

CHARLIE CRIST 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 Zeiler

Deputy/Secretary, Operations

2727 Mahan Drive, MS#10 Tallahassee, Florida 32308



Visit AHCA online at http://ahca.myflorida.com

# **Department Level Exhibits and Schedules**

No	Non- Strategic IT Network Service Service: Network Service								
	Dept/Agency: Agency for Health Care Administration					Form: FY 2010-	-11 Schedule IV-C -No	on-Strategics: Ver 1	
	Prepared by: Robert Fields, CIO		# of Assets & Reso	urces Apportioned	Estimated IT Service Costs				
	Phone: (850) 921- 7922		to this IT Servic		Α	В	С	D	
	Service Provisioning Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2010- 11	Initial Estimate for Fiscal Year 2009- 10	Estimated FY 2009- 10 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Estimated FY 2010- 11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Planned Increase/Decrease Use of Recurring Base Funding (Columns C - B)	
A. Pe	rsonnel		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	<u> </u>	\$0	\$0	\$0	\$0	
В. На	rdware		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. So	ftware	7	***************************************	*********	\$55,000	\$216,081	\$230,000	\$13,919	
D. Ex	ternal 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. Pla	nt & Facility for LAN/WAN Service	10	0	0	\$550,962	\$35,628	\$35,628	\$0	
F. Otl	ner (Please describe in Footnotes Section below)	12	***************************************	*******	\$89,035	\$25,550	\$0	-\$25,550	
H. To	otal 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 correspondi	ng row above.	. Maximum footnote	e length is 1024 cha	racters.				
1	Server Cost based on a 4 year refresh cycle , includes physical and virtual/logical servers.								
2		oo that are no l	anger under wernente	and require a constate	contract, also includes	annual Ciaca Cumpart Da	nouvo!		
3	Annual cost for support contract of AHCA's IT hardware located in Tallahassee and Area Offic Since DMS VPN charges no longer apply, this line has decreased from last year	es that are no i	onger under warranty	and require a separate	contract; also includes :	annuai Cisco Support Rei	newai.		
4		ub ma i t t a l							
5	A VOIP project, using the new DMS services, was initiated after last year's IV-C preparation/su		1	44	(				
6	Each area office has 2 physical servers; total server physical server count - 56 with approxima			, ,	"				
7	Includes costs for UPS's; IronPort support; CRC Environmental monitoring and fire suppression included software titles — GlobalsCAPE; symanice Backup Execute (BE); Foundstone; Eminen Visio License for network operations staff; Adobe Captivate	tware; iviicroso	IT EA (NOTE - AIT WIS EA	costs were reported u	naer aesktop in previous	s years; now there are a	nocated across Network,	Desktop and Email);	
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 Maintena	nce (20% of Total cost	)					
11	Oracle Partitioning	717 O Maintena	1100 (20% 01 10tal 003)	,					
12	Training								
13	With a new CIO in summer of 2008 and enthusiastic support of Agency leadership, AHCA has and their costs are aligned with various services. One result is our FTE counts and costs have								
14	For the total count of FTE there are 14 people/positions that provide some portion of their tir				, , , , , , , , , , , , , , , , , , ,				
15	The second position of their times	12 1.710 001 11	2.30 S. a. od W	7					

**Agency for Health Care Administration** Dept/Agency:

Robert Fields, CIO Submitted by: (850)921-7922 Phone: October 2009 Date submitted:

### **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.

Ide	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	ce provider? (Indicate all that app	oly)	
Y Cor	ntral IT staff		State Primary D

^	Central II Stail	_	State i filitally Data Ceriter
	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**
- 1.3. Please identify the number of users of this service.

1800

1.4. How many locations currently use desktop computing services?

#### 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

Page 4 of 281

File: AHCA LBR 2010-11--Desktop Computing Service-Final.doc

FY 2010-11 Last Saved at: 10/7/2009 3:55:00 PM

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 I	IT servic	e, could	your ager	ncy chan	ge to and	other ser	vice prov	ider?	

