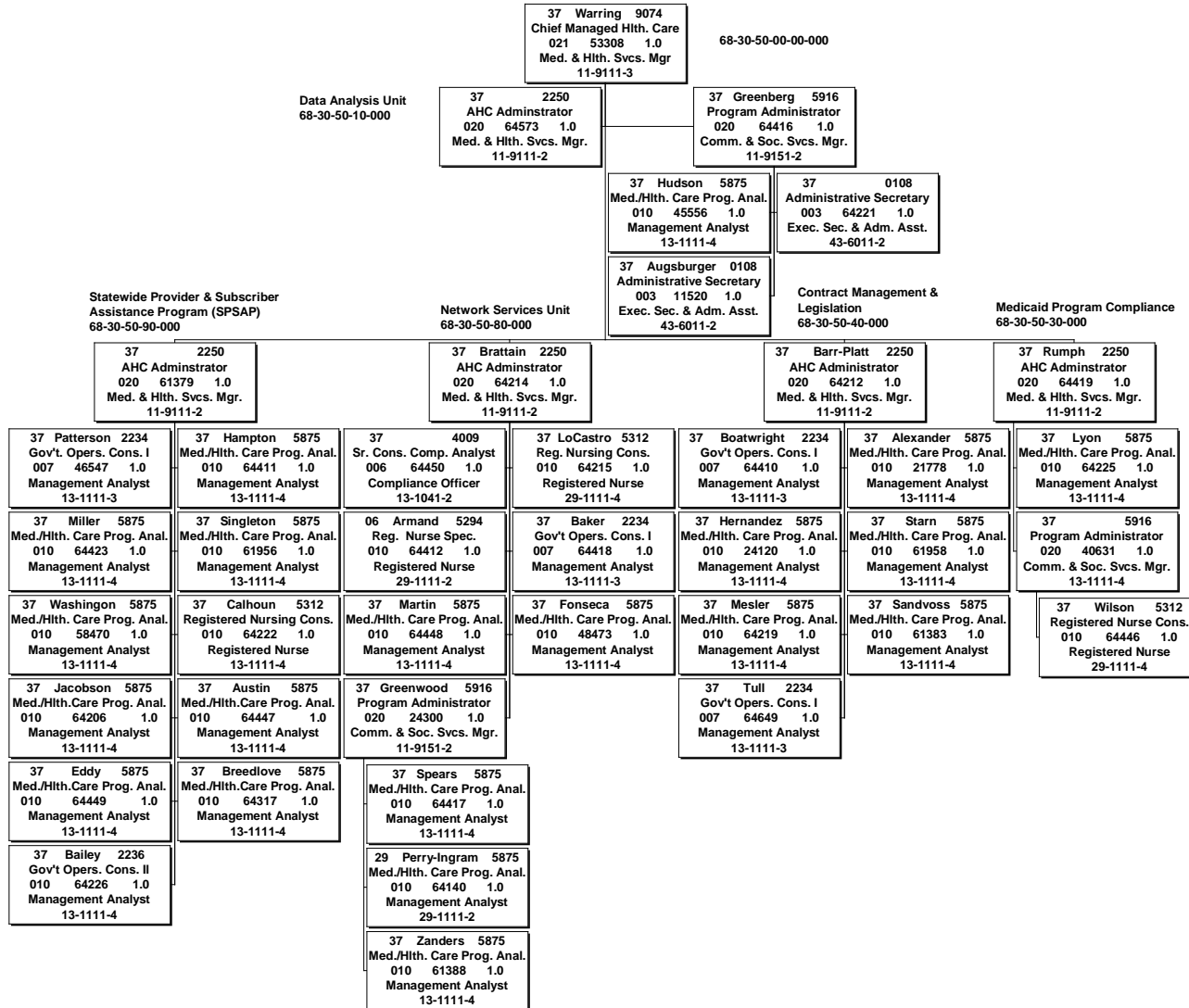
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 11 - Miami

Org. Level: 68 30 30 11 000
 Revised Date: July 1, 2009
 FTEs: 53 Positions: 53



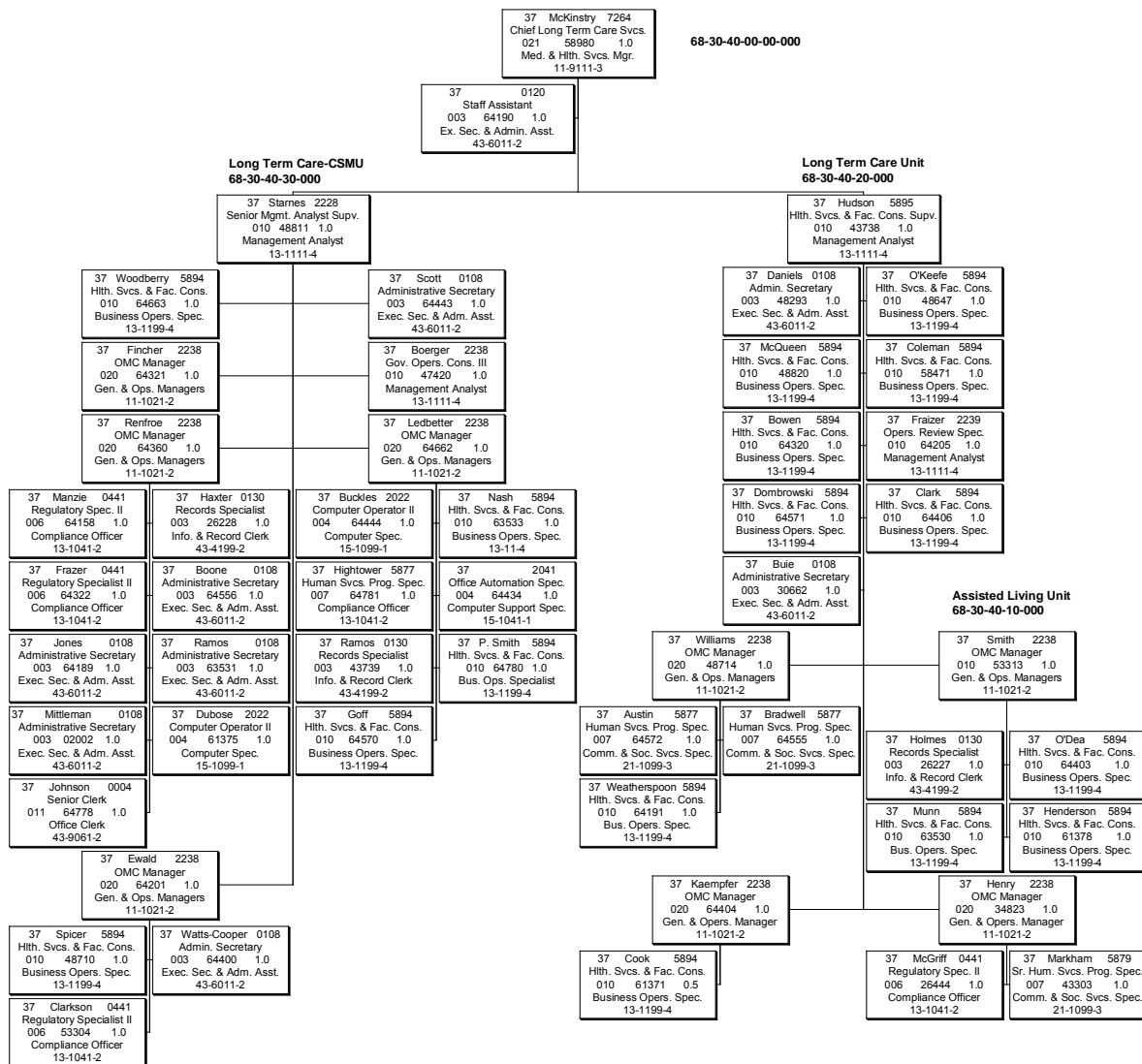
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance - Managed Health Care

Revised Date: July 1, 2009
 FTEs: 41 Positions: 41



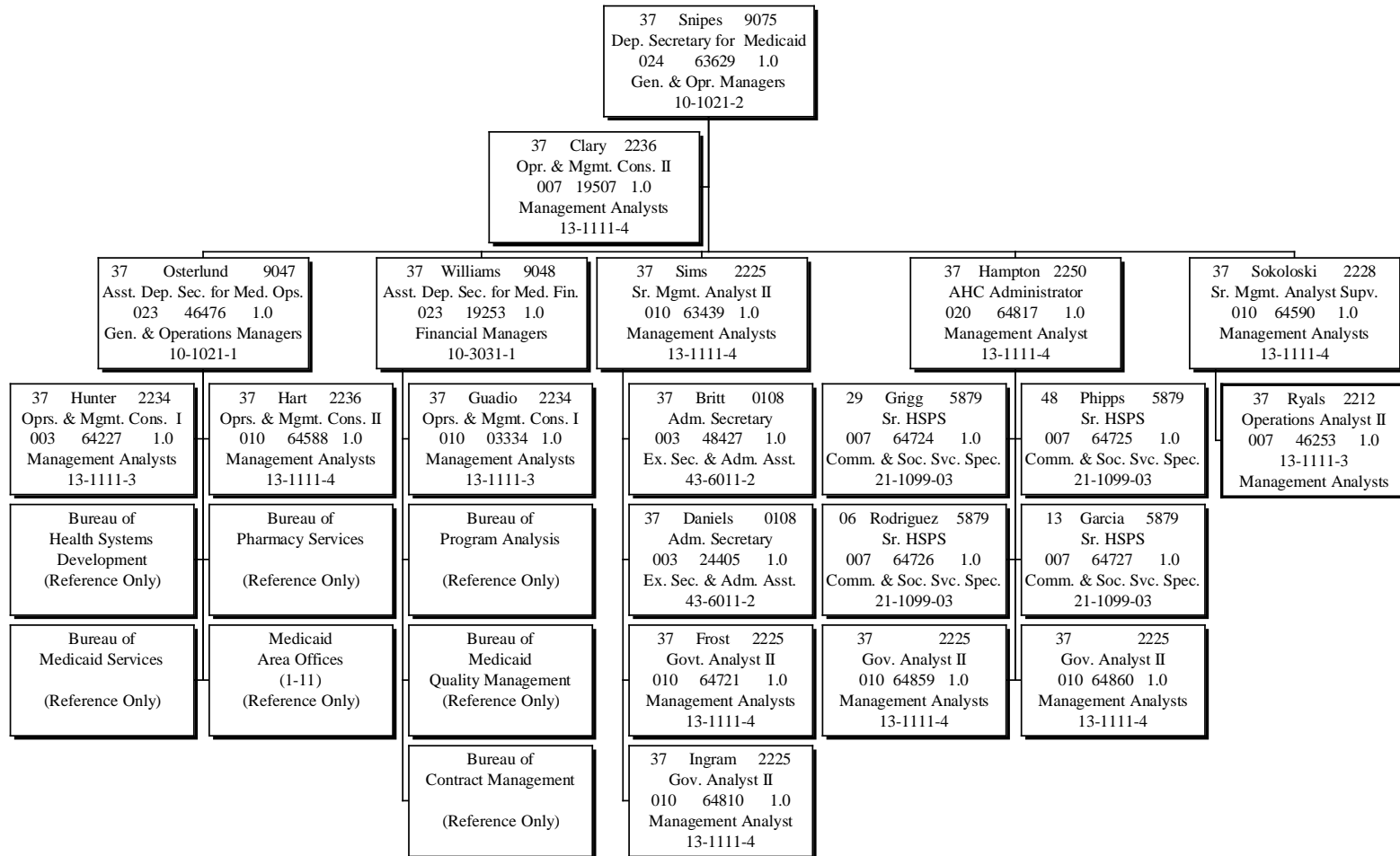
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Bureau of Long Term Care Services

Revised Date: July 1, 2009
 FTEs: 52.5 Positions: 53



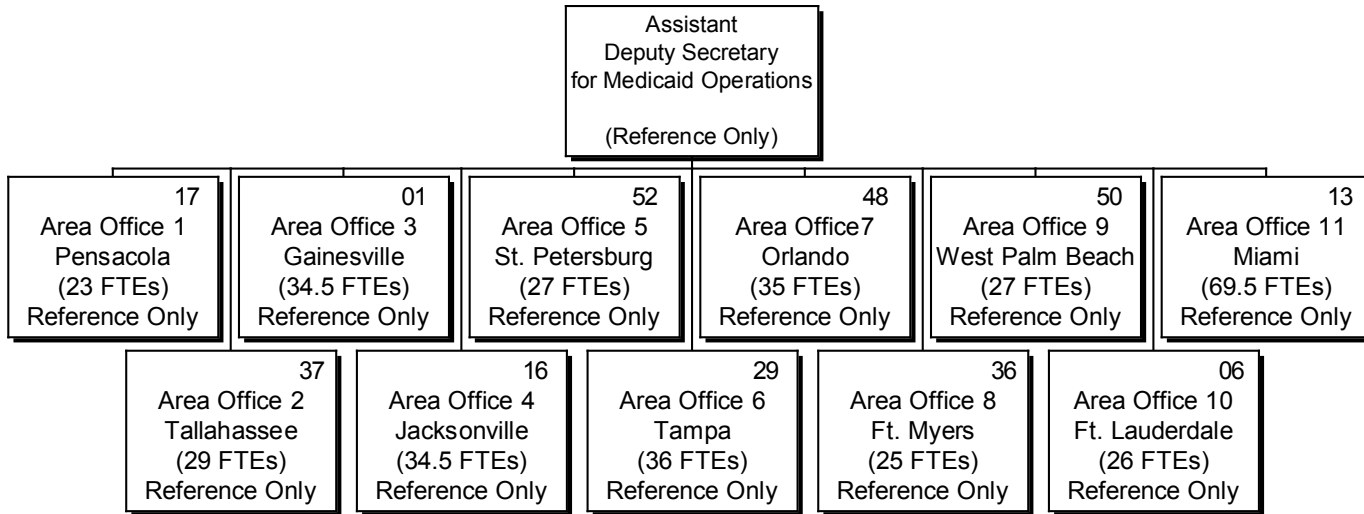
**AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid - Deputy Secretary's Office**

Org. Level: 6850000000
Revised Date: July 1, 2009
FTEs: 21 Positions: 21



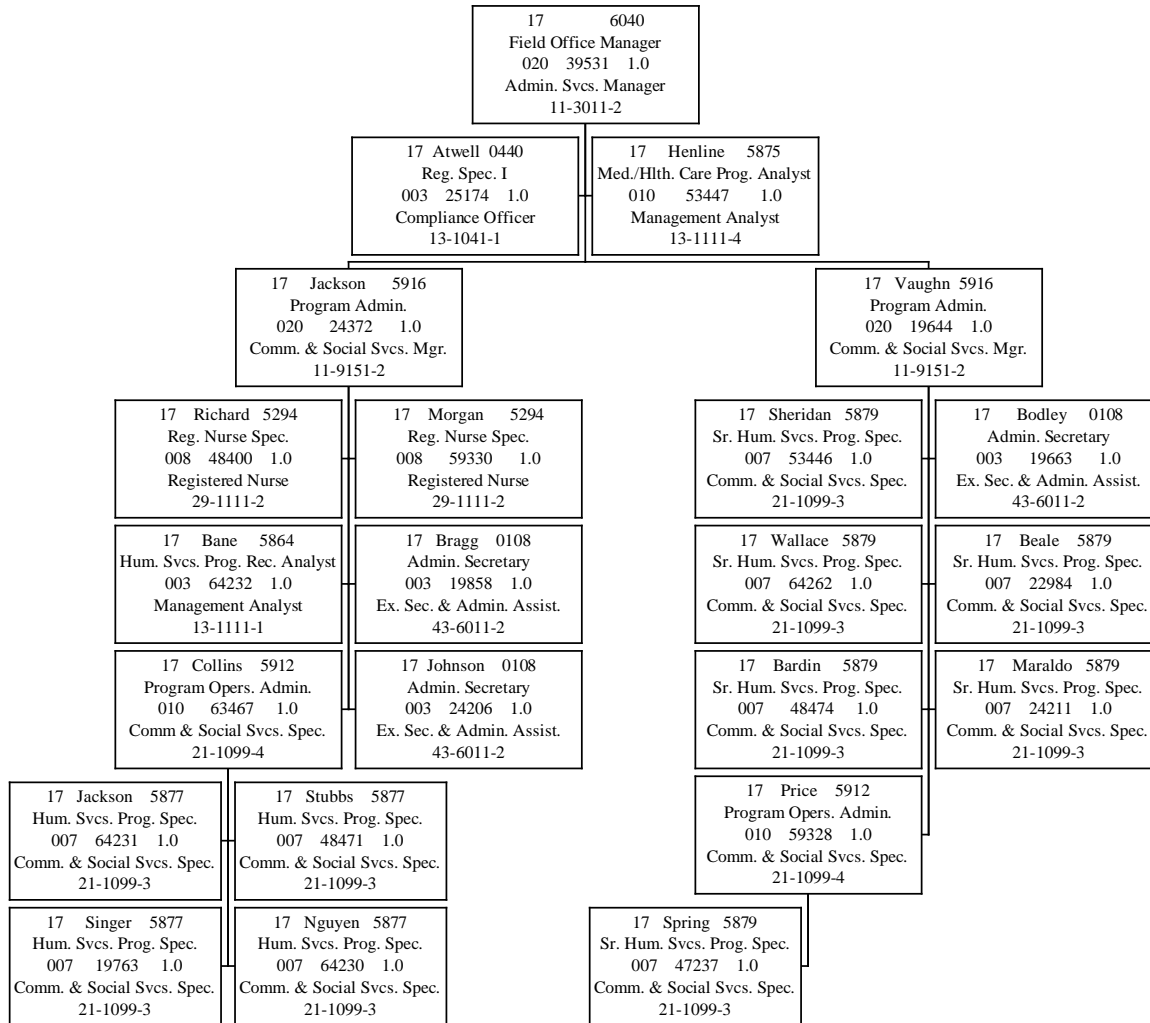
**AGENCY FOR HEALTH CARE ADMINISTRATION
MEDICAID AREA OFFICES**

Org. Level: 68 50 10 00 000
Revised Date: July 1, 2009
FTEs: 366.5 Positions: 371



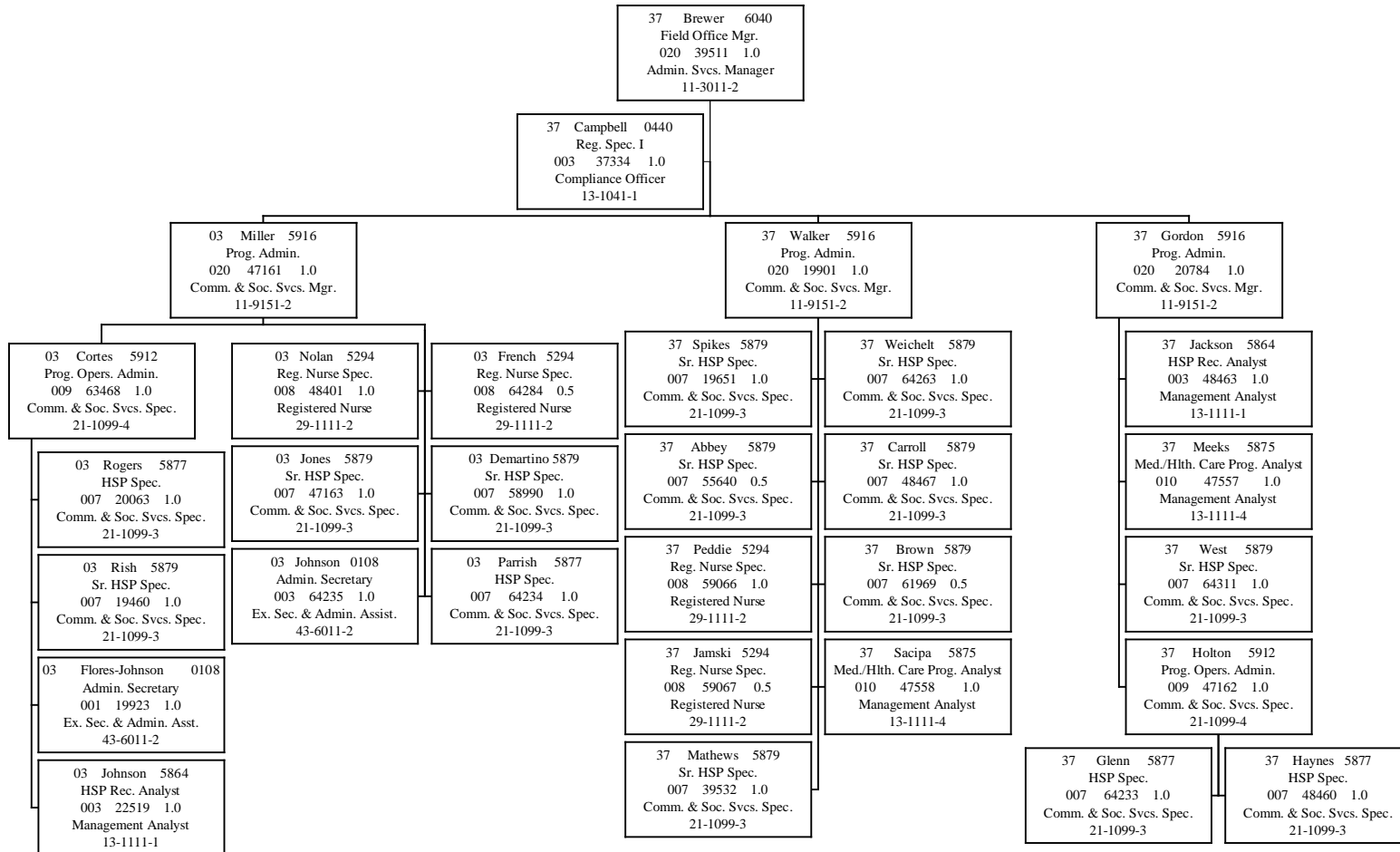
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 1 - Pensacola

Org. Level: 68 50 10 01 000
 Revised Date: July 1, 2009
 FTEs: 23 Positions: 23



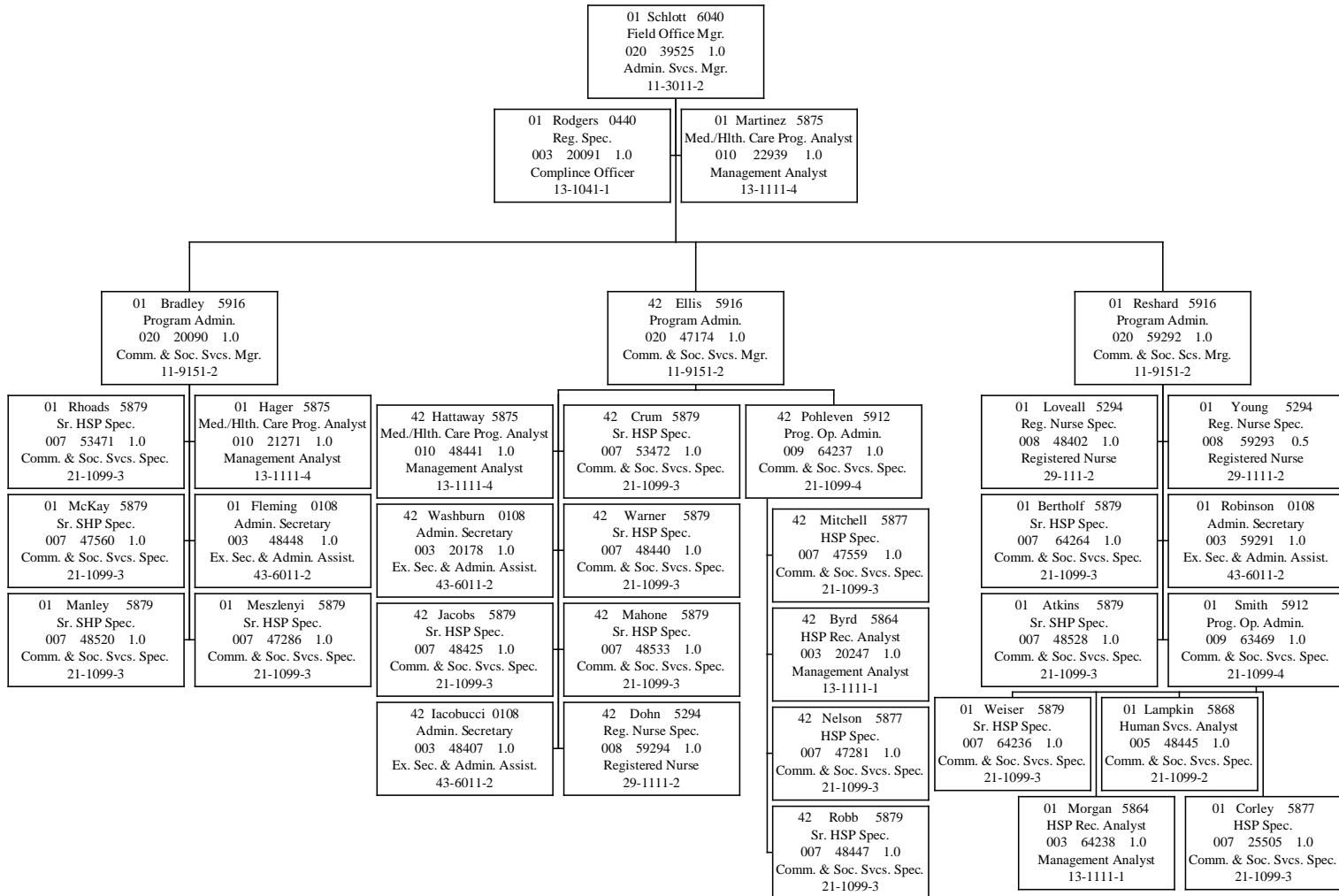
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 2 - Tallahassee