- 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 agencyspecific knowledge, the cost for that provider's education and continuing education in agencyspecific 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.

File: AHCA LBR 2010-11--Desktop Computing Service-Final.doc

Last Saved at: 10/7/2009 3:55:00 PM Page 5 of 281 FY 2010-11

	3.	IT	Service	Levels	Required	to Supp	port Busines	s Function
--	----	----	---------	--------	----------	---------	--------------	------------

3.1.	Has the	agency	specified	the	service	level	requirem	ents f	or t	his	ΙT	Servic	:e?

Yes; formal Service Level Agreement(s)

X 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 an	y agency-unique	service requirements?	
--------	--------------	-----------------	-----------------------	--

X Yes Nο

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 HQA 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)

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

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

X Yes Nο

File: AHCA\_LBR\_2010-11--Desktop\_Computing\_Service-Final.doc

FY 2010-11 Last Saved at: 10/7/2009 3:55:00 PM Page 3 of 5 Page 6 of 281

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

<ol><li>User/customer sa</li></ol>	tisfaction
------------------------------------	------------

4.1.	Are s	service le	evel m	etrics reported to business stakeholders or agency management
	X	Yes		No
		If yes,	briefly	describe the frequency of reports and how they are provided:
	Infor	mal we	ekly; Fo	ormal reports are produced monthly and annually are for Agency leadership.
4.2.	Are cu <mark>X</mark> Y	es		IT service levels adequate to support the business needs?  No
2	1.2.1.	If no,	what c	hanges need to be made to the current IT service? (Briefly explain)
2	1.2.2.			ficant projects (e.g., total cost more than \$500,000) that are underway or planned cenhance any resource or system associated with this LT 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.

File: AHCA\_LBR\_2010-11--Desktop\_Computing\_Service-Final.doc

**Last Saved at**: 10/7/2009 3:55:00 PM Page 7 of 281

FY 2010-11

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

5.2.	Other	comm	ents					

**File**: AHCA\_LBR\_2010-11--Desktop\_Computing\_Service-Final.doc

Last Saved at: 10/7/2009 3:55:00 PM

### 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.

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

#### 1. IT Service Definition

1.1.	Who is the s	ervice provider? (Indicate all that apply)		
	X	Central IT staff		State Primary Data Center
		Program staff		Other External service provider
		Another State agency		
1.2.	Who uses th	e service? (Indicate all that apply)		
	X	Agency staff (state employees or contractor	s)	
		Employees or contractors from one or more	ado	litional state agencies
	X	External service providers		
		Public (please explain in Question 5.2)		
1.3.	Please identi	fy the number of users (e-mail accounts/mai	lbox	es) of this service. 2200
		e provides email service for all AHCA staff, OF nd consultants. Our unit of measure for this		

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?

X	Yes		No.
---	-----	--	-----

File: AHCA\_LBR\_2010-11--E-Mail\_Service-Final.doc

Last Saved at: 10/7/2009 3:55:00 PM

Page 9 of 281

### 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)
  - X 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  $-24 \times 7$  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

time hefore

- 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)?

   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 HQA staff; HQA 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? X 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)

X User ID/Password X Access through Internet or external network

☐ Access through internal network only X Access through Internet with secure encryption

 File:
 AHCA\_LBR\_2010-11--E-Mail\_Service-Final.doc
 FY 2010-11

 Last Saved at:
 10/7/2009 3:55:00 PM
 Page 2 of 4

# IT Service Requirements Worksheet: E-Mail, Messaging, and Calendaring Service

	[	Other
	3.2	2.5. Are there any federal, state, or agency records retention or privacy policies, restrictions, or requirements applicable to this IT Service?
		X Yes
		3.2.5.1. If yes, please specify and describe:
	i i	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.
	( 3 1	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. Us	er/	customer satisfaction
4.1	l. <i>I</i>	Are service level metrics reported to business stakeholders or agency management?
		X 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		re currently defined IT service levels adequate to support the business needs?  X Yes   No
		2.1. If no, what changes need to be made to the current IT service? <i>(Briefly explain)</i>
	4.2	2.1. If no, what changes need to be made to the current if service? (Briefly explain)
	L	
_	4.2	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