Org. Level: 68 50 10 02 000
 Revised Date: July 1, 2009
 FTEs: 29 Positions: 31



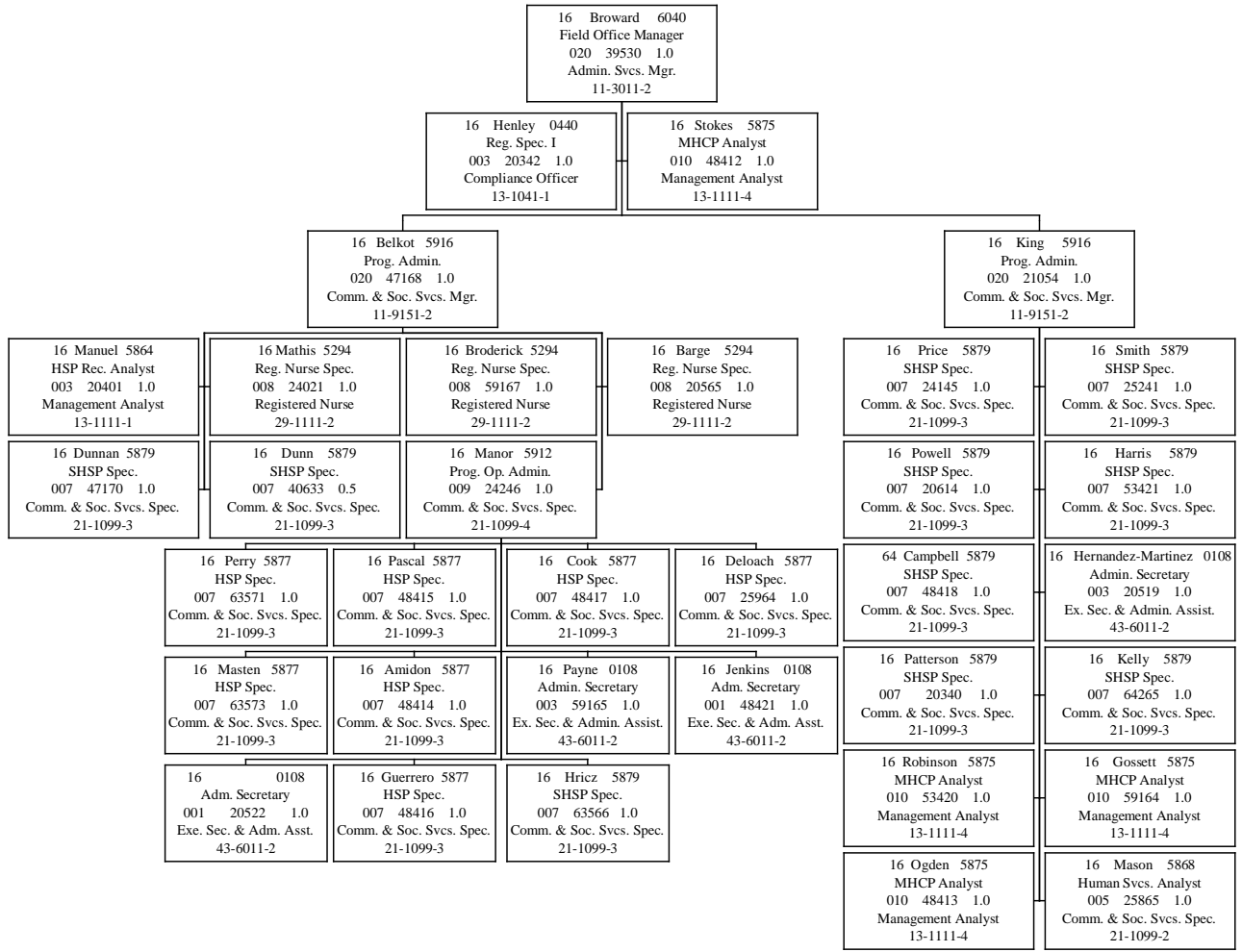
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 3 - Gainesville

Org. Level: 68 50 10 03 000
 Revised Date: July 1, 2009
 FTEs: 34.5 Positions: 35



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 4 - Jacksonville

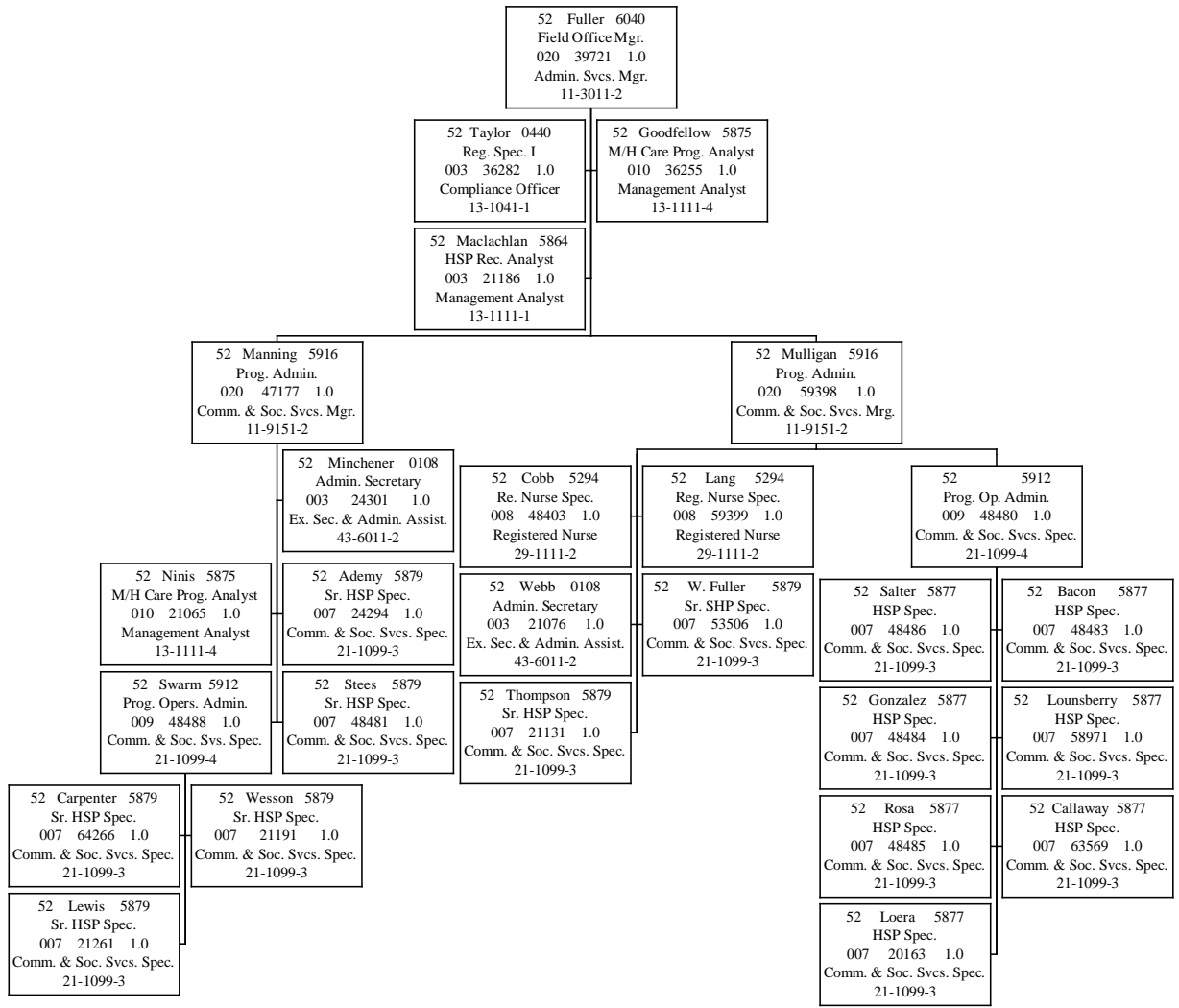
Org. Level: 68 50 10 04 000
 Revised Date: July 1, 2009
 FTEs: 34.5 Positions: 35



E-4-4

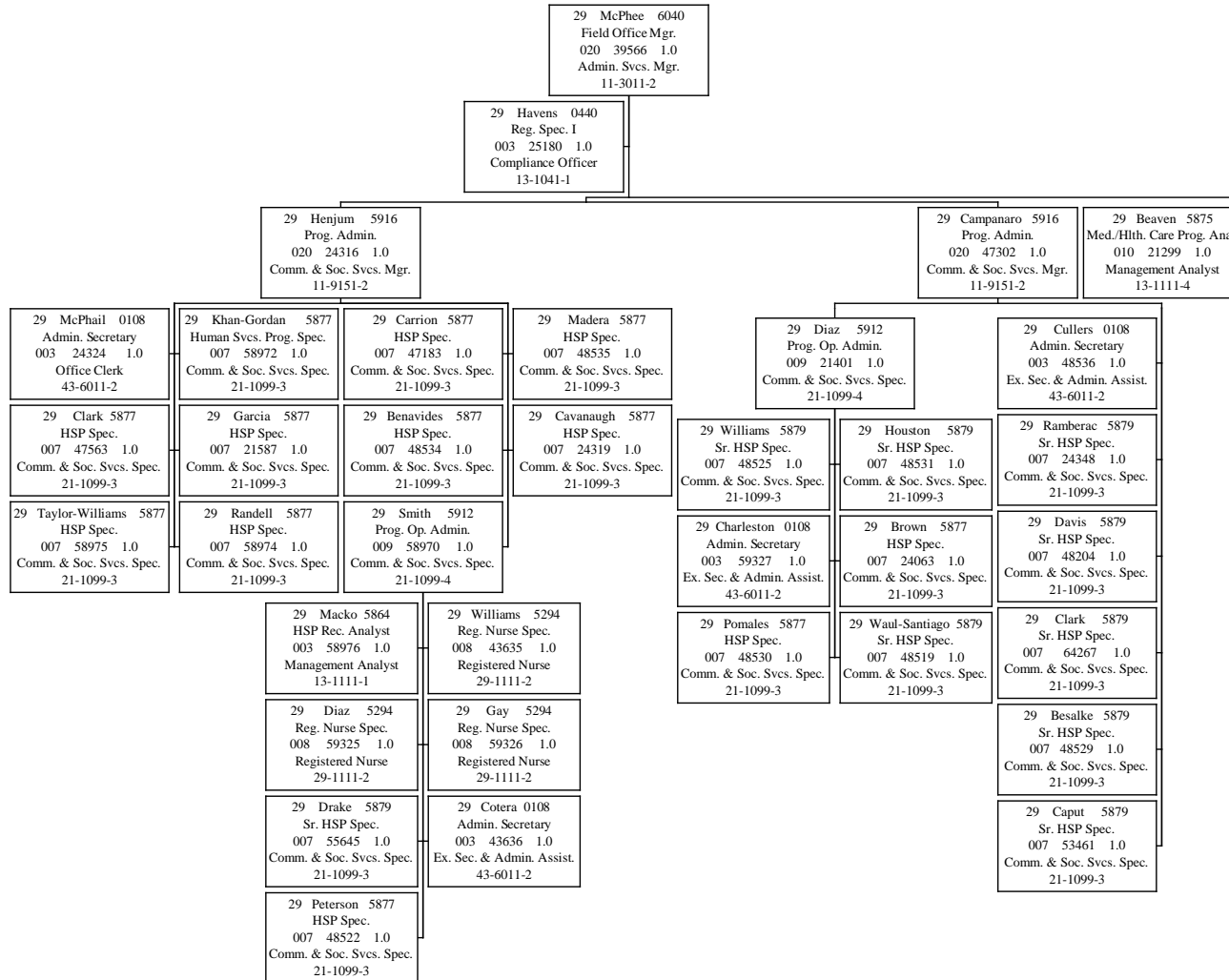
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 5 - St. Petersburg

Org. Level: 68 50 10 05 000
 Revised Date: July 1, 2009
 FTEs: 27 Positions: 27



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 6 - Tampa

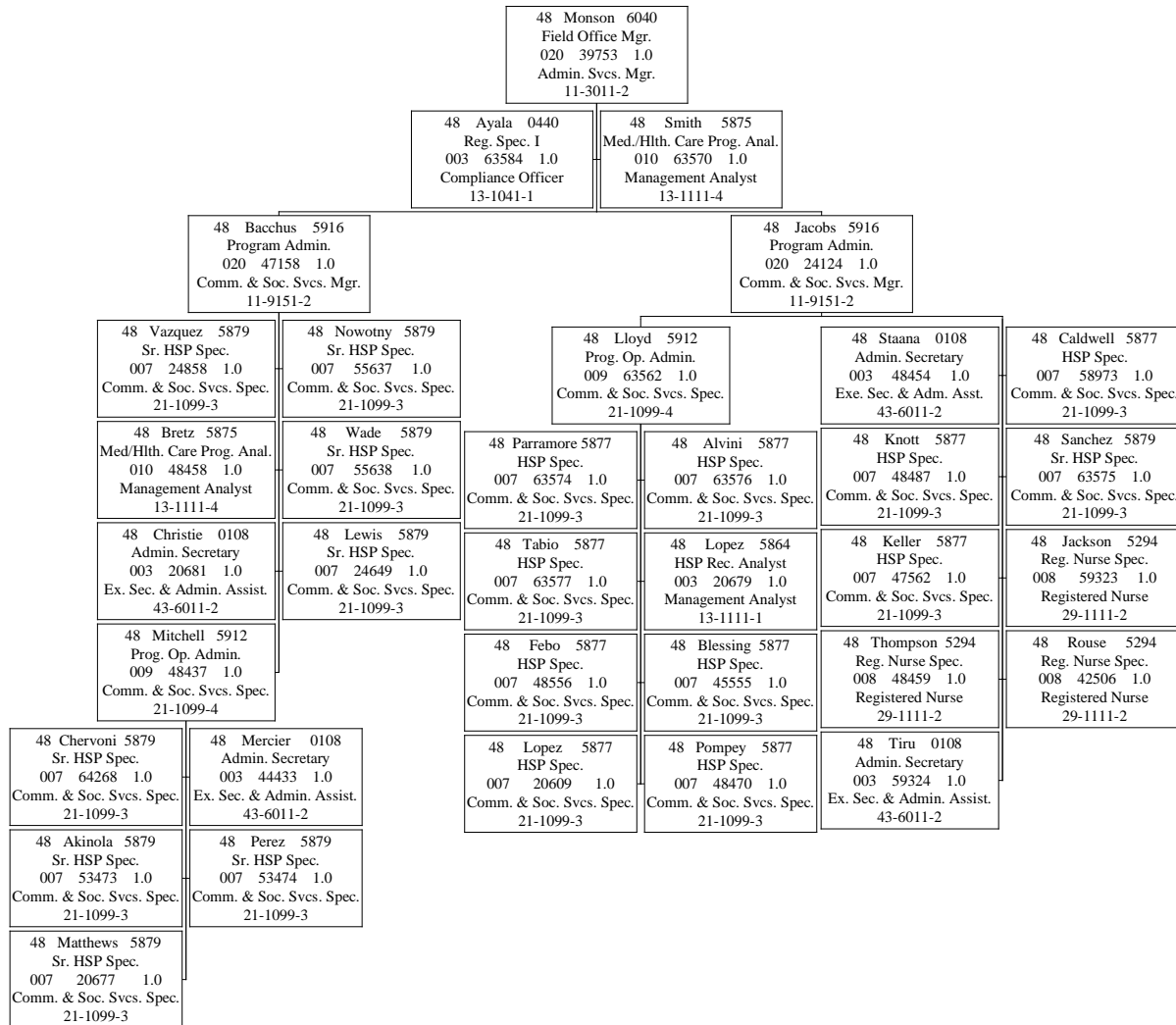
Org. Level: 68 50 10 06 000
 Revised Date: July 1, 2009
 FTEs: 36 Positions: 36



AGENCY FOR HEALTH CARE ADMINISTRATION

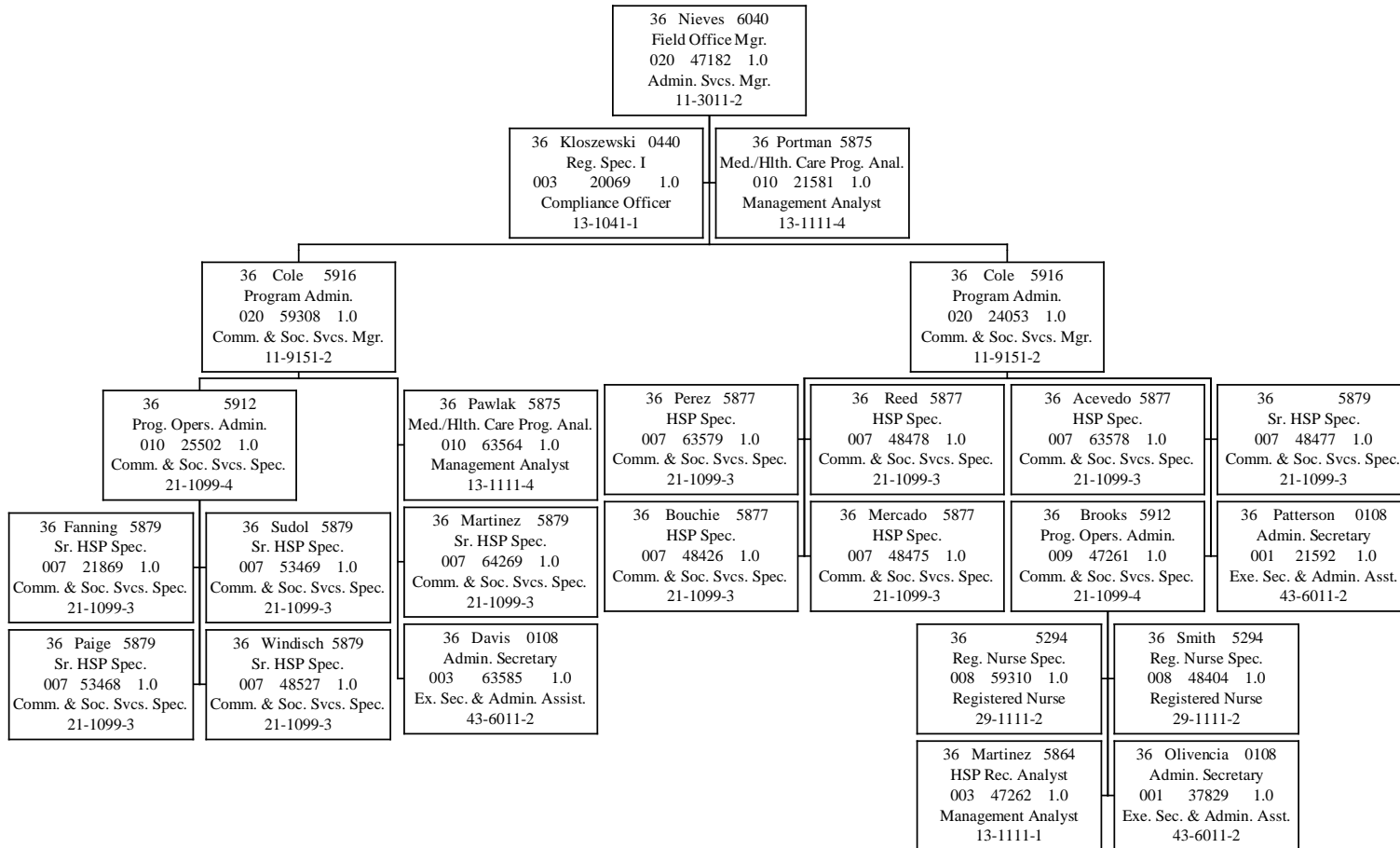
Medicaid
Area 7 - Orlando

Org. Level: 68 50 10 07 000
Revised Date: July 1, 2009
FTE: 35 Positions: 35



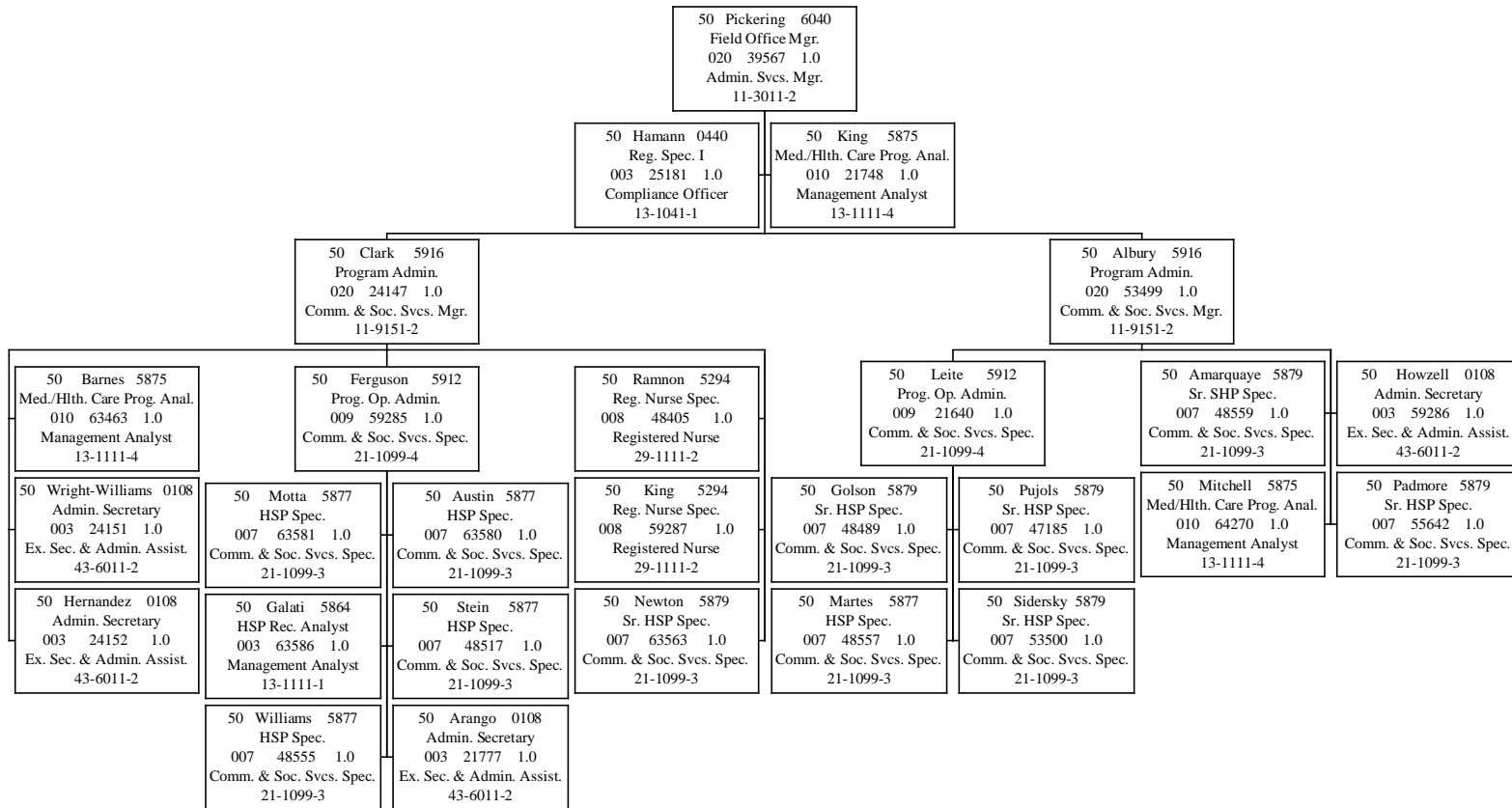
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 8 - Ft. Myers

Org. Level: 68 50 10 08 000
 Revised Date: July 1, 2009
 FTEs: 25 Positions: 25



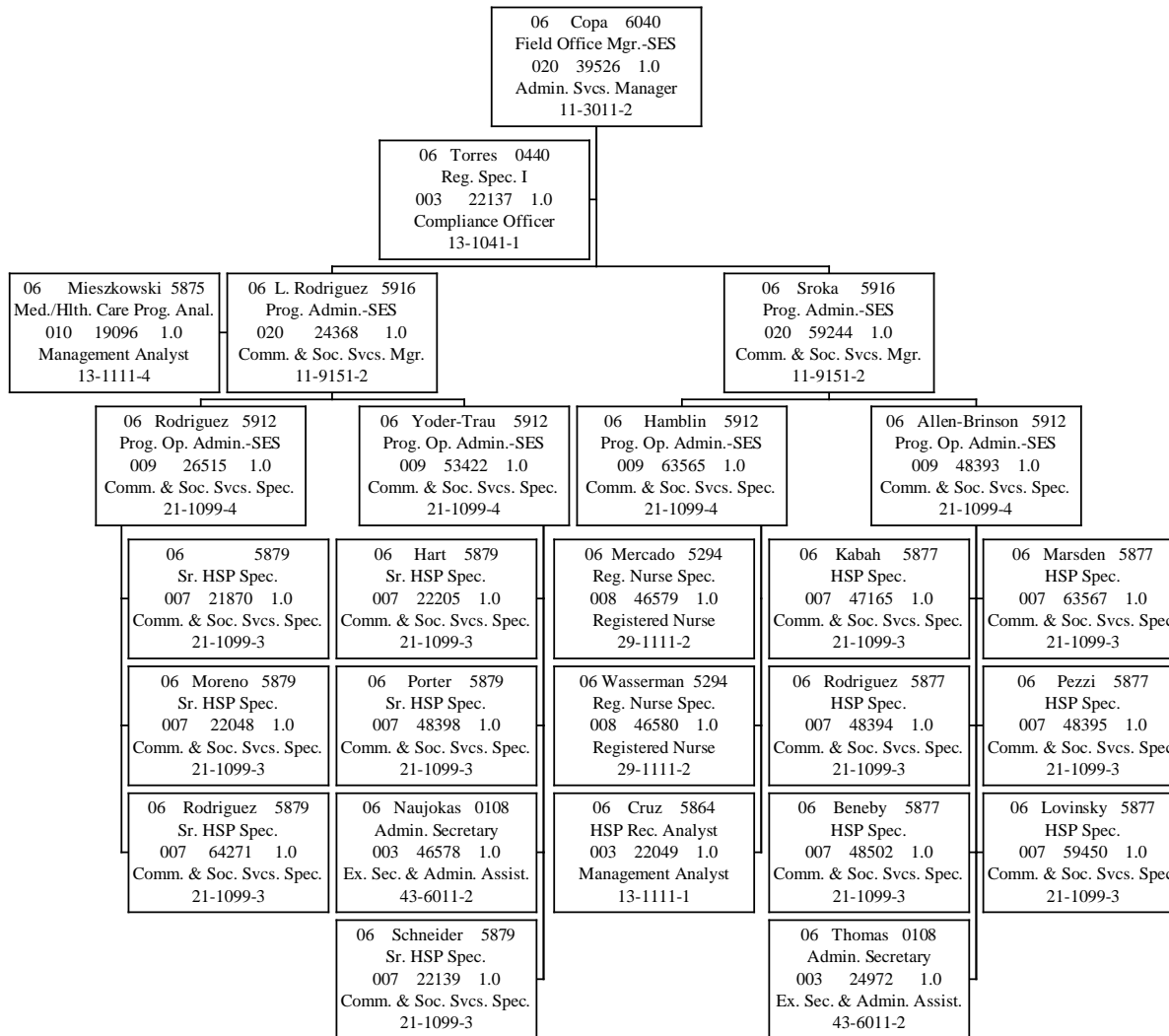
**AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 9 - West Palm Beach**

Org. Level: 68 50 10 09 000
Revised Date: July 1, 2009
FTEs: 27 Positions: 27



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 10 - Ft. Lauderdale

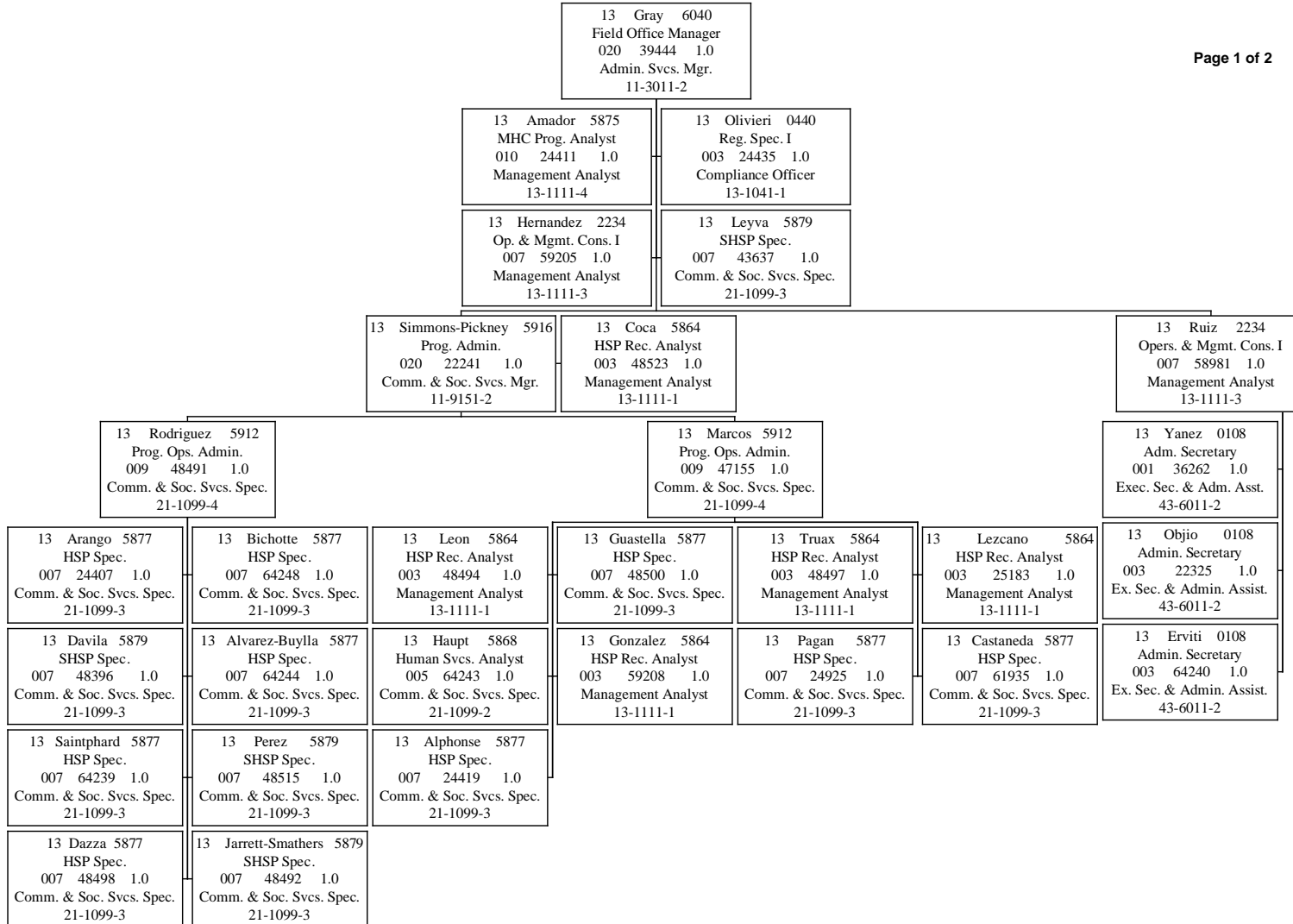
Org. Level: 68 50 10 10 000
 Revised Date: July 1, 2009
 FTEs: 26 Positions: 26



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
AREA 11 - Miami

Org. Level: 68 50 10 11 000
 Revised Date: July 1, 2009
 FTEs: 69.5 Positions: 70

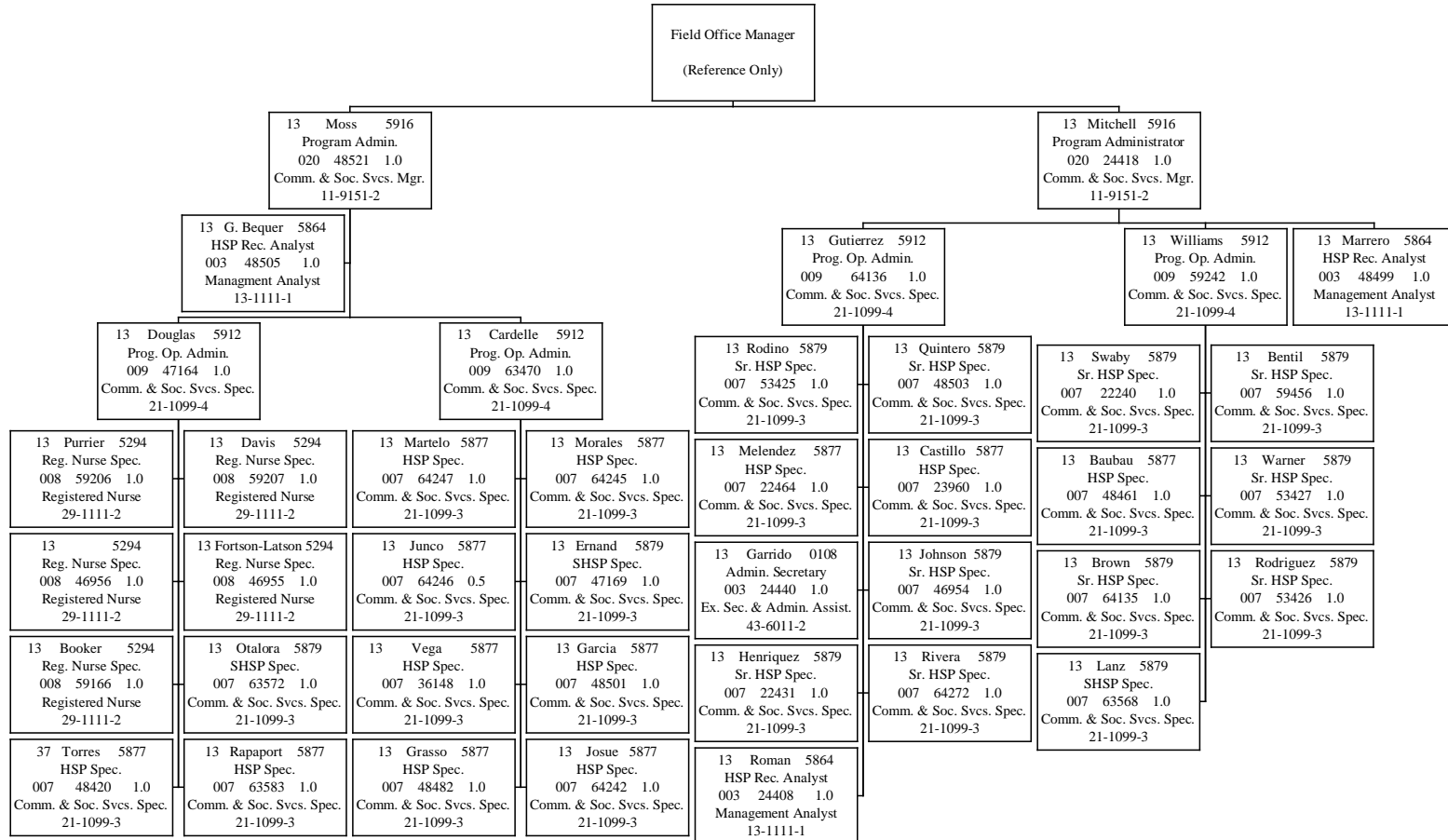
Page 1 of 2



E-4-11-1

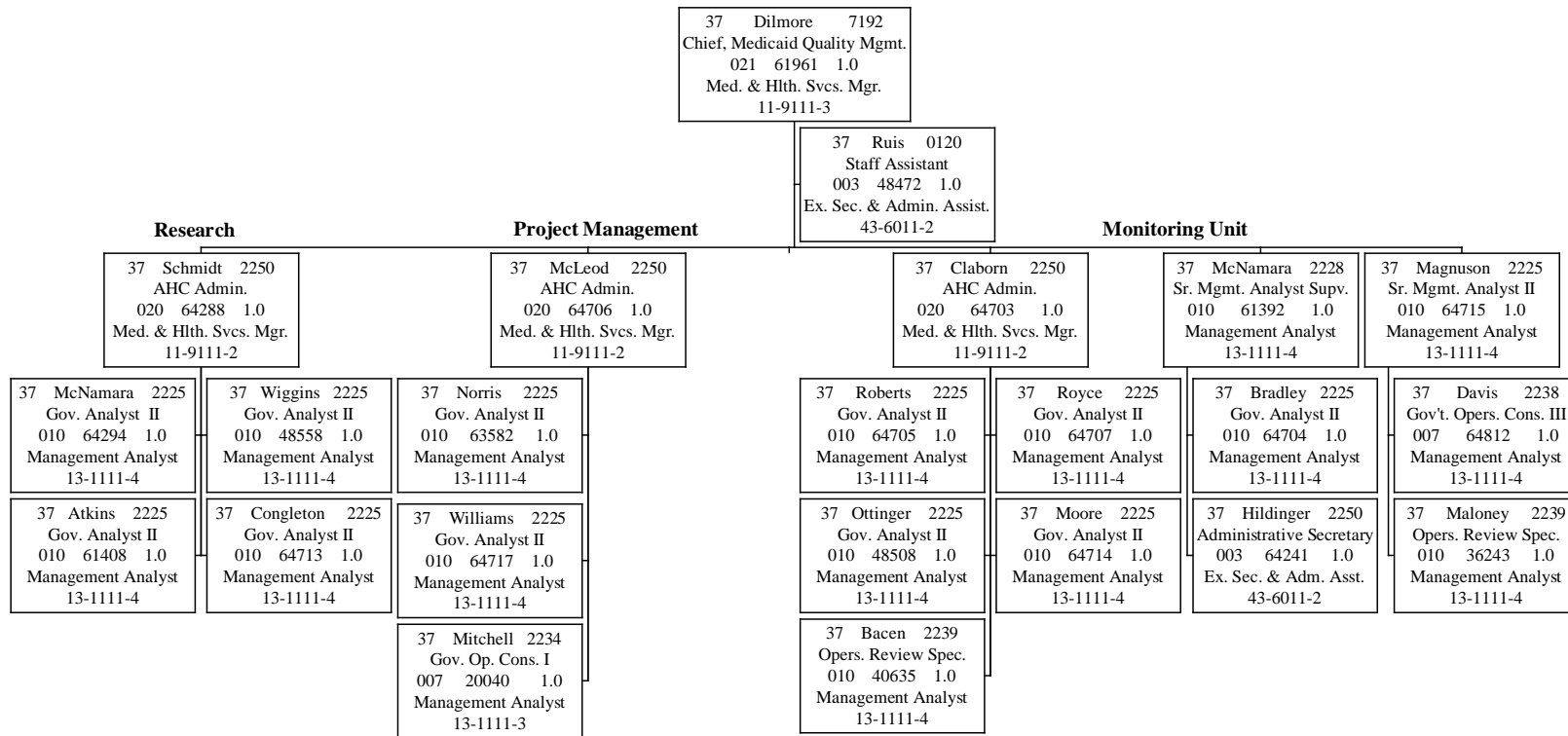
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
AREA 11 - Miami

Org. Level: 68 50 10 11 000
 Revised Date: July 1, 2009
 FTEs: 69.5 Positions: 70



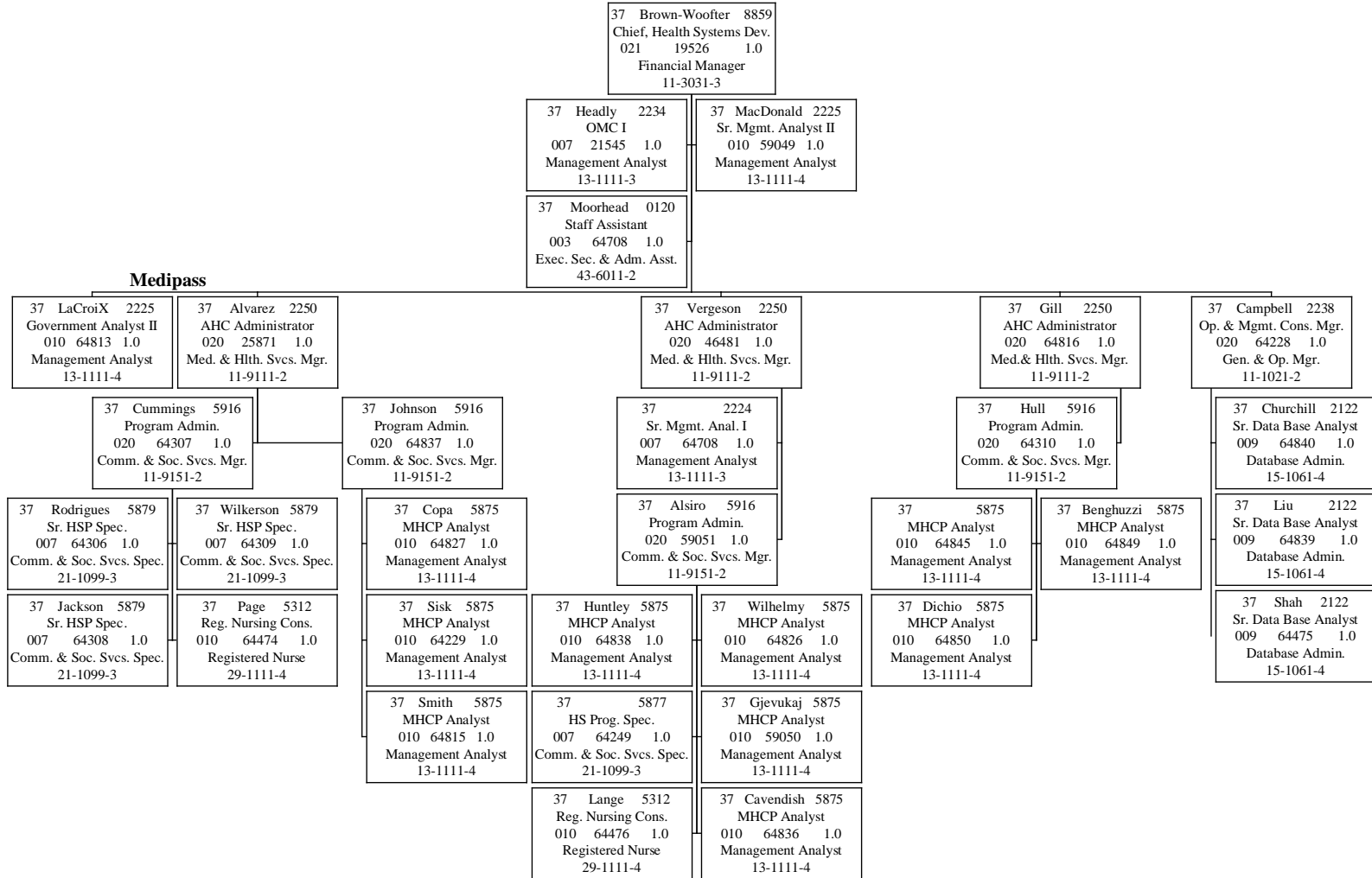
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Medicaid Quality Management

Org Level: 68-50-20-00-000
 Revised Date: July 1, 2009
 FTE: 23 Positions: 23



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Health Systems Development

Org. Level: 68 50 40 00 000
 Revised Date: July 1, 2009
 FTEs: 33 Positions: 33



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Program Analysis

Org Level: 6850500000
 Revised Date: July 1, 2009
 FTE: 63 Positions: 63

Chief
 Medicaid Program Analysis
 (Reference Only)

Page 2 of 2

37 Roberson 2127
 Data Base Admin.-SES
 020 48410 1.0
 Comp. & Info. Sys. Mgr.
 11-3021-2

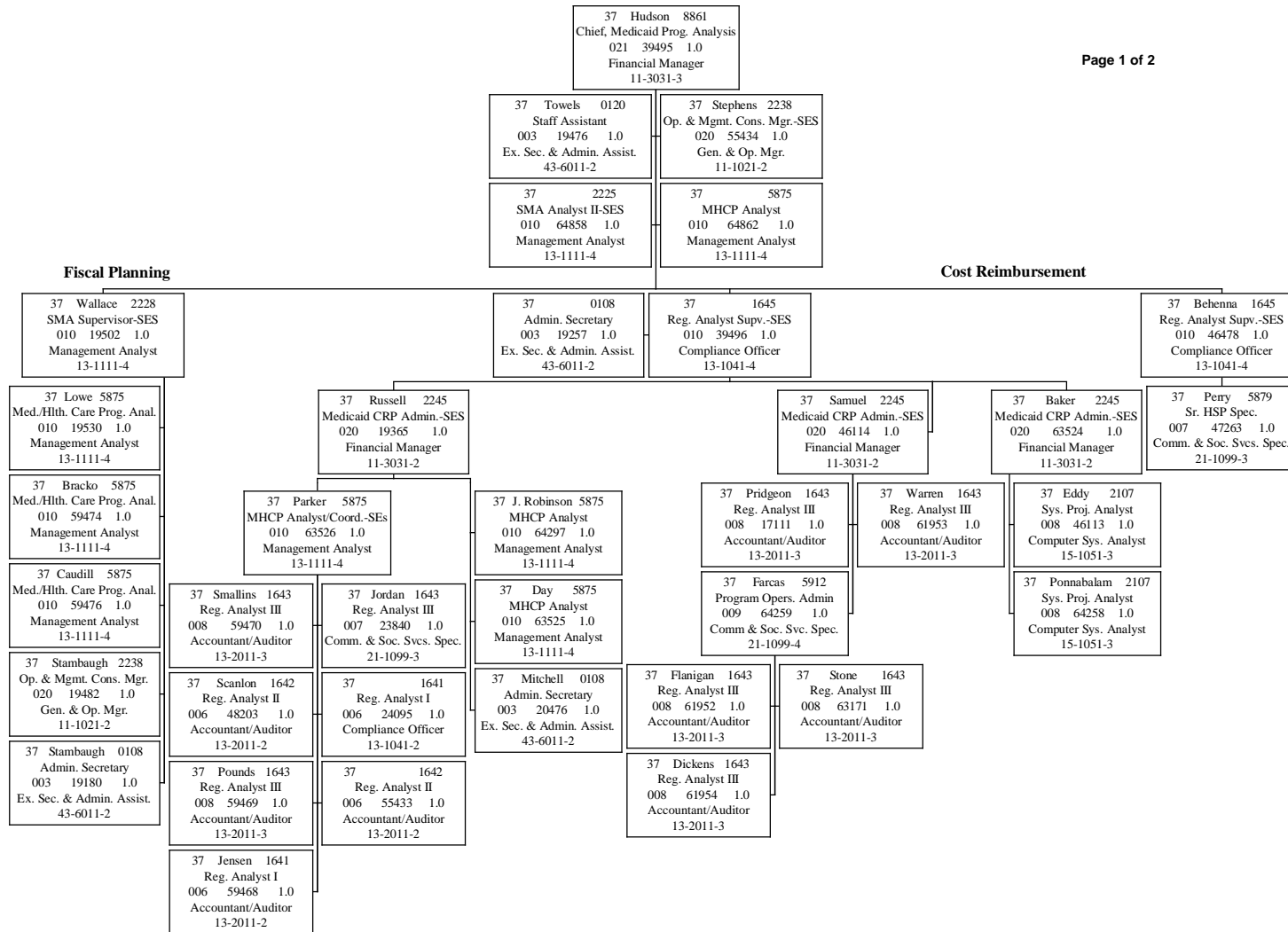
Systems Support	Focus Review	Audit Services	Third Party Liability 68-50-70-00-000
37 Shi 2127 Data Base Admin.-SES 020 48409 1.0 Comp. & Info. Sys. Mgr. 11-3021-2	37 Chang 2228 Sr. Mgmt. Analyst Sup.-SES 010 64151 1.0 Management Analyst 13-1111-4	37 Milton 2228 Sr. Mgmt. Analyst Sup.-SES 010 48966 1.0 Management Analyst 13-1111-4	37 Barrett 2250 AHC Admin.-SES 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-SES 010 64716 1.0 Management Analyst 13-1111-4	37 Sconiers 0108 Admin. Secretary 003 00252 1.0 Ex. Sec. & Admin. Assist. 43-6011-2	37 Young 1668 Audit Eval. & Rev. Analyst 008 00136 1.0 Accountant/Auditor 13-2011-3
37 Quinn 2122 Sr. Data Base Analyst 009 48411 1.0 Database Admin. 15-1061-4	37 Collins 1643 Reg. Analyst III 008 19523 1.0 Accountant/Auditor 13-2011-3	52 Patterson 1668 Audit Eval. & Rev. Analyst 008 00142 1.0 Accountant/Auditor 13-2011-3	37 Suhrweir 2238 Op. & Mgmt. Cons. Mgr.-SES 020 00159 1.0 Gen. & Op. Mgr. 11-1021-2
37 Hughes 2122 Sr. Data Base Analyst 009 64256 1.0 Database Admin. 15-1061-4		37 Mcgibany 1668 Audit Eval. & Rev. Analyst 008 00142 1.0 Accountant/Auditor 13-2011-3	52 Patterson 1668 Audit Eval. & Rev. Analyst 008 00194 1.0 Accountant/Auditor 13-2011-3
37 2122 Sr. Data Base Analyst 009 64842 1.0 Database Admin. 15-1061-4		52 Diaczyk 1668 Audit Eval. & Rev. Analyst 008 00244 1.0 Accountant/Auditor 13-2011-3	16 Williams 1668 Audit Eval. & Rev. Analyst 008 00255 1.0 Accountant/Auditor 13-2011-3
37 Ramamani 5916 Program Admin.-SES 020 64841 1.0 Comm. Soc. Svcs. Specs. 11-9151-2		37 1668 Audit Eval. & Rev. Analyst 008 00256 1.0 Accountant/Auditor 13-2011-3	37 Bauman 1668 Audit Eval. & Rev. Analyst 008 19591 1.0 Accountant/Auditor 13-2011-3
		37 Bosque 5875 MHC Prog. Analyst 010 19522 1.0 Management Analyst 13-1111-4	37 Gemora 5864 HSP Rec. Analyst 003 61016 1.0 Management Analyst 13-1111-1
			37 Roy 2239 Op. Rev. Spec. 010 64254 1.0 Management Analyst 13-1111-4
			37 Odum 5875 Med./Hlth. Care Prog. Anal. 010 59475 1.0 Management Analyst 13-1111-4