 File:
 AHCA\_LBR\_2010-11--E-Mail\_Service-Final.doc
 FY 2010-11

 Last Saved at:
 10/7/2009 3:55:00 PM
 Page 3 of 4

#### 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.

 File: AHCA\_LBR\_2010-11--E-Mail\_Service-Final.doc
 FY 2010-11

 Last Saved at: 10/7/2009 3:55:00 PM
 Page 4 of 4

**Agency for Health Care Administration** Dept/Agency:

Robert Fields, CIO Submitted by: 850-921-7299 Phone: October 2009 Date submitted:

### **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.

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

11 8	Service Def	inition				
1.1.	Who is the	service provider? (Indicate all tha	t apply)			
	X	Central IT staff			State Primary Data Center	
		Program staff			Other External service provider	
		Another State agency				
1.2.	Who uses t	the service? (Indicate all that app	ly)			
	X	Agency staff (state employees or o	contractors	s)		
		Employees or contractors from one	e or more	add	itional state agencies	
	X	External service providers				
	X	Public (please explain in Question	5.2)			
1.3.	Please ider	ntify the number of users of this servi	ce:			2100
1.4.	How many	locations currently host IT assets an	d resource	es us	sed to provide helpdesk services?	1
1.5.	What comr	nunication channels are used for the	service? (	'Ina	licate all that apply)	
		On-line self-serve		n-liı	ne interactive	
	X	Telephone/IVR	X F	ace-	to-face	
	X	Remote desktop (e.g., PC Anywhe	re)			

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

Email, Instant Messaging Chat sessions

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

FY 2010-11

File: AHCA LBR 2010-11--Helpdesk Service-Final.docx

Χ

Last Saved at: 10/7/2009 3:56:00 PM Page 1 of 6

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 Vision 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

FY 2010-11

 $\textbf{File} \colon AHCA\_LBR\_2010\text{-}11\text{--}Helpdesk\_Service\text{-}Final.docx}$ 

Last Saved at: 10/7/2009 3:56:00 PM Page 14 of 281

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

X 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

			l requiremen <sup>.</sup>			

Yes; formal Service Level Agreement(s)

X 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, <u>during</u> 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.

File: AHCA\_LBR\_2010-11--Helpdesk\_Service-Final.docx

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-inline 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 pubic 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.