E-7-2

AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
PROGRAM ANALYSIS

Org. Level: 68 50 50 00 000
 Revised Date: July 1, 2009
 FTEs: 63 Positions: 63

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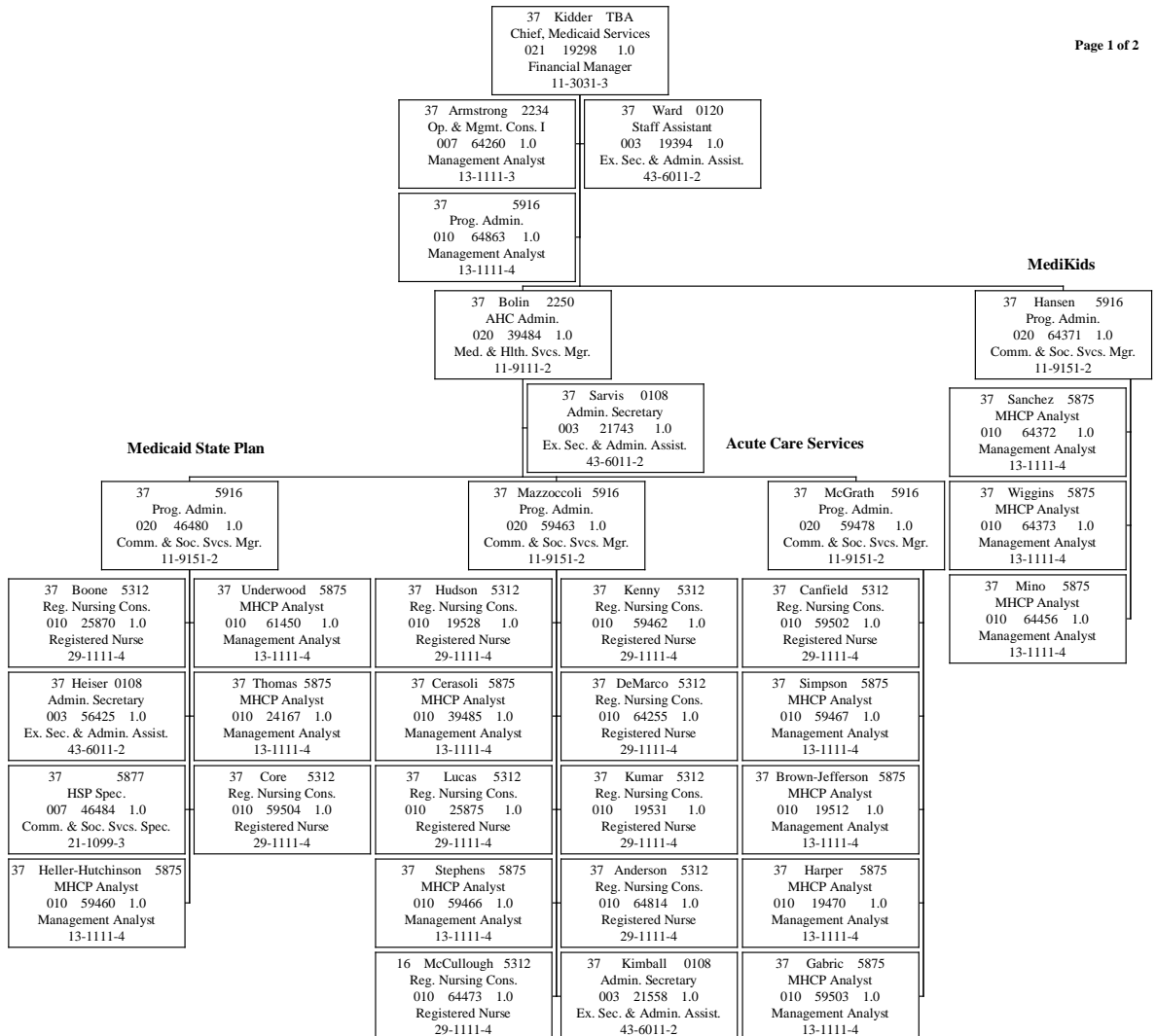


E-7-1

AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Medicaid Services

Org Level: 68 50 60 00 000
 Revised Date: July 1, 2009
 FTEs: 69 Positions: 69

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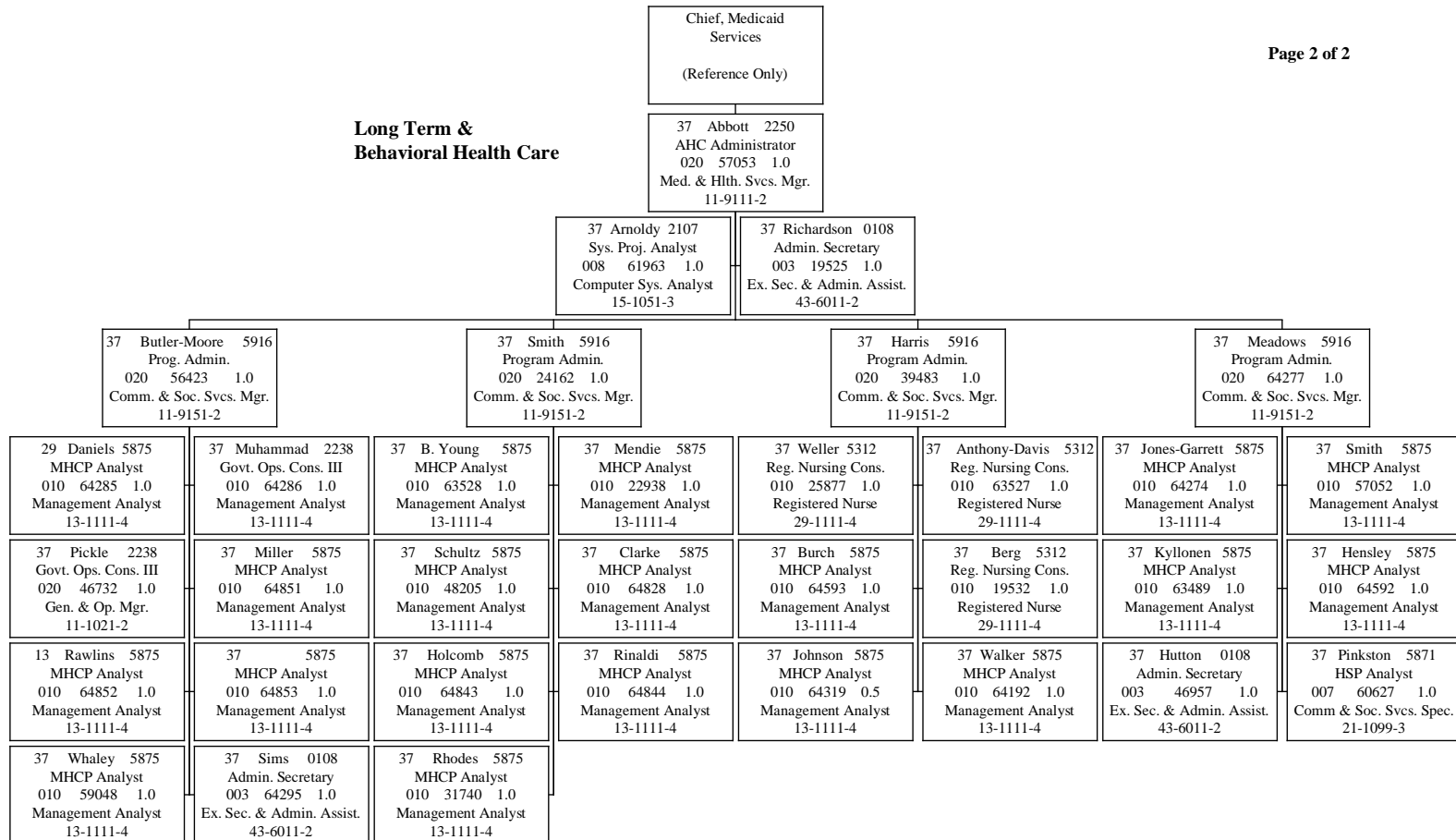
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AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Medicaid Services

Org. Level: 68 50 60 00 000
 Revised Date: July 1, 2009
 FTEs: 69 Positions: 69

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**Long Term &
 Behavioral Health Care**

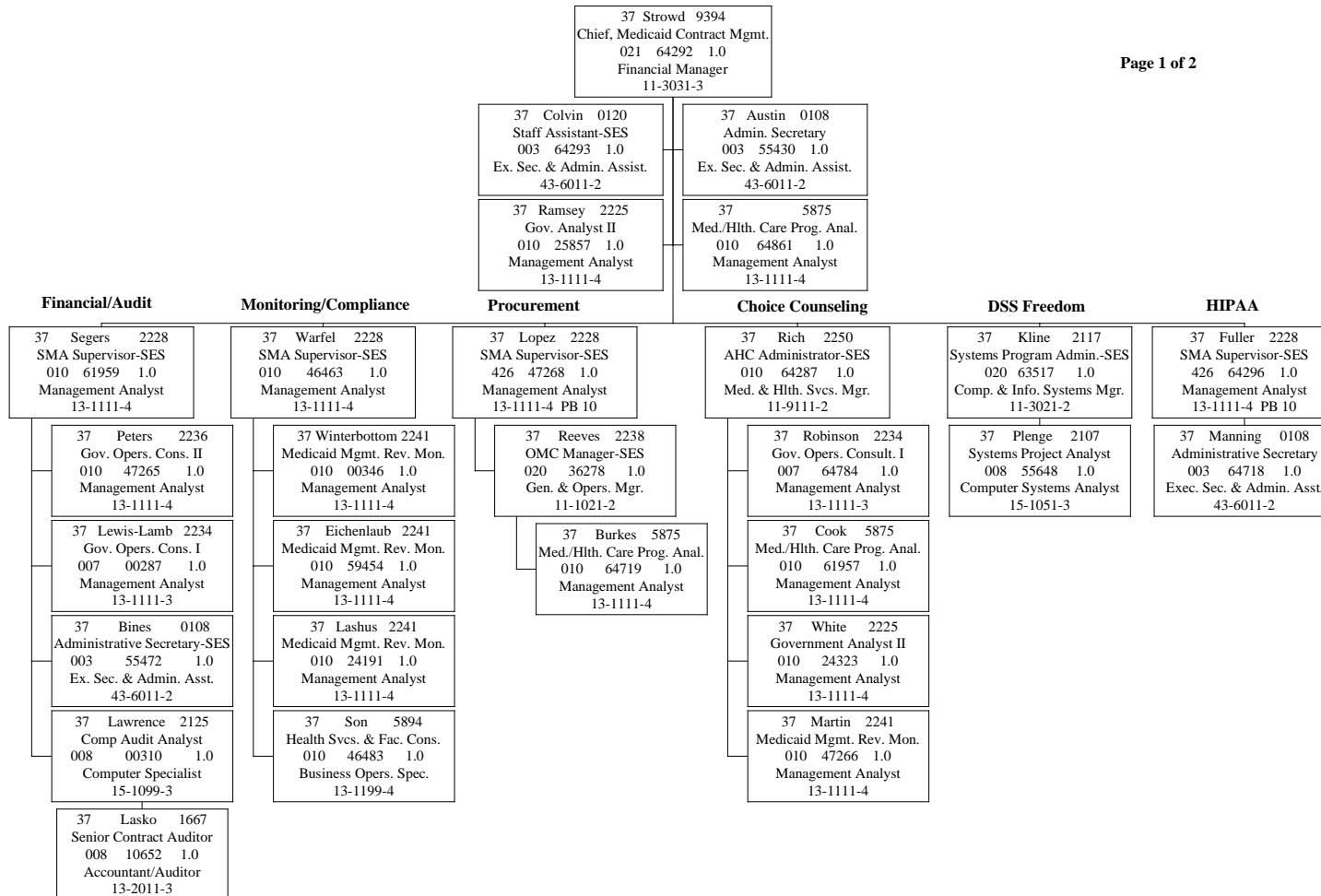


E-8-2

AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Contract Management

Org. Level: 68 50 80 00 000
 Revised Date: July 1, 2009
 FTEs: 54 Positions: 54

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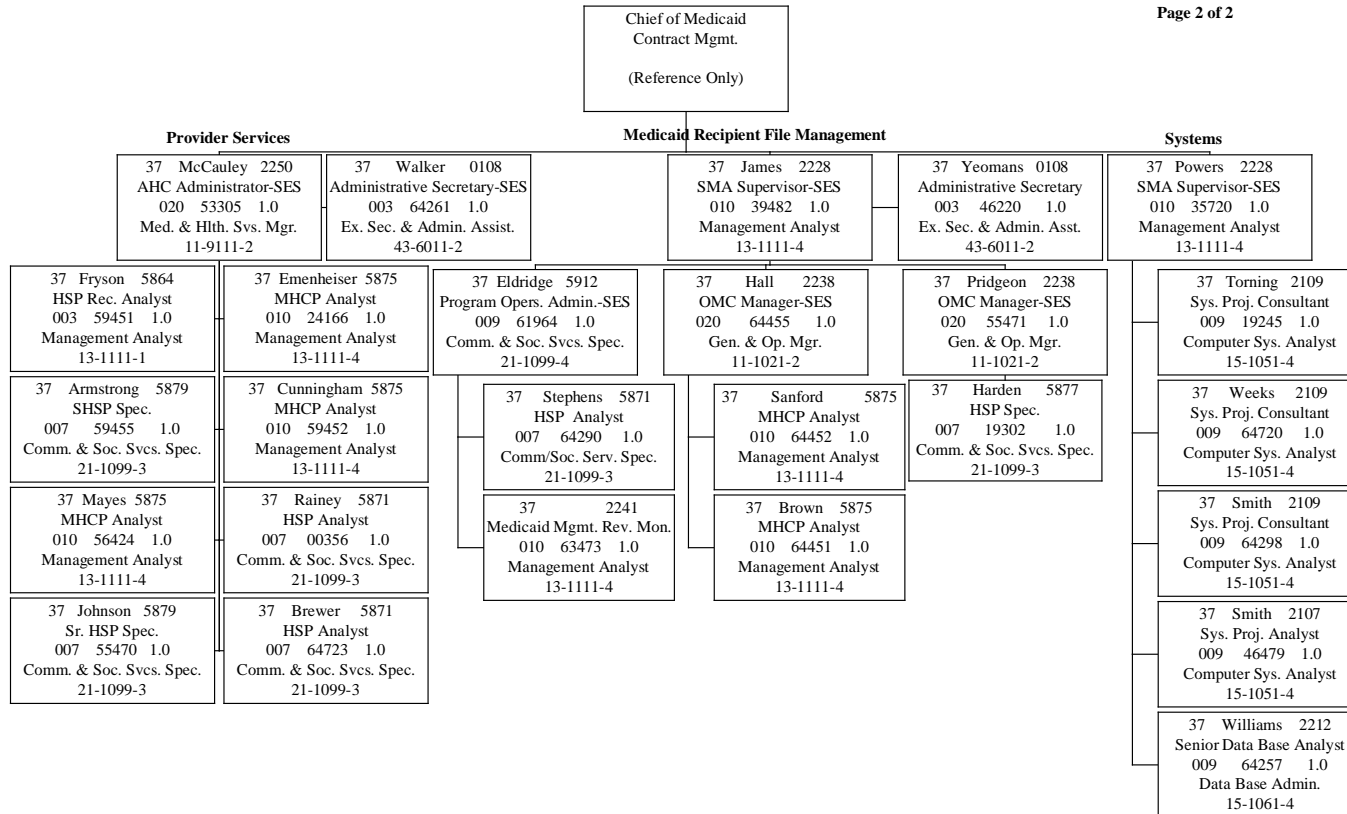


E-9-1

AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Contract Management

Org. Level: 68 50 80 00 000
 Revised Date: July 1, 2009
 FTEs: 54 Positions: 54

Page 2 of 2

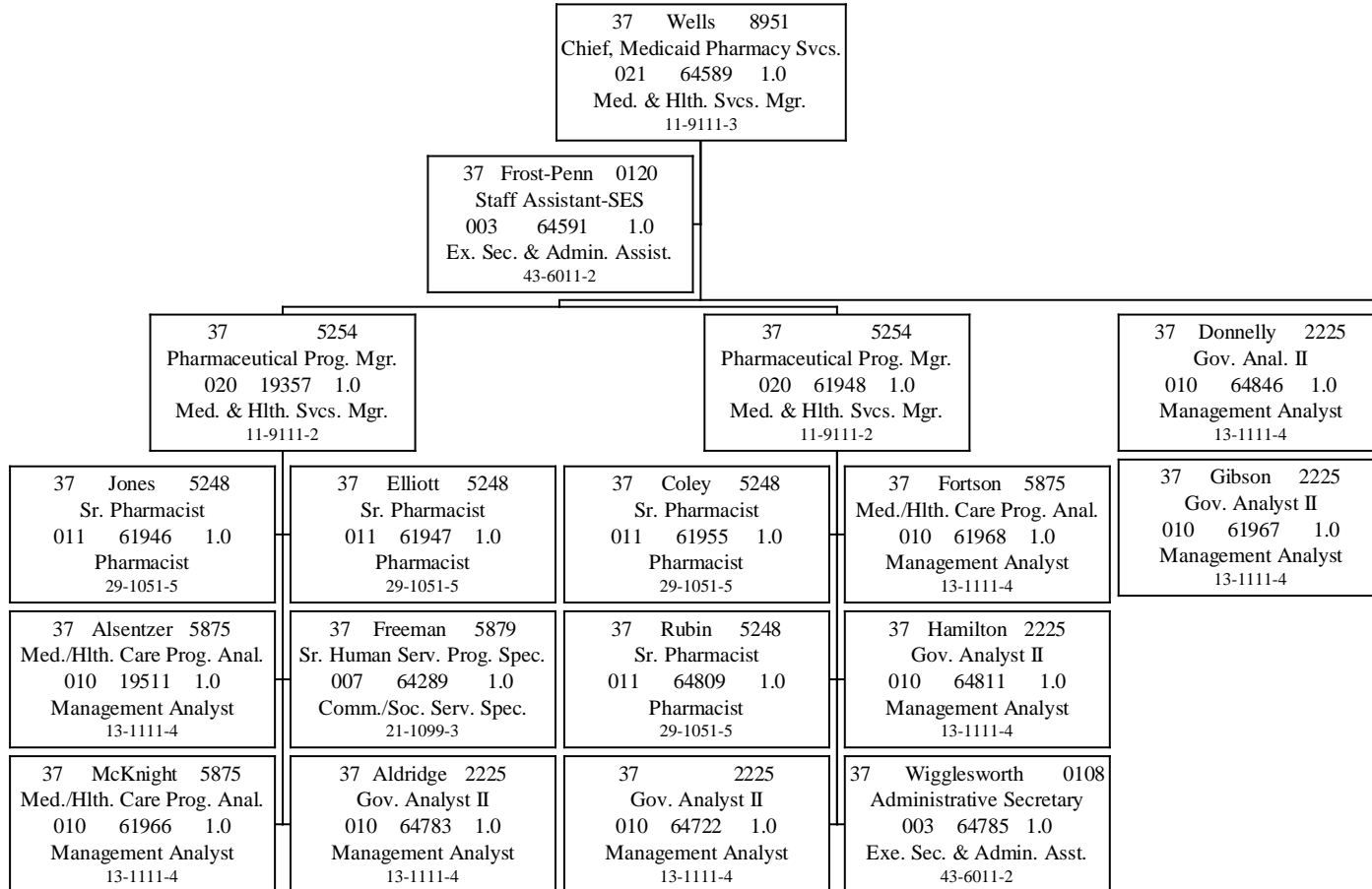


E-9-2

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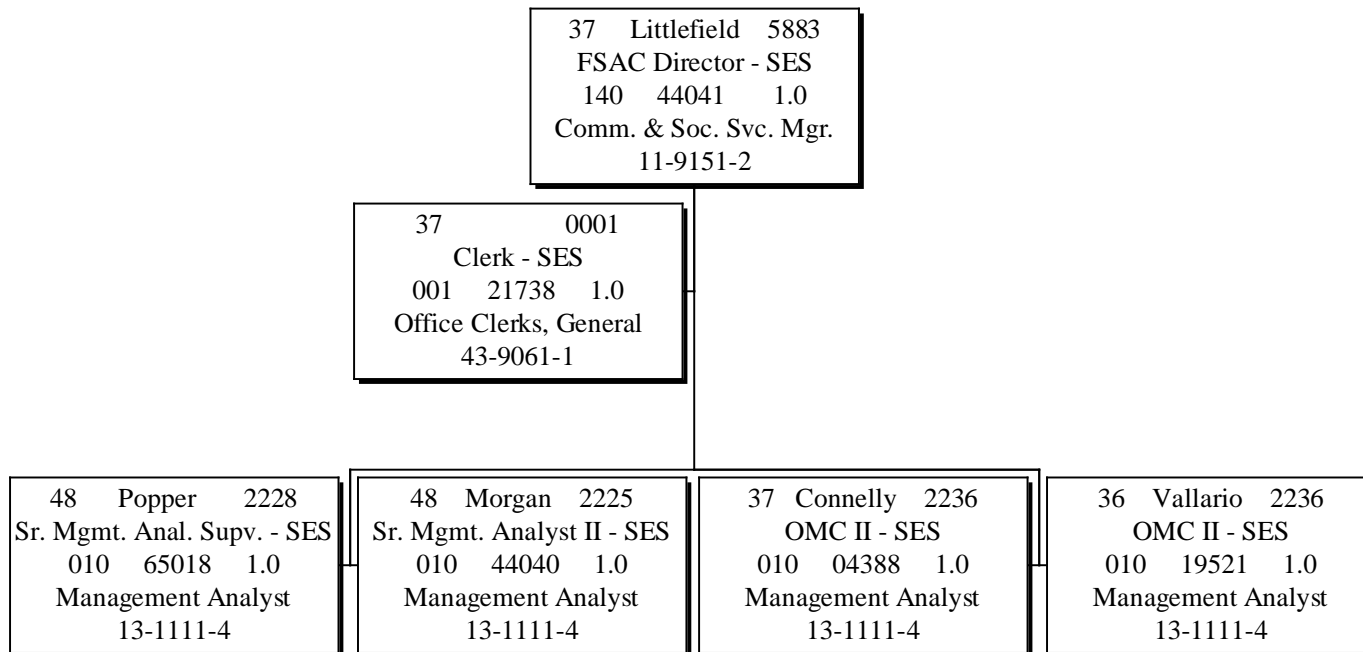
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Pharmacy Services

Org Level: 68-50-90-00-000
 Revised Date: July 1, 2009
 FTE: 19 Positions: 19



AGENCY FOR HEALTH CARE ADMINISTRATION
Florida Statewide Advocacy Council

Org. Level: 68-80-00-00-000
 Revised Date: July 1, 2009
 FTEs: 6 Positions: 6



AGENCY FOR HEALTH CARE ADMINISTRATION		FISCAL YEAR 2008-09			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		16,161,955,269		0	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		811,089,484		0	
FINAL BUDGET FOR AGENCY		16,973,044,753		0	
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
<i>Executive Direction, Administrative Support and Information Technology (2)</i>					0
Prepaid Health Plans - Elderly And Disabled *		1,745,604	673.76	1,176,117,429	
Prepaid Health Plans - Families *		8,974,020	149.11	1,338,157,245	
Elderly And Disabled/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased		432,053	2,875.24	1,242,256,706	
Elderly And Disabled/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased		432,053	1,799.13	777,320,178	
Elderly And Disabled/Fee For Service/Medipass - Physician Services * Number of case months Medicaid program services purchased		432,053	717.31	309,916,462	
Elderly And Disabled/Fee For Service/Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased		432,053	496.19	214,378,281	
Elderly And Disabled/Fee For Service/Medipass - Supplemental Medical Insurance * Number of case months Medicaid program services purchased		294,512	2,659.53	783,262,401	
Elderly And Disabled/Fee For Service/Medipass - Early Periodic Screening Diagnosis And Treatment * Number of case months Medicaid program services purchased		82,133	104.36	8,571,746	
Elderly And Disabled/Fee For Service/Medipass - Patient Transportation * Number of case months Medicaid program services purchased		432,053	154.06	66,562,453	
Elderly And Disabled/Fee For Service/Medipass - Case Management * Number of case months Medicaid program services purchased		432,053	211.78	91,500,222	
Elderly And Disabled/Fee For Service/Medipass - Home Health Services * Number of case months Medicaid program services purchased		432,053	126.26	54,551,588	
Elderly And Disabled/Fee For Service/Medipass - Therapeutic Services For Children * Number of case months Medicaid program services purchased		82,133	215.41	17,692,175	
Elderly And Disabled/Fee For Service/Medipass - Hospital Insurance Benefit * Number of case months Medicaid program services purchased		262,852	404.16	106,233,561	
Elderly And Disabled/Fee For Service / Medipass - Hospice * Number of case months Medicaid program services purchased		432,053	460.87	199,120,239	
Elderly And Disabled/Fee For Service/Medipass - Private Duty Nursing * Number of case months Medicaid program services purchased		82,133	1,427.96	117,282,640	
Elderly And Disabled/Fee For Service/Medipass - Other * Number of case months Medicaid program services purchased		432,053	1,262.35	545,401,206	
Women And Children/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased		759,006	1,148.29	871,559,477	
Women And Children/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased		759,006	324.25	246,108,325	
Women And Children/Fee For Service / Medipass - Physician Services * Number of case months Medicaid program services purchased		759,006	526.26	399,431,170	
Women And Children/Fee For Service / Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased		759,006	564.29	428,299,768	
Women And Children/Fee For Service / Medipass - Supplemental Medical Insurance * Number of case months Medicaid program services purchased		801	178,690.31	143,130,937	
Women And Children/Fee For Service / Medipass - Early Periodic Screening Diagnosis And Treatment * Number of case months Medicaid program services purchased		601,547	170.67	102,666,624	
Women And Children/Fee For Service / Medipass - Patient Transportation * Number of case months Medicaid program services purchased		759,006	71.48	54,255,022	
Women And Children/Fee For Service / Medipass - Case Management * Number of case months Medicaid program services purchased		759,006	14.51	11,013,115	
Women And Children/Fee For Service / Medipass - Home Health Services * Number of case months Medicaid program services purchased		759,006	163.97	124,457,130	
Women And Children/Fee For Service / Medipass - Therapeutic Services For Children * Number of case months Medicaid program services purchased		759,006	69.65	52,865,537	
Women And Children/Fee For Service / Medipass - Clinic Services * Number of case months and Medicaid program services purchased		759,006	111.30	84,475,241	
Women And Children/Fee For Service / Medipass - Other * Number of case months Medicaid program services purchased		759,006	492.00	373,430,684	
Medically Needy - Hospital Inpatient * Number of case months Medicaid program services purchased		18,366	16,044.25	294,668,688	
Medically Needy - Prescribed Medicines * Number of case months Medicaid program services purchased		18,366	5,862.97	107,679,331	
Medically Needy - Physician Services * Number of case months Medicaid program services purchased		18,366	2,334.57	42,876,793	
Medically Needy - Hospital Outpatient * Number of case months Medicaid program services purchased		18,366	2,354.35	43,240,008	
Medically Needy - Supplemental Medical Insurance * Number of case months Medicaid program services purchased		4,044	2,307.68	9,332,265	
Medically Needy - Early Periodic Screening Diagnosis And Treatment * Number of case months Medicaid program services purchased		3,385	131.97	446,716	
Medically Needy - Patient Transportation * Number of case months Medicaid program services purchased		18,366	125.82	2,310,830	
Medically Needy - Case Management * Number of case months Medicaid program services purchased		18,366	88.15	1,618,970	
Medically Needy - Home Health Services * Number of case months Medicaid program services purchased		18,366	74.33	1,365,193	
Medically Needy - Therapeutic Services For Children * Number of case months Medicaid program services purchased		3,385	10.43	35,296	
Medically Needy - Other * Number of case months Medicaid program services purchased		18,366	54,377.18	998,691,278	
Refugees - Hospital Inpatient * Number of case months Medicaid program services purchased		4,885	390.17	1,905,963	
Refugees - Prescribed Medicines * Number of case months Medicaid program services purchased		4,885	85,285.25	416,618,453	
Refugees - Physician Services * Number of case months Medicaid program services purchased		4,885	513.58	2,508,823	
Refugees - Hospital Outpatient * Number of case months Medicaid program services purchased		4,885	249.49	1,218,753	
Refugees - Patient Transportation * Number of case months Medicaid program services purchased		4,885	6.20	30,271	
Refugees - Case Management * Number of case months Medicaid program services purchased		4,885	7.88	38,490	
Refugees - Home Health Services * Number of case months Medicaid program services purchased		4,885	26.87	131,261	
Refugees - Therapeutic Services For Children * Number of case months Medicaid program services purchased		599	1.01	606	
Refugees - Other * Number of case months Medicaid program services purchased		4,885	250.15	1,222,002	
Nursing Home Care * Number of case months Medicaid program services purchased		73,348	33,920.73	2,488,017,780	
Home And Community Based Services * Number of case months Medicaid program services purchased		66,009	15,135.40	999,072,793	
Intermediate Care Facilities For The Developmentally Disabled - Sunland Centers * Number of case months Medicaid program services purchased		818	142,380.11	116,466,926	
Purchase Medikids Program Services * Number of case months		23,389	2,463.20	57,611,760	
Purchase Children's Medical Services Network Services * Number of case months		23,270	5,272.51	122,691,367	
Purchase Florida Healthy Kids Corporation Services * Number of case months		181,644	1,605.57	291,642,730	
Certificate Of Need/Financial Analysis * Number of certificate of need (CON) requests/financial reviews conducted		1,798	995.99	1,790,786	
Health Facility Regulation (compliance, Licensure, Complaints) - Tallahassee * Number of licensure/certification applications		26,577	543.84	14,453,568	
Facility Field Operations (compliance, Complaints) - Field Offices Survey Staff * Number of surveys and complaint investigations		42,072	1,074.40	45,202,141	
Health Standards And Quality * Number of transactions		2,472,014	1.64	4,044,251	
Plans And Construction * Number of reviews performed		4,031	1,580.13	6,369,495	
Managed Health Care * Number of HMO and workers' compensation arrangement surveys		350	10,326.73	3,614,356	
Organ And Tissue Donor * Number of donor designations		2,021,898	0.03	52,661	
Background Screening * Number of requests for screenings		59,845	14.90	891,698	
Subscriber Assistance Panel * Number of cases		552	1,787.21	986,541	
Health Facilities And Practitioner Regulation - Medicaid Choice Counseling * Number of new enrollees provided choice counseling		334,088	8.02	2,678,878	
TOTAL				16,021,545,283	
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER				927,612,224	
REVERSIONS				23,887,310	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				16,973,044,817	

SCHEDULE XI/EXHIBIT VI: AGENCY-LEVEL UNIT COST SUMMARY

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

(2) 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.

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

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

**Schedule XIV
Variance from Long Range Financial Outlook**

Agency: Agency for Health Care Administration **Contact:** Michele Tallent

Article III, Section 19(a)3, Florida Constitution, requires each agency Legislative Budget Request to be based upon and reflect the long range financial outlook adopted by the Joint Legislative Budget Commission or to explain any variance from the outlook.

- 1) Does the long range financial outlook adopted by the Joint Legislative Budget Commission in September 2009 contain revenue or expenditure estimates related to your agency?

Yes No

- 2) If yes, please list the estimates for revenues and budget drivers that reflect an estimate for your agency for Fiscal Year 2010-2011 and list the amount projected in the long range financial outlook and the amounts projected in your Schedule I or budget request.

	Issue (Revenue or Budget Driver)	R/B*	FY 2010-2011 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a	Medicaid	B	\$1,608.7 million	
b				
c				
d				
e				
f				

- 3) If your agency's Legislative Budget Request does not conform to the long range financial outlook with respect to the revenue estimates (from your Schedule I) or budget drivers, please explain the variance(s) below.

The Medicaid budget is base on the Social Service Estimating Conference and is not included in the LBR.

* R/B = Revenue or Budget Driver

Administration and Support

Exhibits or Schedules

 COL A01 COL A02 COL A03 COL A04
 ACT PR YR CURR YR EST AGY REQUEST AGY REQ N/R
 EXP 2008-09 EXP 2009-10 FY 2010-11 FY 2010-11

AGENCY/HEALTH CARE ADMIN 68000000
 PGM: ADMIN AND SUPPORT 68200000

FUND: ADMINISTRATIVE TRUST FUND 2021

SECTION I: DETAIL OF REVENUES

	REVENUE CODE	CAP	SVC CHG %	AUTH	MATCHING %			CFDA NO.				
					ST	I/C	LOC	I/C				
47	US GRANTS - TITLE XIX	000700	NO	0.0	409	50.00	C	0.00	93.778	4,719,359	4,500,000	4,500,000
48	US GRANTS - TITLE XXI	000700	NO	0.0	409	28.78	C	0.00	93.767	509,483	50,000	50,000
57	PENALTIES	001202	NO	0.0	VARIOUS	0.00		0.00		9,035		
58	REFUNDS	001800	NO	0.0	409	0.00		0.00		707,803		
73	TRANSFERS - HCTF(2003)	001500	NO	0.0	409	0.00		0.00		7,687,039	8,386,646	9,490,643
74	TRANSFERS - MCTF(2474)	001500	NO	0.0	409	0.00		0.00		5,180,440	5,886,642	6,990,644
75	SALES OF SERV	001904	NO	0.0	VARIOUS	0.00		0.00		440,151		
81	US GRANTS - TITLE XIX	000799	NO	0.0	409	50.00	C	0.00	93.778	2,595,581	3,000,000	3,000,000
82	US GRANTS - TITLE XXI	000799	NO	0.0	409	28.78	C	0.00	93.767		30,000	30,000
TOTAL TO LINE B IN SECTION IV										21,848,891	21,853,288	24,061,287
									=====	=====	=====	=====

SECTION II: DETAIL OF NONOPERATING EXPENDITURES

	OBJECT CODE	TRANSFER TO BE	CFDA NO.			
50	TR/GR - SWCAP	810000	68200000	604,816	252,000	252,000
60	TR/MCTF	810000	68501400	13,996,512		
TOTAL TO LINE E IN SECTION IV				14,601,328	252,000	252,000
				=====	=====	=====

SECTION III: ADJUSTMENTS

	OBJECT CODE		
01	SEPTEMBER REVERSIONS	991000	6,779
05	PRIOR YEAR ADJUSTMENTS	991000	17,938,737
06	9-30-09 CY REVERSIONS	991000	728,010
TOTAL TO LINE H IN SECTION IV			17,945,516
			728,010
		=====	=====

	COL A01	COL A02	COL A03	COL A04
	ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
	EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000			
PGM: ADMIN AND SUPPORT	68200000			

FUND: ADMINISTRATIVE TRUST FUND 2021

SECTION IV: SUMMARY

UNRESERVED FUND BALANCE - JULY 1	(A)		1,220,065	
ADD: REVENUES (FROM SECTION I)	(B)	21,848,891	21,853,288	24,061,287
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)	21,848,891	23,073,353	24,061,287
LESS: OPERATING EXPENDITURES	(D)	23,973,014	23,549,363	23,809,287
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)	14,601,328	252,000	252,000
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)			
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)	16,725,451-	728,010-	
NET ADJUSTMENTS (FROM SECTION III)	(H)	17,945,516	728,010	
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)	1,220,065		

Children's Special Health Care

										COL A01	COL A02	COL A03	COL A04
										ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
										EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000												
PGM: HEALTH CARE SERVICES	68500000												
CHILDREN SPECIAL HLTH CARE	68500100												
FUND: GRANTS AND DONATIONS TF										2339			
SECTION I: DETAIL OF REVENUES													
	REVENUE	CAP	SVC	AUTH	MATCHING %		CFDA						
	CODE		CHG %		ST	I/C LOC I/C	NO.						
66	REFUNDS - FRAUD & ABUSE	001800	NO	0.0	409	0.00	0.00	3,753,912					
84	FAMILY PREM-HLTHY KIDS/	000100	YES	0.0	409	0.00	0.00	9,090,739	6,530,221	12,844,651			
TOTAL TO LINE B IN SECTION IV										12,844,651	6,530,221	12,844,651	
SECTION II: DETAIL OF NONOPERATING EXPENDITURES													
					OBJECT	TRANSFER	CFDA						
					CODE	TO BE	NO.						
TOTAL TO LINE E IN SECTION IV													
SECTION III: ADJUSTMENTS													
					OBJECT								
					CODE								
05	9-30-09 CY REVERSIONS				991000			6,314,430					
TOTAL TO LINE H IN SECTION IV										6,314,430			
SECTION IV: SUMMARY													
UNRESERVED FUND BALANCE - JULY 1	(A)												
ADD: REVENUES (FROM SECTION I)	(B)									12,844,651	6,530,221	12,844,651	
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)									12,844,651	6,530,221	12,844,651	
LESS: OPERATING EXPENDITURES	(D)									12,844,651	12,844,651	12,844,651	
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)												
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)												
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)										6,314,430-		
NET ADJUSTMENTS (FROM SECTION III)	(H)										6,314,430		
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)												

										COL A01	COL A02	COL A03	COL A04
										ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
										EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000												
PGM: HEALTH CARE SERVICES	68500000												
CHILDREN SPECIAL HLTH CARE	68500100												
FUND: MEDICAL CARE TRUST FUND										2474			
SECTION I: DETAIL OF REVENUES													
	REVENUE	CAP	SVC	AUTH	MATCHING %		CFDA						
	CODE		CHG %		ST	I/C LOC I/C	NO.						
01 INTEREST	000500	NO	0.0	18.10	0.00	0.00		809,766					
10 DEPT. OF HEALTH	001500	NO	0.0	409	0.00	0.00		7,269,099					
48 US GRANTS - TITLE XXI	000700	NO	0.0	409	28.78	C 0.00	93.067	269,221,070	287,376,174	343,508,075			
TOTAL TO LINE B IN SECTION IV								277,299,935	287,376,174	343,508,075			
SECTION II: DETAIL OF NONOPERATING EXPENDITURES													
	OBJECT	TRANSFER	CFDA										
	CODE	TO BE	NO.										
69 TRANSFERS - DCF	810000	60910401	93.767	165,613	170,000	170,000							
70 TRANSFER - DOH	810000	64100200	93.767	26,239,435	26,500,000	26,500,000							
TOTAL TO LINE E IN SECTION IV								26,405,048	26,670,000	26,670,000			
SECTION III: ADJUSTMENTS													
	OBJECT												
	CODE												
01 SEPTEMBER REVERSIONS	991000	25,430,254											
03 CURRENT YEAR ADJUSTMENTS	991000	40,512,934											
05 9-30-09 CY REVERSIONS	991000	56,131,901											
TOTAL TO LINE H IN SECTION IV								65,943,188	56,131,901				
SECTION IV: SUMMARY													
UNRESERVED FUND BALANCE - JULY 1	(A)												
ADD: REVENUES (FROM SECTION I)	(B)	277,299,935	287,376,174	343,508,075									
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)	277,299,935	287,376,174	343,508,075									
LESS: OPERATING EXPENDITURES	(D)	316,838,075	316,838,075	316,838,075									
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)	26,405,048	26,670,000	26,670,000									
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)												
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)	65,943,188	56,131,901										
NET ADJUSTMENTS (FROM SECTION III)	(H)	65,943,188	56,131,901										

COL A01	COL A02	COL A03	COL A04
ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11

AGENCY/HEALTH CARE ADMIN 68000000
 PGM: HEALTH CARE SERVICES 68500000
CHILDREN SPECIAL HLTH CARE 68500100

FUND: MEDICAL CARE TRUST FUND 2474

SECTION I: DETAIL OF REVENUES

REVENUE CAP SVC	AUTH	MATCHING %	CFDA
CODE CHG %	ST	I/C LOC I/C	NO.

ADJUSTED UNRESERVED FUND BALANCE - JUNE 30 (I)

Executive Direction/Support Services

										COL A01	COL A02	COL A03	COL A04
										ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
										EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000												
PGM: HEALTH CARE SERVICES	68500000												
EXECUTIVE DIR/SUPPORT SVCS	68500200												
FUND: GRANTS AND DONATIONS TF										2339			
SECTION I: DETAIL OF REVENUES													
	REVENUE	CAP	SVC	AUTH	MATCHING %		CFDA						
	CODE		CHG %		ST	I/C LOC I/C	NO.						
32	US GRANTS TITLE XIX	000700	NO	0.0	409	50.00 C 0.00	93.778	283,219	316,764	363,849			
63	REFUNDS - DRUG REB-ST	001800	NO	0.0	409	0.00 0.00		283,219	316,763	363,850			
TOTAL TO LINE B IN SECTION IV										566,438	633,527	727,699	
SECTION II: DETAIL OF NONOPERATING EXPENDITURES													
					OBJECT	TRANSFER	CFDA						
					CODE	TO BE	NO.						
06	STATE TRUST FUND RESERVE				999000					15,838			
TOTAL TO LINE E IN SECTION IV												15,838	
SECTION III: ADJUSTMENTS													
					OBJECT								
					CODE								
11	9-30-09 CY REVERSIONS				991000			78,334					
TOTAL TO LINE H IN SECTION IV											78,334		
SECTION IV: SUMMARY													
UNRESERVED FUND BALANCE - JULY 1	(A)												
ADD: REVENUES (FROM SECTION I)	(B)									566,438	633,527	727,699	
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)									566,438	633,527	727,699	
LESS: OPERATING EXPENDITURES	(D)									566,438	711,861	711,861	
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)											15,838	
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)												
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)										78,334-		
NET ADJUSTMENTS (FROM SECTION III)	(H)										78,334		
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)												

	COL A01 ACT PR YR EXP 2008-09	COL A02 CURR YR EST EXP 2009-10	COL A03 AGY REQUEST FY 2010-11	COL A04 AGY REQ N/R FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000			
PGM: HEALTH CARE SERVICES	68500000			
EXECUTIVE DIR/SUPPORT SVCS	68500200			

FUND: MEDICAL CARE TRUST FUND 2474

SECTION I: DETAIL OF REVENUES

	REVENUE CODE	CAP	SVC CHG %	AUTH	MATCHING % ST I/C LOC I/C	CFDA NO.	COL A01	COL A02	COL A03	COL A04
47 US GRANTS - TITLE XIX	000700	NO	0.0	409	50.00 C 0.00	93.778	165,582,310	187,616,321	192,676,750	
48 US GRANTS - TITLE XXI	000700	NO	0.0	409	28.78 C 0.00	93.767		600,000	600,000	
51 OTHER GRANTS - RWJ	001100	NO	0.0	409	0.00 0.00			40,000	40,000	
52 TRANSFERS- FRA & AB	001500	NO	0.0	409	0.00 0.00		21,862,191			
60 REFUNDS - TPL - STATE	001800	NO	0.0	409	0.00 0.00		50,047	4,876,523	3,376,449	
TOTAL TO LINE B IN SECTION IV							187,494,548	193,132,844	196,693,199	

SECTION II: DETAIL OF NONOPERATING EXPENDITURES

	OBJECT CODE	TRANSFER TO BE	CFDA NO.	COL A01	COL A02	COL A03	COL A04
49 TR/FDLE/LEVEL 2 SCREENING	810000	71700200		103,559	300,000	300,000	
50 REFUNDS	860000			1,039			
69 TR/ADMINISTRATIVE TRUST FUND	810000	68200000		2,500,000			
70 TR/AGY/PUB HLTH-SOC WLF-DOH	810000	64100200	93.778		1,100,000	1,100,000	
71 TR/AGY/PUB HLTH-SOC WLF-DOH	810000	64500100	93.778	28,643,989	28,700,000	28,700,000	
74 TR/HCTF	810000	68700700		20,220,761			
TOTAL TO LINE E IN SECTION IV				51,469,348	30,100,000	30,100,000	

SECTION III: ADJUSTMENTS

	OBJECT CODE	COL A01	COL A02	COL A03	COL A04
02 PRIOR YEAR ADJUSTMENT	991000	7,694,693			
TOTAL TO LINE H IN SECTION IV		7,694,693			

	COL A01	COL A02	COL A03	COL A04
	ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
	EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000			
PGM: HEALTH CARE SERVICES	68500000			
<u>EXECUTIVE DIR/SUPPORT SVCS</u>	68500200			

FUND: MEDICAL CARE TRUST FUND 2474

SECTION IV: SUMMARY

UNRESERVED FUND BALANCE - JULY 1	(A)			
ADD: REVENUES (FROM SECTION I)	(B)	187,494,548	193,132,844	196,693,199
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)	187,494,548	193,132,844	196,693,199
LESS: OPERATING EXPENDITURES	(D)	143,719,893	163,032,844	166,593,199
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)	51,469,348	30,100,000	30,100,000
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)			
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)	7,694,693-		
NET ADJUSTMENTS (FROM SECTION III)	(H)	7,694,693		
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)			

										COL A01	COL A02	COL A03	COL A04
										ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
										EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000												
PGM: HEALTH CARE SERVICES	68500000												
EXECUTIVE DIR/SUPPORT SVCS	68500200												
FUND: REFUGEE ASSISTANCE TF	2579												
SECTION I: DETAIL OF REVENUES													
	REVENUE	CAP	SVC	AUTH	MATCHING %		CFDA						
	CODE		CHG %		ST	I/C LOC I/C	NO.						
77 TRANSFER - DCF	001510	NO	0.0	409	0.00	0.00	93.566		117,809		117,809		
TOTAL TO LINE B IN SECTION IV									117,809		117,809		
SECTION II: DETAIL OF NONOPERATING EXPENDITURES													
	OBJECT	TRANSFER	CFDA										
	CODE	TO BE	NO.										
TOTAL TO LINE E IN SECTION IV													
SECTION III: ADJUSTMENTS													
	OBJECT												
	CODE												
TOTAL TO LINE H IN SECTION IV													
SECTION IV: SUMMARY													
UNRESERVED FUND BALANCE - JULY 1	(A)												
ADD: REVENUES (FROM SECTION I)	(B)								117,809		117,809		
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)								117,809		117,809		
LESS: OPERATING EXPENDITURES	(D)								117,809		117,809		
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)												
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)												
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)												
NET ADJUSTMENTS (FROM SECTION III)	(H)												
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)												

Medicaid Services to Individuals

										COL A01	COL A02	COL A03	COL A04
										ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
										EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000												
PGM: HEALTH CARE SERVICES	68500000												
<u>MEDICAID SERV/INDIVIDUALS</u>	68501400												
FUND: HEALTH CARE TRUST FUND										2003			
SECTION I: DETAIL OF REVENUES													
	REVENUE	CAP	SVC	AUTH	MATCHING %		CFDA						
	CODE		CHG %		ST	I/C LOC I/C	NO.						
91 CIGARETTE TAXES(DBRP)	001500	NO	0.0	409	0.00	0.00		631,000,000	631,000,000				
TOTAL TO LINE B IN SECTION IV										631,000,000	631,000,000		
SECTION II: DETAIL OF NONOPERATING EXPENDITURES													
					OBJECT	TRANSFER	CFDA						
					CODE	TO BE	NO.						
70 TRANSFER TO DOH					810000			50,000,000	50,000,000				
TOTAL TO LINE E IN SECTION IV										50,000,000	50,000,000		
SECTION III: ADJUSTMENTS													
					OBJECT								
					CODE								
TOTAL TO LINE H IN SECTION IV													
SECTION IV: SUMMARY													
UNRESERVED FUND BALANCE - JULY 1	(A)												
ADD: REVENUES (FROM SECTION I)	(B)									631,000,000	631,000,000		
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)									631,000,000	631,000,000		
LESS: OPERATING EXPENDITURES	(D)									581,000,000	581,000,000		
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)									50,000,000	50,000,000		
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)												
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)												
NET ADJUSTMENTS (FROM SECTION III)	(H)												
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)												

										COL A01	COL A02	COL A03	COL A04
										ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
										EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000												
PGM: HEALTH CARE SERVICES	68500000												
<u>MEDICAID SERV/INDIVIDUALS</u>	68501400												
FUND: TOBACCO SETTLEMENT TF	2122												
SECTION I: DETAIL OF REVENUES													
	REVENUE	CAP	SVC	AUTH	MATCHING %		CFDA						
	CODE		CHG %		ST	I/C LOC I/C	NO.						
72 TRANSFERS - DFS	001500	NO	0.0	409	0.00	0.00		388,338,207	52,567,697	52,567,697			
TOTAL TO LINE B IN SECTION IV								388,338,207	52,567,697	52,567,697			
SECTION II: DETAIL OF NONOPERATING EXPENDITURES													
					OBJECT	TRANSFER	CFDA						
					CODE	TO BE	NO.						
37 TR/DFS/TOBACCO CLEARING TF					810000	43010100		7,543,497					
TOTAL TO LINE E IN SECTION IV								7,543,497					
SECTION III: ADJUSTMENTS													
					OBJECT								
					CODE								
01 SEPTEMBER REVERSIONS					991000								
02 PRIOR YEAR ADJUSTMENT					991000								
TOTAL TO LINE H IN SECTION IV								456,503-					
SECTION IV: SUMMARY													
UNRESERVED FUND BALANCE - JULY 1	(A)												
ADD: REVENUES (FROM SECTION I)	(B)							388,338,207	52,567,697	52,567,697			
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)							388,338,207	52,567,697	52,567,697			
LESS: OPERATING EXPENDITURES	(D)							380,338,207	52,567,697	52,567,697			
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)							7,543,497					
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)												
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)							456,503					
NET ADJUSTMENTS (FROM SECTION III)	(H)							456,503-					
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)												

	COL A01	COL A02	COL A03	COL A04
	ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
	EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000			
PGM: HEALTH CARE SERVICES	68500000			
<u>MEDICAID SERV/INDIVIDUALS</u>	68501400			

FUND: GRANTS AND DONATIONS TF 2339

SECTION I: DETAIL OF REVENUES

	REVENUE	CAP	SVC	AUTH	MATCHING %		CFDA			
	CODE		CHG %		ST	I/C LOC I/C	NO.			
43 COUNTY CONTRIBUTION-DSH	000100	YES	0.0	409	0.00	41.11 C		647,195,099	886,363,533	886,363,533
45 INTEREST	000500	NO	0.0	215	0.00	0.00		248,410		
52 PENALTIES	001202	NO	0.0	409	0.00	0.00		350,040		
54 STATE GRANTS - DOH	001000	NO	0.0	409	0.00	0.00		55,333,832	46,462,981	46,468,981
62 REFUNDS - DRUG REB-FED	001800	NO	0.0	409	0.00	0.00	93.778	342,591,187	436,038,525	323,912,558
63 REFUNDS - DRUG REB-ST	001800	NO	0.0	409	0.00	0.00		180,311,734	208,607,431	209,628,140
66 REFUNDS - FRAUD & ABUSE	001800	NO	0.0	409	0.00	0.00		22,947,977	19,018,649	19,018,649
TOTAL TO LINE B IN SECTION IV								1248,978,279	1596,491,119	1485,391,861

SECTION II: DETAIL OF NONOPERATING EXPENDITURES

	OBJECT	TRANSFER	CFDA
	CODE	TO BE	NO.
04 STATE REFUNDS	860000		
19 STATE TRUST FUND RESERVE	999000		
TOTAL TO LINE E IN SECTION IV			
		73,635	
			11,381,304
		73,635	11,381,304

SECTION III: ADJUSTMENTS

	OBJECT	
	CODE	
01 SEPTEMBER REVERSIONS	991000	3,933,354
06 PRIOR YEAR ADJ	991000	12,390,271
TOTAL TO LINE H IN SECTION IV		
		16,323,625

		COL A01	COL A02	COL A03	COL A04
		ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
		EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000				
PGM: HEALTH CARE SERVICES	68500000				
<u>MEDICAID SERV/INDIVIDUALS</u>	68501400				

FUND: GRANTS AND DONATIONS TF 2339

SECTION IV: SUMMARY

UNRESERVED FUND BALANCE - JULY 1	(A)	153,727,311	144,767,701	191,230,683	
ADD: REVENUES (FROM SECTION I)	(B)	1248,978,279	1596,491,119	1485,391,861	
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)	1402,705,590	1741,258,820	1676,622,544	
LESS: OPERATING EXPENDITURES	(D)	1274,187,879	1550,028,137	1446,002,674	
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)	73,635		11,381,304	
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)				
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)	128,444,076	191,230,683	219,238,566	
NET ADJUSTMENTS (FROM SECTION III)	(H)	16,323,625			
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)	144,767,701	191,230,683	219,238,566	

	COL A01 ACT PR YR EXP 2008-09	COL A02 CURR YR EST EXP 2009-10	COL A03 AGY REQUEST FY 2010-11	COL A04 AGY REQ N/R FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000			
PGM: HEALTH CARE SERVICES	68500000			
MEDICAID SERV/INDIVIDUALS	68501400			

FUND: MEDICAL CARE TRUST FUND 2474

SECTION I: DETAIL OF REVENUES

REVENUE CODE	CAP	SVC CHG %	AUTH	MATCHING % ST I/C LOC I/C	CFDA NO.				
DM ARR P FED STIMULUS	000750	NO	0.0	409	0.00 0.00	93.778	1311,411,229	1333,503,180	182,842,839
45 INTEREST	000500	NO	0.0	17.57	0.00 0.00		1,269,208	2,000,000	2,000,000
47 US GRANTS - TITLE XIX	000700	NO	0.0	409	41.11 C 0.00	93.778	4736,640,714	6602,185,383	7113,327,652
48 US GRANTS - TITLE XXI	000700	NO	0.0	409	28.78 C 0.00	93.767	1,907,104	2,005,125	2,005,125
50 STATE GRANTS DCF	001000	NO	0.0	409	0.00 0.00		4,311,925	19,863,504	24,117,338
54 STATE GRANTS DOH	001000	NO	0.0	409	0.00 0.00		11,507,789	12,655,478	9,291,764
59 REFUNDS - TPL- FED	001800	NO	0.0	409	0.00 0.00	93.778	41,224,940	42,000,000	42,000,000
60 REFUNDS - TPL - STATE	001800	NO	0.0	409	0.00 0.00		21,403,187	22,000,000	23,000,000
61 REFUNDS - FED	001800	NO	0.0	409	0.00 0.00	93.778	53,757,884	12,000,000	12,000,000
64 REFUNDS-FISCAL AGENT	001800	NO	0.0	409	0.00 0.00		195,960,090	200,000,000	200,000,000
66 REFUNDS - FRAUD & ABUSE	001800	NO	0.0	409	0.00 0.00		2,541,002	3,465,461	3,465,461
68 REFUNDS - NURSING HOME	001800	NO	0.0	409	0.00 0.00	93.778	9,476,541	15,000,000	15,000,000
78 TRANSFERS - ATF	001500	NO	0.0	409	0.00 0.00		13,996,512		
79 TRANSFER - HCTF	001500	NO	0.0	409	0.00 0.00		5,280,218		
TOTAL TO LINE B IN SECTION IV							6410,688,343	8266,678,131	7629,050,179

SECTION II: DETAIL OF NONOPERATING EXPENDITURES

OBJECT CODE	TRANSFER TO BE	CFDA NO.			
07 NON-STATE REFUNDS	860000		1,214,333	1,200,000	1,200,000
08 TR/SECTION 33 BACK OF GAA	810000		3,093,148		
09 TR/AGY/PUB-SOC WLF AG-DCF	810000	60910401	47,341,174	95,500,000	95,500,000
10 TR/AGY/PUB-SOC WLF AG-APD	810000	67100300	78,622,237	125,810,400	112,920,600
11 TR/ADMINISTRATIVE TRUST FUND	810000	68200000	5,180,440	5,678,588	6,509,372
99 STATE TRUST FUND RESERVE	999000				3,473,824
TOTAL TO LINE E IN SECTION IV			135,451,332	228,188,988	219,603,796

SECTION III: ADJUSTMENTS

OBJECT CODE		
01 SEPTEMBER REVERSIONS	991000	298,866,586
02 PRIOR YEAR ADJUSTMENTS	991000	324,366,958-

		COL A01	COL A02	COL A03	COL A04
		ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
		EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000				
PGM: HEALTH CARE SERVICES	68500000				
<u>MEDICAID SERV/INDIVIDUALS</u>	68501400				

FUND: MEDICAL CARE TRUST FUND 2474

SECTION III: ADJUSTMENTS

	OBJECT CODE				
03 CURRENT YEAR ADJUSTMENTS	991000	892,005,886			
04 CURRENT YEAR ADJUSTMENT	991000	1,219,391			
TOTAL TO LINE H IN SECTION IV		867,724,905			

SECTION IV: SUMMARY

UNRESERVED FUND BALANCE - JULY 1	(A)	63,181,931	74,393,004	51,834,762	
ADD: REVENUES (FROM SECTION I)	(B)	6410,688,343	8266,678,131	7629,050,179	
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)	6473,870,274	8341,071,135	7680,884,941	
LESS: OPERATING EXPENDITURES	(D)	7131,750,843	8061,047,385	7418,621,425	
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)	135,451,332	228,188,988	219,603,796	
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)				
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)	793,331,901-	51,834,762	42,659,720	
NET ADJUSTMENTS (FROM SECTION III)	(H)	867,724,905			
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)	74,393,004	51,834,762	42,659,720	

										COL A01	COL A02	COL A03	COL A04
										ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
										EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000												
PGM: HEALTH CARE SERVICES	68500000												
<u>MEDICAID SERV/INDIVIDUALS</u>	68501400												
FUND: PUB MEDICAL ASST TF										2565			
SECTION I: DETAIL OF REVENUES													
	REVENUE	CAP	SVC	AUTH	MATCHING %			CFDA					
	CODE		CHG %		ST	I/C	LOC	I/C	NO.				
52 FINES, FORFEITURES & JUD	001200	NO	0.0	395.701	0.00		0.00			727,930			
91 CIGARETTE TAXES(DBPR)	001500	NO	0.0	409	0.00		0.00			112,490,539	84,400,000	84,400,000	
95 HOSPITAL FEES	000300	YES	0.0	395.701	0.00		0.00			404,296,614	398,870,000	409,892,109	
TOTAL TO LINE B IN SECTION IV										517,515,083	483,270,000	494,292,109	
SECTION II: DETAIL OF NONOPERATING EXPENDITURES													
				OBJECT	TRANSFER	CFDA							
				CODE	TO BE	NO.							
TOTAL TO LINE E IN SECTION IV													
SECTION III: ADJUSTMENTS													
				OBJECT									
				CODE									
TOTAL TO LINE H IN SECTION IV													
SECTION IV: SUMMARY													
UNRESERVED FUND BALANCE - JULY 1	(A)									87,932,808	98,877,891	43,927,891	
ADD: REVENUES (FROM SECTION I)	(B)									517,515,083	483,270,000	494,292,109	
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)									605,447,891	582,147,891	538,220,000	
LESS: OPERATING EXPENDITURES	(D)									506,570,000	538,220,000	538,220,000	
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)												
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)												
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)									98,877,891	43,927,891		
NET ADJUSTMENTS (FROM SECTION III)	(H)												
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)									98,877,891	43,927,891		

		COL A01	COL A02	COL A03	COL A04
		ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
		EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000				
PGM: HEALTH CARE SERVICES	68500000				
<u>MEDICAID SERV/INDIVIDUALS</u>	68501400				
FUND: REFUGEE ASSISTANCE TF	2579				
SECTION I: DETAIL OF REVENUES					
	REVENUE CAP SVC AUTH MATCHING % CFDA				
	CODE CHG % ST I/C LOC I/C NO.				
77 TRANSFERS - DCF	001510 NO 0.0 409 0.00 0.00 93.566	22,625,380	22,471,181	22,471,181	
TOTAL TO LINE B IN SECTION IV		22,625,380	22,471,181	22,471,181	
SECTION II: DETAIL OF NONOPERATING EXPENDITURES					
	OBJECT TRANSFER CFDA				
	CODE TO BE NO.				
TOTAL TO LINE E IN SECTION IV					
SECTION III: ADJUSTMENTS					
	OBJECT				
	CODE				
02 PRIOR YEAR ADJUSTMENT	991000	68,772-			
TOTAL TO LINE H IN SECTION IV		68,772-			
SECTION IV: SUMMARY					
UNRESERVED FUND BALANCE - JULY 1	(A)				
ADD: REVENUES (FROM SECTION I)	(B)	22,625,380	22,471,181	22,471,181	
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)	22,625,380	22,471,181	22,471,181	
LESS: OPERATING EXPENDITURES	(D)	22,556,608	22,471,181	22,471,181	
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)				
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)				
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)	68,772			
NET ADJUSTMENTS (FROM SECTION III)	(H)	68,772-			
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)				

Medicaid Long Term Care

										COL A01	COL A02	COL A03	COL A04
										ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
										EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000												
PGM: HEALTH CARE SERVICES	68500000												
<u>MEDICAID LONG TERM CARE</u>	68501500												
FUND: HEALTH CARE TRUST FUND 2003													
SECTION I: DETAIL OF REVENUES													
	REVENUE	CAP	SVC	AUTH	MATCHING %		CFDA						
	CODE		CHG %		ST	I/C	LOC	I/C	NO.				
91 CIGARETTE TAXES(DBRP)	001500	NO	0.0	409	0.00	0.00				270,000,000	270,000,000		
TOTAL TO LINE B IN SECTION IV										270,000,000	270,000,000		
SECTION II: DETAIL OF NONOPERATING EXPENDITURES													
					OBJECT	TRANSFER	CFDA						
					CODE	TO BE	NO.						
TOTAL TO LINE E IN SECTION IV													
SECTION III: ADJUSTMENTS													
					OBJECT								
					CODE								
TOTAL TO LINE H IN SECTION IV													
SECTION IV: SUMMARY													
UNRESERVED FUND BALANCE - JULY 1	(A)												
ADD: REVENUES (FROM SECTION I)	(B)									270,000,000	270,000,000		
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)									270,000,000	270,000,000		
LESS: OPERATING EXPENDITURES	(D)									270,000,000	270,000,000		
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)												
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)												
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)												
NET ADJUSTMENTS (FROM SECTION III)	(H)												
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)												

										COL A01	COL A02	COL A03	COL A04
										ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
										EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000												
PGM: HEALTH CARE SERVICES	68500000												
<u>MEDICAID LONG TERM CARE</u>	68501500												
FUND: TOBACCO SETTLEMENT TF										2122			
SECTION I: DETAIL OF REVENUES													
	REVENUE	CAP	SVC	AUTH	MATCHING %		CFDA						
	CODE		CHG %		ST	I/C LOC I/C	NO.						
72 TRANSFERS - DFS	001500	NO	0.0	409	0.00	0.00				957,220			
TOTAL TO LINE B IN SECTION IV										957,220			
SECTION II: DETAIL OF NONOPERATING EXPENDITURES													
					OBJECT	TRANSFER	CFDA						
					CODE	TO BE	NO.						
TOTAL TO LINE E IN SECTION IV													
SECTION III: ADJUSTMENTS													
					OBJECT								
					CODE								
TOTAL TO LINE H IN SECTION IV													
SECTION IV: SUMMARY													
UNRESERVED FUND BALANCE - JULY 1	(A)												
ADD: REVENUES (FROM SECTION I)	(B)									957,220			
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)									957,220			
LESS: OPERATING EXPENDITURES	(D)									957,220			
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)												
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)												
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)												
NET ADJUSTMENTS (FROM SECTION III)	(H)												
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)												

										COL A01	COL A02	COL A03	COL A04		
										ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R		
										EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11		
AGENCY/HEALTH CARE ADMIN	68000000														
PGM: HEALTH CARE SERVICES	68500000														
<u>MEDICAID LONG TERM CARE</u>	68501500														
FUND: GRANTS AND DONATIONS TF										2339					
SECTION I: DETAIL OF REVENUES															
	REVENUE	CAP	SVC	AUTH	MATCHING %		CFDA								
	CODE		CHG %		ST	I/C LOC I/C	NO.								
43 COUNTY CONTRIBUTION-DSH	000100	YES	0.0	409	0.00	41.11	C	77,819,638	301,770,636	301,770,636					
TOTAL TO LINE B IN SECTION IV										77,819,638	301,770,636	301,770,636			
SECTION II: DETAIL OF NONOPERATING EXPENDITURES															
	OBJECT	TRANSFER	CFDA												
	CODE	TO BE	NO.												
TOTAL TO LINE E IN SECTION IV															
SECTION III: ADJUSTMENTS															
	OBJECT														
	CODE														
TOTAL TO LINE H IN SECTION IV															
SECTION IV: SUMMARY															
UNRESERVED FUND BALANCE - JULY 1	(A)														
ADD: REVENUES (FROM SECTION I)	(B)									77,819,638	301,770,636	301,770,636			
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)									77,819,638	301,770,636	301,770,636			
LESS: OPERATING EXPENDITURES	(D)									77,819,638	301,770,636	301,770,636			
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)														
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)														
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)														
NET ADJUSTMENTS (FROM SECTION III)	(H)														
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)														

										COL A01	COL A02	COL A03	COL A04	
										ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R	
										EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11	
AGENCY/HEALTH CARE ADMIN	68000000													
PGM: HEALTH CARE SERVICES	68500000													
<u>MEDICAID LONG TERM CARE</u>	68501500													
FUND: MEDICAL CARE TRUST FUND										2474				
SECTION I: DETAIL OF REVENUES														
	REVENUE	CAP	SVC	AUTH	MATCHING %		CFDA							
	CODE		CHG %		ST	I/C LOC I/C	NO.							
47	US GRANTS - TITLE XIX	000700	NO	0.0	409	41.11 C 0.00	93.778	2746,244,036	3027,775,268	2908,915,780				
50	STATE GRANTS - DCF	001000	NO	0.0	409	0.00 0.00		18,230,695	16,312,109	20,022,188				
51	REFUNDS - TPL	001800	NO	0.0	409	0.00 0.00		865,245						
52	STATE GRANTS - APD	001000	NO	0.0	409	0.00 0.00		278,437,003	314,831,515	376,749,194				
53	STATE GRANTS - DOEA	001000	NO	0.0	409	0.00 0.00		35,157,828	156,042,670	190,325,668				
54	DISTRIBUTION TRANS-DOH	001500	NO	0.0	409	0.00 0.00		4,274,326	5,971,574	5,971,574				
70	REFUNDS -TPL	001800	NO	0.0	409	0.00 0.00			3,500,000	3,500,000				
TOTAL TO LINE B IN SECTION IV								3083,209,133	3524,433,136	3505,484,404				
SECTION II: DETAIL OF NONOPERATING EXPENDITURES														
					OBJECT	TRANSFER	CFDA							
					CODE	TO BE	NO.							
99	STATE TRUST FUND RESERVE				999000					175,000				
TOTAL TO LINE E IN SECTION IV										175,000				
SECTION III: ADJUSTMENTS														
					OBJECT									
					CODE									
01	SEPTEMBER REVERSIONS				991000			201,945,563						
TOTAL TO LINE H IN SECTION IV								201,945,563						

	COL A01	COL A02	COL A03	COL A04
	ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
	EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000			
PGM: HEALTH CARE SERVICES	68500000			
<u>MEDICAID LONG TERM CARE</u>	68501500			
FUND: MEDICAL CARE TRUST FUND	2474			

SECTION IV: SUMMARY

UNRESERVED FUND BALANCE - JULY 1	(A)			
ADD: REVENUES (FROM SECTION I)	(B)	3083,209,133	3524,433,136	3505,484,404
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)	3083,209,133	3524,433,136	3505,484,404
LESS: OPERATING EXPENDITURES	(D)	3285,154,696	3524,433,136	3505,309,404
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)			175,000
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)			
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)	201,945,563-		
NET ADJUSTMENTS (FROM SECTION III)	(H)	201,945,563		
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)			

Health Facility Regulation

 COL A01 COL A02 COL A03 COL A04
 ACT PR YR CURR YR EST AGY REQUEST AGY REQ N/R
 EXP 2008-09 EXP 2009-10 FY 2010-11 FY 2010-11

AGENCY/HEALTH CARE ADMIN 68000000
 PGM: HLTH CARE REGULATION 68700000
HEALTH CARE REGULATION 68700700

FUND: HEALTH CARE TRUST FUND 2003

SECTION I: DETAIL OF REVENUES

	REVENUE CODE	CAP	SVC CHG %	AUTH	MATCHING % ST I/C LOC I/C	CFDA NO.	COL A01	COL A02	COL A03	COL A04
40 TAXES	000300	YES	7.3	408.20	0.00 0.00		14,157,145	12,500,000	12,500,000	
41 FEES	000100	YES	7.3	VARIOUS	0.00 0.00		21,438,846	12,770,395	12,770,395	
42 LICENSES	000200	YES	7.3	VARIOUS	0.00 0.00		16,044,336	18,023,283	18,023,283	
47 US GRANTS - TITLE XIX	000700	NO	0.0	409	50.00 C 0.00	93.777	7,714,498	7,800,000	7,800,000	
49 US GRANTS - CLIA	000700	NO	0.0	483	0.00 0.00	93.777	374,738	850,000	850,000	
52 FINES, FORFEITURES, JUDGE	001200	NO	7.3	VARIOUS	0.00 0.00		3,934,722			
55 US GRANTS - TITLE XVIII	000700	NO	0.0	VARIOUS	0.00 0.00	93.777	8,902,162	8,258,740	8,558,635	
56 INSURANCE RECOVERIES	002801	NO	0.0	VARIOUS	0.00 0.00		100			
58 REFUNDS	001800	NO	0.0	215	0.00 0.00			85,000	85,000	
69 TRANSFERS - MCTF	001500	NO	0.0	VARIOUS	0.00 0.00		20,220,761			
70 TRANSFERS - DOH	001500	NO	0.0	20.43	0.00 0.00		69,325	85,000	85,000	
71 TRANSFERS - DFS WORKER'	001500	NO	0.0	440.134	0.00 0.00		900,000	675,005	675,005	
82 OTHER GRANTS - HSMV	001600	NO	0.0	765.544	0.00 0.00		105,699	145,546	145,546	
84 US GRANTS - TITLE XIX I	000799	NO	0.0	409	50.00 C 0.00	93.777	828,315	800,000	800,000	
85 US GRANTS - CLIA INDIRE	000799	NO	0.0	483	0.00 0.00	93.777	217,216	200,000	200,000	
86 US GRANTS - TTL XVIII	000799	NO	0.0	409	0.00 0.00	93.777	1,272,441	500,000	500,000	
TOTAL TO LINE B IN SECTION IV							96,180,304	62,692,969	62,992,864	

SECTION II: DETAIL OF NONOPERATING EXPENDITURES

	OBJECT CODE	TRANSFER TO BE	CFDA NO.	COL A01	COL A02	COL A03	COL A04
39 TR/DOH/LOCAL HEALTH COUNCIL	810000	64400200		1,006,034	1,010,000	1,010,000	
49 TR/FDLE/LEVEL 2 SCREENING	810000	71700200		1,761,348	2,200,000	2,200,000	
52 REFUNDS	860000			221,443			
56 TR/DOH/CERT NURSING ASST	810000	64400100		92,534	120,000	120,000	
60 TR/DCF/PUB HLTH-SOC WLF AG	810000	60910307		7,558,961			
62 GENERAL REVENUE SERVICE CHARGE	880000			3,659,755	3,900,000	3,900,000	
63 TR/MCTF	810000	68501400		5,280,218			
65 TR/SECTION 215.32	810000	68700700		12,000,000			
85 TR/ADMIN TF (2021)	810000	68200000		7,687,039	7,800,000	7,800,000	
99 STATE TRUST FUND RESERVE	999000					1,812,711	
TOTAL TO LINE E IN SECTION IV				39,267,332	15,030,000	16,842,711	

		COL A01 ACT PR YR EXP 2008-09	COL A02 CURR YR EST EXP 2009-10	COL A03 AGY REQUEST FY 2010-11	COL A04 AGY REQ N/R FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000				
PGM: HLTH CARE REGULATION	68700000				
<u>HEALTH CARE REGULATION</u>	<u>68700700</u>				
FUND: HEALTH CARE TRUST FUND	2003				
SECTION III: ADJUSTMENTS					
		OBJECT CODE			
01 SEPTEMBER REVERSIONS		991000	7,942,750		
03 CURRENT YEAR ADJUSTMENTS		991000	31,509-		
04 PRIOR YEAR ADJUSTMENT		991000	51,633-		
05 9-30-09 CY REVERSIONS		991000		237,163	
TOTAL TO LINE H IN SECTION IV			7,859,608	237,163	

SECTION IV: SUMMARY

UNRESERVED FUND BALANCE - JULY 1	(A)	33,959,435	52,781,687	52,181,415
ADD: REVENUES (FROM SECTION I)	(B)	96,180,304	62,692,969	62,992,864
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)	130,139,739	115,474,656	115,174,279
LESS: OPERATING EXPENDITURES	(D)	45,950,328	48,500,404	49,096,122
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)	39,267,332	15,030,000	16,842,711
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)			
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)	44,922,079	51,944,252	49,235,446
NET ADJUSTMENTS (FROM SECTION III)	(H)	7,859,608	237,163	
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)	52,781,687	52,181,415	49,235,446

										COL A01	COL A02	COL A03	COL A04
										ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
										EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000												
PGM: HLTH CARE REGULATION	68700000												
<u>HEALTH CARE REGULATION</u>	68700700												
FUND: QUALITY LONG-TERM CARE TF 2126													
SECTION I: DETAIL OF REVENUES													
	REVENUE	CAP	SVC	AUTH	MATCHING %		CFDA						
	CODE		CHG %		ST	I/C	LOC	I/C	NO.				
52	FINES, FORFEITURES & JU	001200	NO	7.3	4000239	0.00	0.00	93.778		1,622,575	719,203	800,000	
TOTAL TO LINE B IN SECTION IV										1,622,575	719,203	800,000	
SECTION II: DETAIL OF NONOPERATING EXPENDITURES													
					OBJECT	TRANSFER	CFDA						
					CODE	TO	BE	NO.					
62	GENERAL REVENUE SERVICE CHARGE				880000					116,376	57,536	64,000	
99	STATE TRUST FUND RESERVE				999000							33,083	
TOTAL TO LINE E IN SECTION IV										116,376	57,536	97,083	
SECTION III: ADJUSTMENTS													
					OBJECT								
					CODE								
01	SEPTEMBER REVERSIONS 09/30/08				991000					80,797			
05	9-30-09 CY REVERSIONS				991000						3,310		
TOTAL TO LINE H IN SECTION IV										80,797	3,310		
SECTION IV: SUMMARY													
UNRESERVED FUND BALANCE - JULY 1	(A)									1,793,686	2,870,856	2,535,833	
ADD: REVENUES (FROM SECTION I)	(B)									1,622,575	719,203	800,000	
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)									3,416,261	3,590,059	3,335,833	
LESS: OPERATING EXPENDITURES	(D)									509,826	1,000,000	1,000,000	
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)									116,376	57,536	97,083	
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)												
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)									2,790,059	2,532,523	2,238,750	
NET ADJUSTMENTS (FROM SECTION III)	(H)									80,797	3,310		
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)									2,870,856	2,535,833	2,238,750	

	COL A01	COL A02	COL A03	COL A04
	ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
	EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN	68000000			
PGM: HLTH CARE REGULATION	68700000			
<u>HEALTH CARE REGULATION</u>	68700700			

FUND: ORG/TISSUE DONR ED/PROC TF 2509

SECTION I: DETAIL OF REVENUES

REVENUE	CAP	SVC	AUTH	MATCHING %	CFDA
CODE	CHG %		ST	I/C LOC I/C	NO.

TOTAL TO LINE B IN SECTION IV

SECTION II: DETAIL OF NONOPERATING EXPENDITURES

OBJECT	TRANSFER	CFDA
CODE	TO BE	NO.

99 TR/HCTF/ORG&TISSUE DONOR 810000 68700700 1,076,837

TOTAL TO LINE E IN SECTION IV 1,076,837

SECTION III: ADJUSTMENTS

OBJECT
CODE

01 SEPTEMBER REVERSION 991000 65,565

TOTAL TO LINE H IN SECTION IV 65,565

SECTION IV: SUMMARY

UNRESERVED FUND BALANCE - JULY 1	(A)	1,011,272
ADD: REVENUES (FROM SECTION I)	(B)	
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)	1,011,272
LESS: OPERATING EXPENDITURES	(D)	
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)	1,076,837
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)	
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)	65,565-
NET ADJUSTMENTS (FROM SECTION III)	(H)	65,565
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)	

	COL A01	COL A02	COL A03	COL A04
	ACT PR YR	CURR YR EST	AGY REQUEST	AGY REQ N/R
	EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN				
PGM: HLTH CARE REGULATION				
<u>HEALTH CARE REGULATION</u>				

FUND: RESIDENT PROTECTION TF 2522

SECTION I: DETAIL OF REVENUES

REVENUE CAP SVC AUTH MATCHING % CFDA	CODE CHG % ST I/C LOC I/C NO.
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TOTAL TO LINE B IN SECTION IV

SECTION II: DETAIL OF NONOPERATING EXPENDITURES

OBJECT TRANSFER CFDA	CODE TO BE NO.
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32 TR/HCTF/EXCESS OF \$2000000

810000	68700700	2,000,000
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TOTAL TO LINE E IN SECTION IV

SECTION III: ADJUSTMENTS

OBJECT CODE

03 PRIOR YEAR ADJUSTMENT

991000	5,000-
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TOTAL TO LINE H IN SECTION IV

SECTION IV: SUMMARY

UNRESERVED FUND BALANCE - JULY 1	(A)	2,005,000
ADD: REVENUES (FROM SECTION I)	(B)	
TOTAL FUNDS AVAILABLE (LINE A + LINE B)	(C)	2,005,000
LESS: OPERATING EXPENDITURES	(D)	
LESS: NONOPERATING EXPENDITURES (SECTION II)	(E)	2,000,000
LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(F)	
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(G)	5,000
NET ADJUSTMENTS (FROM SECTION III)	(H)	5,000-
ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(I)	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2010 - 2011

Department: Agency for Health Care Administration

Chief Internal Auditor: Mike Blackburn

Budget Entity: Inspector General/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
AUDITS FOR FISCAL YEAR 2008-2009					
08-06	6/30/2008	Medicaid Operations	<p>Finding 08-06-01 The Choice Counseling Unit (Unit) has not developed a process to identify individuals who lose their Medicaid eligibility and restrict them from accessing their Enhanced Benefits (EB) account if their income exceeds 200 percent of the Federal Poverty Level (FPL).</p> <p>Recommendation Request approval from the Centers for Medicare and Medicaid Services to amend the waiver to either allow Medicaid ineligibles access to their EB accounts regardless of their FPL, or restrict account access until they regain Medicaid eligibility. All Medicaid ineligibles will continue to lose account funds that are not spent within three years of loss of eligibility.</p> <p>Finding 08-06-02 The Enhanced Benefits Information System (EBIS) edits have not caught questionable drug transactions submitted for healthy behavior credit by the health plans.</p>	The Agency's Medicaid Division will review the recommendations and take appropriate action.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
08-13	EDS FMMIS Project Impementation	Medicaid Operations	<p>Recommendation In order to identify and reject improper pharmaceutical claims submitted for healthy behavior credits, we recommend that additional edits and/or revisions to current front-end edits be implemented in EBIS.</p> <p>Finding 08-13-01 During the design, development, and implementation (DDI) phase, the Agency did not have a process in place to facilitate independent project monitoring and project status communications with the Agency Management Team.</p> <p>Recommendation Continue to develop and refine processes to ensure adequate reporting to the Agency Management Team when planning and developing future systems projects.</p> <p>Finding 08-13-02 We noted that the “System Development” phase of the Florida Medicaid Management Information System / Decision Support System (FMMIS/DSS) project plan was considered one deliverable rather than being broken down into smaller deliverables by system modules and/or development phases.</p>	<p>The Agency's Medicaid Division will review the recommendation and will explore any opportunities to add new front end edits in EBIS, without incurring any additional contractual costs to do so.</p> <p>As implementation has already occurred, management response indicating corrective action to be taken is not required. However, we recommend the Agency consider this recommendation in future Agency system developments.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Recommendation Continue to evaluate the operations of the fiscal agent and assess monetary penalties where system limitations have caused operations to suffer. In addition, we recommend the Agency ensure future system projects include sufficient system component deliverables to allow accurate progress measurement. Finally, a thorough legal review of future system development contracts should be performed to ensure sufficient system component deliverables and associated penalties for nonperformance are included.</p>	<p>AHCA-RFP-0514, the basis of the contract with EDS, allows the Agency to assess either liquidated or actual damages based on specified criteria found in Section 30 of the Request for Proposal (RFP). The Bureau of Medicaid Contract Management (MCM) conducts close monitoring of the fiscal agent performance in many aspects of ongoing operations, including the requirements that have damages attached to them. These monitoring activities will continue for the term of the contract with EDS with damages assessed as allowed in the terms and conditions of the contract.</p> <p>Future procurements of the Medicaid Management Information System will be aligned with current best practices and industry standard life cycle development. Medicaid will continue to seek the most advantageous development methods that will ensure successful system development and progress measurements, including the recommended system component deliverables. It should be noted that this finding seems inconsistent with observations made in the report regarding the staggered release of the system during the Design, Development, and Implementation phase. This report highlights the numerous functional dependencies of the MMIS and makes the observation that staggering the release of the system was ineffective due to these dependencies.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
				<p>Instituting system component deliverables would logically lead to a staggered release of the system as components are completed. There is limited opportunity in the MMIS development for components to be developed independently and this approach, as we experienced in this project, changes the landscape of any form of end-to-end testing of the system. While developing the RFP, the Agency and contracted Fox consultants had lengthy discussions around the merits of the various industry standards for system development.</p> <p>Our conclusion, at the time, was that in order to maximize free and open competition, it was in the project's best interest to be less prescriptive of the system development in the RFP, while the RFP does encourage an iterative approach. To do otherwise could have been construed by the limited vendor community for MMIS contracts as favoring one vendor over the others.</p> <p><i>Auditor's Comment</i> - The Bureau of Internal Audit agrees with MCM's assertion that the staggered release of system components was ineffective. We do not agree that increasing the number of deliverables as recommended necessitates a staggered release approach. Increasing the number of deliverables will enable the agency to better manage the development of the system and hold the contractor accountable when deliverables are not met in a timely manner. It will remain up to the contract manager to determine when the deliverables will be released.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
08-14	11/14/2008	Medicaid Finance	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.		
08-18	May '2009	Information Technology	<p>Finding 08-18-01 Though there are informal daily procedures to detect rogue Access Points and other suspicious activity on the wireless network; it was not performed, reported, or monitored consistently during the audit period.</p> <p>Recommendation 1) Network manager assign and document the daily monitoring responsibilities to staff, and monitor the results to ensure it is being performed correctly and consistently; and 2) Information Security staff and other appropriate management review the monitoring results and assess whether implemented controls are working correctly and are sufficient in mitigating security risks.</p> <p>Finding 08-18-02 The Agency's <i>Guest Wireless Internet Service Policy</i> is maintained on the Agency network where guest users cannot view it. Additionally, it is not distributed to guest users upon request for wireless Internet access nor are the "terms of service" acknowledged.</p> <p>Recommendation Require each guest user to review the <i>Guest Wireless Internet Service Policy</i> and obtain an acknowledgement of the "terms of service" before granting access to the user.</p> <p>Finding 08-18-03 Several instances were noted where IT procedures were informal and had not been approved by the Agency's Chief Information Officer (CIO).</p>	<p>Process problem resolved. Management will follow-up to ensure process is followed. Written procedure will be formalized. COBIT statement is understood, but COBIT standards are not always applicable to the Bureau of Information Technology (IT).</p> <p>IT will develop a splash screen for guests requiring them to review and accept the Guest Wireless Policy.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
08-19	12/31/2007	Medicaid Pharmacy Services	<p>Recommendation A. Formalize the following five procedures: 1) Monitoring to identify rogue access points and other suspicious activity on the wireless network; 2) Daily review process to identify security, hardware and software anomalies; 3) Daily open for business checklist; 4) Wireless network setup for laptops; and 5) Change management. Formalizing the procedures includes incorporating the procedures into IT's established procedure template, submitting and acquiring CIO approval, and communicating changes as necessary.</p> <p>B. Develop guidance and a checklist to support IT management and the change advisory board in completing a comprehensive review for each of the requests for change.</p> <p>Finding 08-19-01 The Agency did not submit invoices for drug rebates for approximately two-thirds of the J-Code claims submitted during the 2006 and 2007 calendar years.</p> <p>Recommendation Continue to work collaboratively with Unisys and the Bureau of Medicaid Program Integrity to develop methods for ensuring maximum rebate invoicing and collections.</p>	<p>AHCA IT will formally address #1, #2, #3, #4 and #5 in written policy or procedure format. And AHCA IT will develop a formal "IT Change" policy. The "Change Advisory Board (CAB)" meets virtually through a new work-flow system. Face-to-Face meetings for the CAB will be held when necessary. AHCA IT will create a procedure to include wireless device changes into our change management process. AHCA IT will use standards set forth by National Institute of Standards and Technology (NIST.gov) with a public sector emphasis as well as what can be derived from COBIT, ITIL, etc.</p> <p>The current Fiscal Agent's claims processing system is programmed to pay specific J-Code claims that are submitted with a National Drug Code (NDC) without validating whether or not the submitted NDC is actually for the J-Code drug. Medicaid Pharmacy Services and Medicaid Contract Management will have to instruct the Fiscal Agent to program the system to validate all NDCs that are submitted with J-Codes on claims.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Finding 08-19-02 The Agency continued to pay claims that did not contain the required NDC.</p> <p>Recommendation Enforce the requirement for the NDC to be included on all claims, including cross-over and UB claims, and work cooperatively with the fiscal agent to ensure the appropriate edits are in place in the Florida Medicaid Management Information System (FMMIS).</p> <p>Finding 08-19-03 The Bureau of Pharmacy Services lacks formal written procedures relating to the Medicaid drug rebate process.</p>	<p>This will include the programming of the system with a cross walk between J-Codes and the NDCs to ensure that the correct NDC is being submitted for the J-Code. File maintenance must also be performed to update the pricing of the J-Codes.</p> <p>The Pharmacy Bureau Chief is already conducting discussions with the Fiscal Agent since it appears that they have implemented this functionality in five states. The Bureau Chief is also discussing opportunities with Novologix Corp, a commercial vendor who also markets this capability.</p> <p>With the implementation of the system programming as outlined in Issue #1, the Fiscal Agent's claims processing system will only adjudicate those claims for Physician administered drugs that are submitted with a valid NDC number. Otherwise, claims will deny for invalid NDC number or NDC number missing. Claims processing will also appropriately manage the UB (institutional) claims as well as the Medicare B crossover claims.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
OAG #2009-144	FYE 6-30-08	Federal Awards Audit	<p>Recommendation Develop formal written procedures to help ensure consistency and quality performance in the Medicaid drug rebate process.</p> <p>Finding 08-19-04 Improvements are needed in the management and monitoring of contracts in the Bureau of Pharmacy Services.</p> <p>Recommendation Develop procedures to ensure coordination between the contract manager and liaisons and promotion of more effective management and monitoring of the contracts. Procedures Pharmacy Services should consider developing include the requirement of co-signatures on invoices and monitoring evaluation forms.</p> <p>We further recommend the Bureau of Pharmacy Services maintain all required monitoring documents in the contract file.</p> <p>Finding #FS 08-002 In the Governmental Activities financial statements, the Florida Agency for Health Care Administration (FAHCA), Bureau of Finance and Accounting (Bureau), did not record an estimate of incurred but not reported (IBNR) Medicaid claims liabilities and its corresponding expenses. Additionally, the Bureau did not record a receivable and deferred revenue in its governmental fund financial statements to represent its claim on Federal financial resources related to the IBNR amounts.</p>	<p>Medicaid Pharmacy Services will develop written procedures detailing the Medicaid drug rebate process. These will be integrated with processes already defined by Unisys Corporation.</p> <p>Medicaid Pharmacy Services will develop an internal policy on the rebate program. This policy will include the reviewing of all invoices and monitoring evaluation form by all staff associated with the Unisys Rebate Contract.</p> <p>Medicaid Pharmacy Services will include all monitoring documents in the contract file with the appropriate signature. This requirement will be a part of the internal policy that will be developed.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Recommendation We recommend that the Bureau establish procedures to 1) estimate and record the long-term indebtedness relating to IBNR Medicaid claims liabilities, including the corresponding expenses; and 2) record the appropriate receivables and deferred revenues in recognition of its claim on Federal resources related to the IBNR claims.</p> <p>Finding #FS 08-003 The FAHCA, Bureau of Finance and Accounting (Bureau), did not record an uncollectible allowance related to accounts receivable for drug rebates.</p> <p>Recommendation We recommend that the Bureau ensure that fiscal year-end procedures are performed to appropriately record all accounts receivable uncollectible allowances.</p> <p>Finding #FA 08-053 The Florida Department of Health (FDOH) implemented corrective actions to resolve issues noted during prior audits regarding capitation payments charged to the State Children's Insurance Program (SCHIP); however, the cash balance for the SCHIP capitation account remained high at June 30, 2008. We also noted that FAHCA and FDOH were working with Federal officials to resolve related prior audit findings.</p>	<p>We will establish a procedure to estimate and record the long-term indebtedness relating to IBNR Medicaid claims and to record the receivable and deferred revenue relative to the Federal resources.</p> <p>Management will more closely review the accounts receivable uncollectible allowances during the financial statement preparations.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Recommendation We recommend that FAHCA and FDOH continue to monitor capitation rates to determine whether additional reductions are needed to prevent the accumulation of excess cash and work with Centers for Medicare and Medicaid Services (CMS) to promptly resolve other prior audit findings.</p> <p>Finding #FA 08-055 On the March 31, 2008, CMS 21 report, FAHCA overstated collections and understated net SCHIP expenditures by the amount of \$1,040,694.24.</p>	<p>The KidCare Social Services Estimating Conference is the group that reviews the CMS capitation. FDOH presents to the KidCare Social Services Estimating Conference the Title XXI Children's Medical Services expenditure history, current enrollment, projected cost, projected enrollment and cash balance to reach consensus on this information.</p> <p>FDOH/CMS staff work with FAHCA staff on preparation of the materials used for the KidCare Social Services Estimating Conference.</p> <p>FAHCA provides the medical cost inflationary information used for projecting future cost based on projected Medicaid cost forecasts. FDOH/CMS uses this information to project future cost trends. FAHCA pays FDOH/CMS based on the rate set by the SSEC and as authorized in the General Appropriations Act for each enrolled child. FDOH agreed with the repayment of \$7,269,098.24. A legislative transfer of funds to support activities that were not restricted to Title XXI activities did occur in SFY 2003/04. Such transfers did not occur before that fiscal year or after that fiscal year.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Recommendation Subsequent to our audit inquiries, FAHCA staff corrected FAHCA accounting records and correctly reported premiums on the June 30, 2008, CMS-21 report. We recommend that FAHCA review its procedures for recording transactions in FLAIR to ensure that premiums are appropriately coded.</p> <p>Finding #FA 08-056 Internal controls were not sufficient to ensure that certain medical service claims were paid in accordance with established Medicaid policy.</p> <p>Recommendation We recommend that FAHCA ensure that appropriate electronic or manual controls are in place and operating effectively to ensure that Medicaid claims are accurately and properly processed by the Florida Medicaid Management Information System (FMMIS).</p> <p>Finding #FA 08-057 Overpayments made to Health Maintenance Organization (HMO) plans on behalf of deceased clients were not timely recouped.</p>	<p>We concur. Management is monitoring the FLAIR entries to ensure correct account code information is being used.</p> <p>The Agency Medicaid Services bureau will coordinate with the Medicaid Contract Management bureau to ensure that appropriate modifications are made to the FMMIS for the noted discrepancies between how FMMIS processed certain claims and what is recorded in policy handbooks for the noted claim types.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Recommendation We recommend that FAHCA timely recoup claim overpayments.</p> <p>Finding #FA 08-059 FAHCA procedures were not sufficient to ensure that Medicaid providers receiving payments had a current provider agreement in effect.</p> <p>Recommendation We recommend that FAHCA improve its monitoring of the fiscal agent to ensure that provider files contain current information.</p>	<p>The Agency executed a new Medicaid Third Party Liability (TPL) Contract effective November 1, 2008. Through this contract, the new Vendor, ACS State Healthcare, LLC will conduct the Date of Death Project. The first Date of Death Project will include a five-year review to determine claims paid after the date of death. ACS will conduct the Date of Death Project on a regular basis, each time reviewing five years of paid claims data in order to help ensure timely recoupment of Medicaid funds.</p> <p>As the new TPL Vendor, ACS is currently in the process of receiving and converting to its system, five years of historical claims data. ACS will also receive updated paid claims data on a regular basis. This data is needed in order for ACS to conduct TPL activities as well as other recovery projects such as the Date of Death Project.</p> <p>As noted by the Agency, there were unanticipated delays regarding the re-enrollment processes, out of control of the Agency. Procedures are already in place and effective regarding the re-enrollment procedures. The Agency will ensure the re-enrollment processes are initiated in a timely manner.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Finding #FA 08-060 FAHCA procedures were not sufficient to ensure that facilities receiving Medicaid payments met the required health and safety standards.</p> <p>Recommendation We recommend that FAHCA increase its efforts to ensure that staff conduct Life Safety Surveys within the established time frames.</p>	<p>We will make the necessary rule, manpower availability and management review changes necessary to assure that Life Safety Surveys are conducted within the established time frames. The delay in surveying Doctors Memorial Hospital arose from an internal miscommunication, which has since been resolved. The Office of Plans and Construction performs fire life safety surveys annually on this hospital except in the years when the area office provides the survey as part of the certification process.</p> <p>The survey dates for the other four facilities were delayed by manpower shortages. The Agency will address this problem through a combination of rule revisions which will include the use of Joint Commission on third year. We will modify the rule in Florida Administrative Code (FAC) 59A-3 to accept JCAHO accreditation surveys every third year in lieu of the annual state licensure survey.</p> <p>Additionally, modifying the rule in FAC 59A-5 to allow ambulatory surgery centers to skip the year subsequent to the one in which they receive a deficiency-free survey on the first visit will free up man-hours to focus on the timely completion of required surveys of the remaining facilities. Management will improve its scheduling and review of these surveys to ensure they are conducted within the appropriate timeframes.</p>	

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			<p>Finding #FA 08-061 FAHCA had not developed policies and procedures to provide for the timely review and release of cost report audits of Intermediate Care Facilities for the Developmentally Disabled (ICF-DD) and nursing homes. The cost report audits are performed to ensure that the institutions were paid at the appropriate rate.</p> <p>Recommendation We recommend that FAHCA develop policies and procedures to assist in the scheduling and release of nursing home and ICF-DD audit reports, including time frames for the timely release of the audit reports. We also recommend that FAHCA implement a quality assurance review process in which FAHCA staff review the supporting working papers for a sample of CPA audit reports in lieu of the current practice of reviewing the working papers for all audit reports.</p>	<p>The Agency acknowledges the amount of time the review process of Medicaid nursing home and ICF-DD audits takes and is taking steps to maintain maximum staffing levels in order to provide the needed oversight in this process. In addition, the Agency is requesting an additional audit analyst position through the Legislative Budget Request process. The additional analyst would help increase the ability to issue audits in a timelier manner and maintain the quality of the audit oversight. The Agency acknowledges that reducing the level of oversight for these audits to require a sample review of supporting working papers for CPA audit reports rather than a review of working papers for all audit reports may increase the number of audits issued in any given period. However, the provider has appeal rights under Chapter 120.57, Florida Statutes, upon issuance of the report.</p>	

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AUDITS FOR FISCAL YEAR 2007-2008 08-01	6/30/2006	Medicaid Services	<p>Finding 08-01-01 The Agency and the Department of Elder Affairs (DOEA) lack a current written Cooperative Agreement.</p> <p>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).</p> <p>Finding 08-01-02 Strengthen internal controls with regards to manual claim payment processing and supervisory review.</p> <p>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. 2.2 Ensure all requests carry the signature of the staff member making the request and of Unit management where appropriate.</p>	<p>Issuing reports through a sample review of the working papers will not reduce, and may potentially increase, the amount of time required to defend these audits in the appeal process. Additional adjustments that may be added during the review process would be a lost opportunity for audits not reviewed. The Agency believes it is more prudent to ensure the accuracy of the reports due to the significant amount of overpayments this process produces.</p> <p>1.1 & 1.2 Cooperative Agreement with PHI language was signed and approved.</p> <p>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.</p> <p>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.</p>	

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			<p>2.3 Run quarterly queries to test all manually processed claims against basic qualification criteria.</p> <p>2.4 Attempt to recoup overpaid funds.</p> <p>Finding 08-01-03 Confidential information maintained within the Unit was not adequately secured.</p> <p>Recommendation</p> <p>3.1 Ensure that electronic claim files are stored on the shared network drive.</p> <p>3.2 Ensure that documents containing PHI are secured in filing cabinets after business hours.</p> <p>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.</p> <p>Finding 08-01-04 Provider claim requests were not always completed as required or maintained within the Unit.</p>	<p>2.3 An automated quarterly query has been developed and will be used to check all processed claims against program criteria.</p> <p>2.4 Due to the transition to the new fiscal agent, Agency personnel were diverted to tasks relating to the transition efforts. The Agency is again in the process of trying to recoup overpayments. The anticipated completion date is 8/1/09.</p> <p>3.1 All pending and completed electronic claims files were transferred to folders on the shared drive to reduce the risk of disclosure.</p> <p>3.2 Unit personnel responsible for manual claims processing will store documents containing PHI in filing cabinets at the conclusion of each business day.</p> <p>3.3 Nursing Home Diversion files containing PHI are password protected and the email is encrypted when being sent between program providers and DOEA. Encrypted emails between AHCA and DOEA require confirmation emails to verify receipt because DOEA has the same encryption program as AHCA so the system automatically decrypts it on their side instead of directing them to a website.</p>	

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08-02	6/30/2006	Medicaid Services	<p>Recommendation 4.1 Consolidate all Nursing Home Diversion (NHD) related files into one secure filing location.</p> <p>4.2 Ensure that DOEA and Medicaid Contract Management (MCM) provide copies of any requests they complete to the Unit for accurate monitoring.</p> <p>4.3 Develop a standard manual request layout for providers to ensure required information is included on the manual request spreadsheets.</p> <p>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.</p> <p>Recommendation Establish written criteria for selecting which HCB service waivers to include in the performance measure.</p> <p>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.</p>	<p>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.</p> <p>4.2 Copies of all manual request forms and backup information will be provided to the Unit.</p> <p>4.3 DOEA and the Agency have created a standardized manual claims request spreadsheet.</p> <p>Written criteria for the HCB waivers to be included in this performance measure calculation were communicated to Medicaid Program Analysis for use in updating the Agency's LRPP document. MPA verified that the written instructions were followed in developing the data to update this performance measure.</p>	

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			<p>Recommendation Evaluate and select the most appropriate methodology to use for reporting the number of case months services purchased for nursing homes.</p>	<p>Medicaid's Office of Research, Contracts, and Evaluation verified that Medicaid Program Analysis followed the appropriate methodology in developing the update for this performance measure in the Agency's latest LRPP.</p>	
08-03	FY 2006-2007	Information Technology	<p>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.</p>		
08-04	4/1/06 - 9/30/06	Pharmacy Services	<p>Finding 08-04-01 The Bureau of Pharmacy Services (Bureau) lacks formal written procedures relating to the clinical prior authorization (PA) process.</p> <p>Recommendation We recommend the Bureau develop formal written procedures to help ensure consistency and quality performance in the clinical PA process.</p> <p>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.</p> <p>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.</p>	<p>The Bureau has developed policy and procedures outlining the required steps in handling prior authorizations.</p> <p>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.</p>	

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08-05	FY 2006-2007	Administrative Services	<p>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.</p> <p>Finding 08-04-03 Two approved clinical PA requests did not meet the established criteria.</p> <p>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.</p> <p>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).</p> <p>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.</p>	<p>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.</p> <p>Copies of all clinical PA Criteria and forms were provided to the fiscal agent. There will be a monthly PA check by staff to ensure that Clinical Criteria is being applied correctly in denials and approvals of Clinical PAs.</p> <p>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.</p>	

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			<p>Finding 08-05-02 The Agency needs more comprehensive training and periodic refresher training in all aspects of Agency purchasing.</p> <p>Recommendation 2.1 Verify training has been completed prior to authorizing use of the systems.</p> <p>2.2 Conduct periodic training reviews or release reminders to ensure the rules are remembered and followed.</p> <p>2.3 Evaluate the training program and look for ways to make improvements.</p> <p>Finding 08-05-03 A number of P-Card approvals were not approved within the contractually required 10 calendar day timeframe.</p> <p>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.</p> <p>3.2 Create a tracking list of those who exceed the timeframe and establish penalties for cardholders who consistently exceed the 10 days.</p> <p>3.3 Conduct periodic training reviews to ensure the requirement is followed.</p>	<p>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.</p> <p>2.2 The Procurement Office plans to develop a system of quarterly reminders for purchasing liaisons and MFMP users.</p> <p>2.3 All training programs and methods will be evaluated for possible improvements.</p> <p>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.</p> <p>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.</p> <p>3.3 F&A will send out reminders that the P-Card training is on-line and should be periodically reviewed.</p>	

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08-08	9/19/07-2/13/08	Information Technology	<p>Finding 08-05-04 MFMP, P-Card, and FLAIR users who no longer need access to the systems are still listed as active.</p> <p>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.</p> <p>4.2 Conduct periodic training reviews regarding the termination process.</p> <p>Finding 08-08-01 There is no strategic plan or control framework in place in the Bureau of Information Technology (IT).</p> <p>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.</p>	<p>4.1 Last year the Human Resource 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 termination of access to the respective systems.</p> <p>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.</p> <p>An IT Strategic Plan is currently being used. The Technical Advisory Group (TAG) has met since Feb 2009 to have input and assist in finalizing the IT Governance Model that will consist of 3-4 Tiers in an approval process. The TAG group represents all Divisions and Internal Audit. The AMT is planned to resolve larger IT decisions when needed in the current version of AHCA's Strategic Plan.</p>	

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			<p>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.</p> <p>Recommendation Develop, implement and document controls for the process of identifying, evaluating, and developing or acquiring new technology solutions within the Agency.</p> <p>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.</p> <p>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.</p>	<p>A new IT Governance Model is currently beginning to be used as of February 2009. The TAG (see above) is meeting on a scheduled monthly basis.</p> <p>Since February 2009, IT has been asked to develop some key performance indicators for "Dashboard" metrics. AHCA's 2009 "Climate Survey" also indicated performance indicators the Chief Information Officer will adopt and has already provided in "Action Plan" in response.</p> <p>Microsoft Project Server (as reported in the 6 month response is close to deployment on a full-team basis but our move from a Bureau to a Division has put-off our deployment by approximately 60 days. As indicated in our 6 month response; Project Server can give reporting analysis that will give performance measures. This process has not been mapped until the reporting is customized and finalized.</p>	

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OAG #2008-027	7/2005-2/2007	Administrative Services	<p>Finding 08-08-04 We noted a lack of documented policies and procedures for many controls the bureau has in place.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Finding 2008-027-02 Improve procedures to ensure Tangible Personal Property (TPP) is timely and accurately recorded.</p>	<p>IT has created a template for both policies and procedures that follows Agency standards. IT has also created naming standards to ensure that the policies and procedures from each unit of IT do not overlap in number or nomenclature. The policies and procedures will be maintained on the Agency's SharePoint site.. The documentation, review and update of all policies and procedures for the bureau will be an ongoing task.</p> <p>All recommendations were followed and procedures updated.</p>	

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			<p>Recommendation In order to effectively safeguard Agency assets, we recommend the Agency increase efforts to ensure that property records are accurately and timely updated.</p> <p>Finding 2008-027-03 Insurance coverage purchased for Agency building contents significantly exceeded the amount required.</p> <p>Recommendation We recommend the Agency ensure that insurance calculations are effectively verified.</p> <p>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.</p>	<p>The property procedures that were previously updated continue to be used. Property continues to be tracked on an Excel Monitoring Worksheet from the time it is paid for in Finance and Accounting until all information required is added to the Property Master File by Support Services.</p> <p>Action was taken with DFS to come through the Supervisor of the Property Analyst for Insurance information and payment request for accuracy and approval. Procedures were previously revised and staff trained. New staff will be trained as classes come available and before insurance is reported.</p>	

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			<p>Recommendation To ensure that the Medicaid nursing home overpayment Account is properly utilized, we recommend the Agency establish rules for administration and management of the Account. The Agency should also implement annual reviews of the Account balance to determine whether recommended changes in fee collection rates should be submitted for legislative consideration.</p> <p>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.</p>	<p>Complete. Funds from this account will be withdrawn as a last resort should a lessee operator terminate its lease and the Agency subsequently determines there is an uncollectible overpayment due. This type of situation would probably only occur after bankruptcy has been declared and there are 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.</p> <p>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.</p> <p>The current fund balance appears to be adequate to cover reasonably potential uncollectible overpayment liabilities of currently leased facilities.</p>	

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			<p>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.</p> <p>Finding 2008-027-06 It was not clear from Agency records that all required employee background screenings had been performed.</p> <p>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.</p> <p>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.</p>	<p>We concur with this finding and have developed procedures for a bi-annual review of the OCA codes. We will increase efforts to ensure correct use of the OCA codes.</p> <p>In November 2007 the Bureau of Information Technology linked Human Resources up with the Background Screening section, FDLE and FBI. We are now able to receive results in a timely fashion, reduce workload, and eliminate potential errors. The new background screening system allows us to scan fingerprints, receive results from FDLE and the FBI via e-mail within 24 hours, and track results by generating reports. This new process eliminates issues with missing documents and ensure a more organized process.</p>	

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			<p>Recommendation Enhance hospital assessment invoicing procedures to facilitate hospital payment of assessments by no later than the first day of each calendar quarter.</p> <p>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.</p> <p>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.</p> <p>Finding 2008-027-09 The Agency needs to continue efforts to implement rules for the Florida KidCare Program.</p>	<p>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.</p> <p>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. The procedure that has been put into practice is that second notices are sent the next month if the first notice was not answered. After the second notice the issue is escalated to the supervisor to call respective office supervisor. If necessary, it will be escalated to the Bureau Chief.</p>	

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OAG #2008-033	7/2005-2/2007	Medicaid Services	<p>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.</p> <p>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.</p> <p>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.</p>	<p>The Agency's Office of the General Counsel reviewed the Agency's administrative rule authority in s. 409.818(3)(f), and determined it was only necessary to develop a rule for investigating and resolving complaints and grievances. 59G-14.001 through 59G-14.007, regarding the KidCare grievance process became a rule on 2/20/08. The Agency received correspondence from JAPC on 1/31/08 concerning the Agency's rule authority for the other policy areas in s. 409.818(3)(f). We responded on 2/20/08, stating that the Agency's legal counsel's recommendation was that further rule development was unnecessary. JAPC responded on 3/18/08 with further questions. The Agency responded 3/21/08 that we are seeking legal counsel's review. We will respond to JAPC after this review.</p> <p>The Agency is working with the current vendor to provide specific financial reports that better account for the funds the Agency allocates to the Vendor and allows the Agency to follow the distribution of funding to the Vendor's subcontractors.</p>	

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OAG #2008-035	7/2005-2/2007	Third Party Liability	<p>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.</p> <p>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.</p> <p>Finding 2008-035-01 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.</p> <p>Recommendation We recommend the Agency develop checklists or similar documentation in support of estate and insurance recovery monitoring.</p>	<p>The Agency is developing improved reporting requirements to ensure that the Agency is able to review pertinent information and identify trends before they become major issues. Additionally, while the Agency is continuing to move forward with negotiations to contract with the Commission for the Transportation Disadvantaged (CTD), the Agency is simultaneously developing an RFP for competitive procurement purposes should the Agency and the CTD fail to reach a final agreement.</p> <p>The Agency will develop and use a checklist for monitoring purposes for estate and insurance recovery. Recommendations are pending implementation of the new TPL contract.</p>	

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			<p>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.</p> <p>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.</p> <p>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.</p>	<p>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. Recommendations are pending implementation of the new TPL contract.</p>	

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			<p>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 State-licensed providers.</p> <p>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.</p> <p>Recommendation We recommend the Agency implement procedures to reconcile TPL receipts with deposits shown by the accounting records.</p>	<p>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. Recommendations are pending implementation of the new TPL contract.</p> <p>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.</p> <p>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 reconciliation of all amounts. Recommendations are pending implementation of the new TPL contract.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
OAG #2008-091	7/2005-2/2007	Contract Administration	<p>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.</p> <p>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.</p> <p>Finding 2008-035-06 The Agency should continue to monitor the impact on TPL activities of a recent United States Supreme Court ruling.</p> <p>Recommendation The Agency should continue to monitor the impact on TPL activities of the Supreme Court ruling.</p> <p>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.</p>	<p>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. Recommendations are pending implementation of the new TPL contract.</p> <p>The Agency will continue to monitor the impact of the Supreme Court ruling.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>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.</p> <p>Finding 2008-091-02 The Agency needed to significantly improve oversight of Health Maintenance Organization (HMO) contracts.</p> <p>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.</p> <p>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.</p>	<p>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.</p> <p>Written policies and procedures have been developed and were implemented July 1, 2008. Contract Administration will verify adherence to the established policies and procedures during annual file reviews. To ensure a sufficient amount of data to review, the first file review will be scheduled for early January 2009.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
OAG #2008-141	FYE 6-30-07	Federal Awards Audit	<p>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.</p> <p>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.</p> <p>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.</p> <p>Finding #FA 07-059 The Agency expended administrative costs at a rate higher than the established threshold.</p>	<p>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.</p> <p>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.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Recommendation</p> <p>In order to reduce the amount of nonprimary expenditures, the Agency provided an analysis of the 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.</p> <p>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.</p>	<p>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 procedures. We will continue to request it. Based on the current projections this issue should be resolved in the Federal fiscal year ending September 30, 2009.</p> <p>The procedures currently being used were presented verbally in a CMS training session by a CMS staff member. We have asked for written procedures, but have not received them.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Recommendation We recommend that the Agency devote the necessary efforts to ensure the timely completion and release of ICF-DD cost report audits and the resolution of the issues associated with the cost reports on which opinions had been disclaimed.</p> <p>Finding #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.</p> <p>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.</p>	<p>AHCA staff has continued to incorporate ICF-DD audits into the review process for nursing home audits. AHCA staff has reviewed additional information and plan to issue Schedule of Proposed Audit Adjustments for the nine disclaimed 6/30/2002 audits. The provider will be given 60 days to provide any additional information related to the proposed adjustments. Any additional information will be reviewed and final audits issued.</p> <p>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.</p>	

Office of Policy and Budget - July 2009

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service):
Agency Budget Officer/OPB Analyst Name:

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

	Program or Service (Budget Entity C			
Action	68200000			

1. GENERAL

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 (FCO) 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:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	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. EXHIBIT 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 56 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 27)? 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 27) been followed?	Yes			

3. EXHIBIT B (EXBR, 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			
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		Program or Service (Budget Entity C			
Action		68200000			
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")	N/A			
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")				
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: 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. EXHIBIT 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 59 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. EXHIBIT 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 B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>	Yes			

Action		Program or Service (Budget Entity C)			
		68200000			
5.4	<p>A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.)</p> <p><i>Please note that the LBR Instructions reference the wrong B column.</i></p>	Yes			
TIP	<p>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.</p>				

Action		Program or Service (Budget Entity C			
		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 B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.				
TIP	If B08 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 B08 was created.				
6. EXHIBIT 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. EXHIBIT D-3A (EADR, ED3A)					
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 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 65 of the LBR Instructions.)	Yes			
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 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 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			

	Program or Service (Budget Entity C)			
Action	68200000			
7.9 Does the issue narrative reference the specific county(ies) where applicable?	Yes			

Action		Program or Service (Budget Entity C			
		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 #10-002?	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. (PLRR, PLMO)	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 26 and 86 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, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	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			
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)	Yes			
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)	Yes			
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)	Yes			
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	Yes			

Action		Program or Service (Budget Entity C		
		6820000		
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 64 through 70 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.			
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 2009-10 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. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department 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		

Action	Program or Service (Budget Entity C)			
	68200000			
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			

Action		Program or Service (Budget Entity C)			
		68200000			
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), 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, 000750, 000799, 001510 and 001599)?	Yes			

Action		Program or Service (Budget Entity C)			
		68200000			
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 Chapter 2009-78, Laws of Florida, 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			
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			

		Program or Service (Budget Entity C			
Action		68200000			
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			
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 124 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. SCHEDULE 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 156 of the LBR Instructions.)	Yes			
10. SCHEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)	Yes			
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	N/A			
11. SCHEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?				
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.				
12. SCHEDULE VIIIA (EADR, SC8A)					

Action		Program or Service (Budget Entity C)			
		68200000			
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. SCHEDULE VIII B-1					
13.1	This schedule is not required in the October 15, 2009 LBR submittal.				
14. SCHEDULE VIII B-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?	N/A			
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)					
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4) (b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)	Yes			
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?	Yes			
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	No			
15.4	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			
15.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	Yes			
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> 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			
15.7	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.				

	Program or Service (Budget Entity C		
Action	68200000		

16. MANUALLY PREPARED EXHIBITS & SCHEDULES

16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 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		

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. CAPITAL 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.			

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Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Agency for Health Care Administration / Health Care Regulation
Agency Budget Officer/OPB Analyst Name: Michele Tallent / Tonja Webb

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 Codes)			
Action	68500100			

1. GENERAL

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 (FCO) 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:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	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. EXHIBIT 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 56 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 27)? 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 27) been followed?	Yes				

3. EXHIBIT B (EXBR, 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				
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Action	Program or Service (Budget Entity Codes)			
	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")	Yes			
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (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 B07: 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. EXHIBIT 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 59 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. EXHIBIT D-1 (ED1R, EXD1)

5.1	Are all object of expenditures positive amounts? (This is a manual check.)				
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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 B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>	Yes			

Action		Program or Service (Budget Entity Codes)			
		68500100			
5.4	<p>A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.)</p> <p><i>Please note that the LBR Instructions reference the wrong B column.</i></p>	Yes			
TIP	<p>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.</p>				

Action		Program or Service (Budget Entity Codes)				
		68500100				
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 B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.					
TIP	If B08 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 B08 was created.					
6. EXHIBIT 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. EXHIBIT D-3A (EADR, ED3A)						
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 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 65 of the LBR Instructions.)	Yes				
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 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 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				

Action	Program or Service (Budget Entity Codes)				
		68500100			
7.9 Does the issue narrative reference the specific county(ies) where applicable?	Yes				

Action		Program or Service (Budget Entity Codes)			
		68500100			
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 #10-002?	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. (PLRR, PLMO)	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 26 and 86 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, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	N/A			
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			
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)	N/A			
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)	N/A			
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)	N/A			
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	Yes			

Action		Program or Service (Budget Entity Codes)			
		68500100			
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 64 through 70 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.				
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 2009-10 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. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department 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			

Action	Program or Service (Budget Entity Codes)				
	68500100				
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				

Action		Program or Service (Budget Entity Codes)				
		68500100				
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), 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, 000750, 000799, 001510 and 001599)?	Yes				

Action		Program or Service (Budget Entity Codes)			
		68500100			
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 Chapter 2009-78, Laws of Florida, 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			
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			

		Program or Service (Budget Entity Codes)			
Action		68500100			
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			
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 124 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. SCHEDULE 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 156 of the LBR Instructions.)	N/A			
10. SCHEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)	N/A			
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	N/A			
11. SCHEDULE 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. SCHEDULE VIIIA (EADR, SC8A)					

Action		Program or Service (Budget Entity Codes)			
		68500100			
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. SCHEDULE VIII-B-1					
13.1	This schedule is not required in the October 15, 2009 LBR submittal.				
14. SCHEDULE VIII-B-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?	Yes			
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)					
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)	Yes			
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?	Yes			
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Yes			
15.4	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			
15.5	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			
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> 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			
15.7	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.				

Action	Program or Service (Budget Entity Codes)			
	68500100			

16. MANUALLY PREPARED EXHIBITS & SCHEDULES

16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 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			

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. CAPITAL 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.				

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Agency for Health Care Administration / Health Care Regulation
Agency Budget Officer/OPB Analyst Name: Michele Tallent / Tonja Webb

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.

Action	Program or Service (Budget Entity Codes)			
	68500200			

1. GENERAL

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 (FCO) 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:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	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. EXHIBIT 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 56 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 27)? 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 27) been followed?	Yes				

3. EXHIBIT B (EXBR, 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				
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Action	Program or Service (Budget Entity Codes)			
	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")	Yes			
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (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 B07: 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. EXHIBIT 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 59 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. EXHIBIT D-1 (ED1R, EXD1)

5.1	Are all object of expenditures positive amounts? (This is a manual check.)				
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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 B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>	Yes			

Action		Program or Service (Budget Entity Codes)			
		68500200			
5.4	<p>A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.)</p> <p><i>Please note that the LBR Instructions reference the wrong B column.</i></p>	Yes			
TIP	<p>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.</p>				

Action		Program or Service (Budget Entity Codes)				
		68500200				
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 B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.					
TIP	If B08 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 B08 was created.					
6. EXHIBIT 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. EXHIBIT D-3A (EADR, ED3A)						
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 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 65 of the LBR Instructions.)	Yes				
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 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 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				

Action	Program or Service (Budget Entity Codes)				
		68500200			
7.9 Does the issue narrative reference the specific county(ies) where applicable?	Yes				

Action		Program or Service (Budget Entity Codes)			
		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 #10-002?	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. (PLRR, PLMO)	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 26 and 86 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, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	N/A			
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			
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)	N/A			
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)	N/A			
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)	N/A			
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	Yes			

Action		Program or Service (Budget Entity Codes)			
		68500200			
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 64 through 70 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.				
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 2009-10 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. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department 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			

Action	Program or Service (Budget Entity Codes)				
	68500200				
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				

Action		Program or Service (Budget Entity Codes)				
		68500200				
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), 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, 000750, 000799, 001510 and 001599)?	Yes				

Action		Program or Service (Budget Entity Codes)			
		68500200			
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 Chapter 2009-78, Laws of Florida, 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			
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			

		Program or Service (Budget Entity Codes)			
Action		68500200			
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			
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 124 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. SCHEDULE 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 156 of the LBR Instructions.)	N/A			
10. SCHEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)	N/A			
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	N/A			
11. SCHEDULE 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. SCHEDULE VIIIA (EADR, SC8A)					

Action		Program or Service (Budget Entity Codes)				
		68500200				
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. SCHEDULE VIII-B-1						
13.1	This schedule is not required in the October 15, 2009 LBR submittal.					
14. SCHEDULE VIII-B-2 (EADR, S8B2)						
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?	Yes				
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)						
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)	Yes				
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?	Yes				
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:						
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Yes				
15.4	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				
15.5	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				
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> 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				
15.7	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.					

Action	Program or Service (Budget Entity Codes)			
	68500200			

16. MANUALLY PREPARED EXHIBITS & SCHEDULES				
16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 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		

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. CAPITAL 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.			

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Agency for Health Care Administration / Health Care Regulation
Agency Budget Officer/OPB Analyst Name: Michele Tallent / Tonja Webb

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.

Action	Program or Service (Budget Entity Codes)			
Action	68501400			

1. GENERAL

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 (FCO) 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:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	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. EXHIBIT 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 56 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 27)? 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 27) been followed?	Yes				

3. EXHIBIT B (EXBR, 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				
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Action	Program or Service (Budget Entity Codes)			
	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")	Yes			
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (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 B07: 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. EXHIBIT 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 59 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. EXHIBIT D-1 (ED1R, EXD1)

5.1	Are all object of expenditures positive amounts? (This is a manual check.)				
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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 B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>	Yes			

Action		Program or Service (Budget Entity Codes)			
		68501400			
5.4	<p>A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.)</p> <p><i>Please note that the LBR Instructions reference the wrong B column.</i></p>	Yes			
TIP	<p>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.</p>				

Action		Program or Service (Budget Entity Codes)				
		68501400				
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 B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.					
TIP	If B08 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 B08 was created.					
6. EXHIBIT 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. EXHIBIT D-3A (EADR, ED3A)						
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 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 65 of the LBR Instructions.)	Yes				
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 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 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				

Action	Program or Service (Budget Entity Codes)				
		68501400			
7.9 Does the issue narrative reference the specific county(ies) where applicable?	Yes				

Action		Program or Service (Budget Entity Codes)			
		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 #10-002?	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. (PLRR, PLMO)	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 26 and 86 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, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	N/A			
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			
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)	N/A			
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)	N/A			
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)	N/A			
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	Yes			

Action		Program or Service (Budget Entity Codes)				
		68501400				
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 64 through 70 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.					
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 2009-10 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. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department 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				

Action	Program or Service (Budget Entity Codes)				
	68501400				
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				

		Program or Service (Budget Entity Codes)				
Action		68501400				
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), 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, 000750, 000799, 001510 and 001599)?	Yes				

Action		Program or Service (Budget Entity Codes)			
		68501400			
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 Chapter 2009-78, Laws of Florida, 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			
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			

		Program or Service (Budget Entity Codes)			
Action		68501400			
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			
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 124 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. SCHEDULE 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 156 of the LBR Instructions.)	N/A			
10. SCHEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)	N/A			
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	N/A			
11. SCHEDULE 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. SCHEDULE VIIIA (EADR, SC8A)					

Action		Program or Service (Budget Entity Codes)				
		68501400				
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. SCHEDULE VIIIB-1						
13.1	This schedule is not required in the October 15, 2009 LBR submittal.					
14. SCHEDULE VIIIB-2 (EADR, S8B2)						
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?	Yes				
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)						
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)	Yes				
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?	Yes				
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:						
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Yes				
15.4	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				
15.5	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				
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> 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				
15.7	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.					

Action	Program or Service (Budget Entity Codes)			
	68501400			

16. MANUALLY PREPARED EXHIBITS & SCHEDULES				
16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 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		

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. CAPITAL 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.			

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Agency for Health Care Administration / Health Care Regulation
Agency Budget Officer/OPB Analyst Name: Michele Tallent / Tonja Webb

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 Codes)			
Action	68501500			

1. GENERAL

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 (FCO) 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:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	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. EXHIBIT 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 56 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 27)? 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 27) been followed?	Yes				

3. EXHIBIT B (EXBR, 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				
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Action	Program or Service (Budget Entity Codes)			
	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")	Yes			
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (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 B07: 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. EXHIBIT 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 59 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. EXHIBIT D-1 (ED1R, EXD1)

5.1	Are all object of expenditures positive amounts? (This is a manual check.)				
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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 B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>	Yes			

Action		Program or Service (Budget Entity Codes)			
		68501500			
5.4	<p>A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.)</p> <p><i>Please note that the LBR Instructions reference the wrong B column.</i></p>	Yes			
TIP	<p>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.</p>				

Action		Program or Service (Budget Entity Codes)				
		68501500				
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 B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.					
TIP	If B08 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 B08 was created.					
6. EXHIBIT 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. EXHIBIT D-3A (EADR, ED3A)						
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 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 65 of the LBR Instructions.)	Yes				
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 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 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				

Action	Program or Service (Budget Entity Codes)				
		68501500			
7.9 Does the issue narrative reference the specific county(ies) where applicable?	Yes				

Action		Program or Service (Budget Entity Codes)			
		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 #10-002?	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. (PLRR, PLMO)	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 26 and 86 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, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	N/A			
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			
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)	N/A			
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)	N/A			
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)	N/A			
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	Yes			

Action		Program or Service (Budget Entity Codes)			
		68501500			
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 64 through 70 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.				
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 2009-10 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. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department 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			

Action	Program or Service (Budget Entity Codes)				
	68501500				
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				

Action		Program or Service (Budget Entity Codes)				
		68501500				
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), 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, 000750, 000799, 001510 and 001599)?	Yes				

Action		Program or Service (Budget Entity Codes)			
		68501500			
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 Chapter 2009-78, Laws of Florida, 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			
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			

		Program or Service (Budget Entity Codes)			
Action		68501500			
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			
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 124 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. SCHEDULE 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 156 of the LBR Instructions.)	N/A			
10. SCHEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)	N/A			
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	N/A			
11. SCHEDULE 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. SCHEDULE VIIIA (EADR, SC8A)					

Action		Program or Service (Budget Entity Codes)				
		68501500				
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. SCHEDULE VIII-B-1						
13.1	This schedule is not required in the October 15, 2009 LBR submittal.					
14. SCHEDULE VIII-B-2 (EADR, S8B2)						
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?	Yes				
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)						
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)	Yes				
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?	Yes				
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:						
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Yes				
15.4	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				
15.5	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				
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> 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				
15.7	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.					

Action	Program or Service (Budget Entity Codes)			
	68501500			

16. MANUALLY PREPARED EXHIBITS & SCHEDULES				
16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 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		

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. CAPITAL 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.			

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Agency for Health Care Administration / Health Care Regulation
Agency Budget Officer/OPB Analyst Name: Michele Tallent / Tonja Webb

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 Codes)			
Action	700700			

1. GENERAL				
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 (FCO) 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:				
1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	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. EXHIBIT 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 56 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 27)? 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 27) been followed?	Yes			
3. EXHIBIT B (EXBR, 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			

Action	Program or Service (Budget Entity Codes)			
	700700			

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 B07? (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 B07: 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. EXHIBIT 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 59 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. EXHIBIT D-1 (ED1R, EXD1)

5.1	Are all object of expenditures positive amounts? (This is a manual check.)					
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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 B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>	Yes				

Action		Program or Service (Budget Entity Codes)			
		700700			
5.4	<p>A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.)</p> <p><i>Please note that the LBR Instructions reference the wrong B column.</i></p>	Yes			
TIP	<p>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.</p>				

Action		Program or Service (Budget Entity Codes)				
		700700				
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 B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.					
TIP	If B08 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 B08 was created.					
6. EXHIBIT 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. EXHIBIT D-3A (EADR, ED3A)						
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 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 65 of the LBR Instructions.)	Yes				
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 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 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				

Action	Program or Service (Budget Entity Codes)				
	700700				
7.9 Does the issue narrative reference the specific county(ies) where applicable?	Yes				

Action		Program or Service (Budget Entity Codes)			
		700700			
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 #10-002?	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. (PLRR, PLMO)	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 26 and 86 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 (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	N/A			
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			
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)	N/A			
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)	N/A			
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)	N/A			
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L)))	Yes			

Action		Program or Service (Budget Entity Codes)				
		700700				
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 64 through 70 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.					
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 2009-10 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. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department 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				

Action	Program or Service (Budget Entity Codes)				
	700700				
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				

Action		Program or Service (Budget Entity Codes)				
		700700				
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), 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, 000750, 000799, 001510 and 001599)?	Yes				

Action		Program or Service (Budget Entity Codes)			
		700700			
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 Chapter 2009-78, Laws of Florida, 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			
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			

		Program or Service (Budget Entity Codes)			
Action		700700			
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			
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 124 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. SCHEDULE 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 156 of the LBR Instructions.)	N/A			
10. SCHEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)	N/A			
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	N/A			
11. SCHEDULE 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. SCHEDULE VIIIA (EADR, SC8A)					

Action		Program or Service (Budget Entity Codes)				
		700700				
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. SCHEDULE VIII-B-1						
13.1	This schedule is not required in the October 15, 2009 LBR submittal.					
14. SCHEDULE VIII-B-2 (EADR, S8B2)						
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?	Yes				
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)						
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)	Yes				
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?	Yes				
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:						
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Yes				
15.4	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				
15.5	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				
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> 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				
15.7	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.					

Action	Program or Service (Budget Entity Codes)			
	700700			

16. MANUALLY PREPARED EXHIBITS & SCHEDULES				
16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 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		

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. CAPITAL 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.			