File: AHCA\_LBR\_2010-11--Helpdesk\_Service-Final.docx

Last Saved at: 10/7/2009 3:56:00 PM

# FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements 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 requ	uirei	nents)		
application requirements, i.e., type of account to be given, group access and perm other application specifics. Also, processing of Network Access request forms and in-depth knowledge as stated above. This could not be handled by a basic helpde AHCA's Helpdesk services are provided to all the agency's business units. As such interfaces with users who must comply with Medicaid, CMS, and HIPAA requireme covered patient medical information/data might be encountered during helpdesk s services providers are obligated to comply with these federal requirements. Failur	routesk. , this nts. uppo	ing required services Since port, the	and uires	
3.2.5. What are security requirements for this IT service? (Indicate all that apple	ly)			
X User ID/Password □ Access through Interne	t or	externa	l netw	ork
X Access through internal network only   Access through Interne	t wit	h secur	e encr	yptior
□ Other				
3.2.6. Are there any federal, state, or agency privacy policies or restrictions applica Service?	able	to this I	Τ	
X Yes □ No				
3.2.6.1. If yes, please specify and describe:				
interfaces with users who must comply with Medicaid, CMS, and HIPAA requireme covered patient medical information/data might be encountered during ticket reso service providers are obligated to comply with these federal requirements. Failure	nts. Iutio e to r	Since n suppo	rt	
User/customer satisfaction				
4.1. Are service level metrics reported to business stakeholders or agency management'	?			
If yes, briefly describe the frequency of reports and how they are provided:				
Informal weekly; Formal monthly and annual reports are produced for manageme	nt.			
4.2.1. If no, what changes need to be made to the current IT service? (Briefly e.	xpla	in)		
	If yes, specify (Include any applicable constitutional, statutory, or rule reg.  AHCA has numerous in-house applications, which require the Helpdesk to maintair application requirements, i.e., type of account to be given, group access and permother application specifics. Also, processing of Network Access request forms and in-depth knowledge as stated above. This could not be handled by a basic helpde AHCA's Helpdesk services are provided to all the agency's business units. As such interfaces with users who must comply with Medicaid, CMS, and HIPAA requirements covered patient medical information/data might be encountered during helpdesk services providers are obligated to comply with these federal requirements. Failur compliance could result in punitive measure and/or monetary penalties against AH 3.2.5. What are security requirements for this IT service? (Indicate all that app. X User ID/Password	If yes, specify (Include any applicable constitutional, statutory, or rule requirer  AHCA has numerous in-house applications, which require the Helpdesk to maintain knot application requirements, i.e., type of account to be given, group access and permission other application specifics. Also, processing of Network Access request forms and rout 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 interfaces with users who must comply with Medicaid, CMS, and HIPAA requirements. covered patient medical information/data might be encountered during helpdesk support services providers are obligated to comply with these federal requirements. Failure to 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)  X User ID/Password	AHCA has numerous in-house applications, which require the Helpdesk to maintain knowledge application requirements, i.e., type of account to be given, group access and permission levels other application specifics. Also, processing of Network Access request forms and routing requirements have been applicated 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 of 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)  X User ID/Password	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)  X User ID/Password

**File**: AHCA\_LBR\_2010-11--Helpdesk\_Service-Final.docx **Last Saved at**: 10/7/2009 3:56:00 PM 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.

 $\textbf{File} \colon \mathsf{AHCA\_LBR\_2010\text{-}11\text{--}Helpdesk\_Service\text{-}Final.docx}$ 

**Last Saved at**: 10/7/2009 3:56:00 PM Page 6 of 6

FY 2010-11

#### 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.

Ide	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 a	all that	apply)
------	-----	--------	---------	-----------	-------------	----------	--------

X 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. Service Unique to Agency

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

☐ Yes

X 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)

X Yes; informal agreement(s)

No; specific requirements have not been determined and approved by the department

File: AHCA\_LBR\_2010-11--IT\_Mgmt\_Service-Final.docx Last Saved at: 10/7/2009 3:56:00 PM **FY 2010-11** Page 1 of 4

#### **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. Timir	ng and Service Delivery Requirements								
3.2.1.	3.2.1. Hours/Days that service is required (e.g., 0800-1600 M-F, 24/7) for the systems included in this service:								
3.2.2.	What is the agency's tolerance for down time during peak periods, i.e., time level intervention occurs (e.g., 5 min, 15 min, 60 min)?		nagem ninutes						
3.2.3.	Are there any federal, state, or agency privacy policies or restrictions applic	able to this	IT Serv	vice					
	X Yes □ No								
	If yes, please specify and describe:								
(HIP) found Hand (PHI scop Medi conn Failu	A is a covered entity under the Health Insurance Portability and Accountability AA), the Agency is required to comply with HIPAA specific privacy and securid in 45 CFR Parts 160 and 164. The Agency has a HIPAA Privacy Law and Idbook that all employees receive and are required to read upon hire.  A requirements govern the appropriate use and disclosure of protected healt by The email and messaging services are used by Agency employees to exchange of their duties. The Medicaid division is also required to comply with the recaid law, strictly limiting the use and disclosure of beneficiary information to preceded with the administration of the Medicaid state plan.  The to maintain compliance with Medicaid, CMS, and HIPAA requirements could and/or monetary penalties against AHCA.	ty standards Procedures h informatio nange PHI ir quirements ourposes dir	n n the of ectly						
3.2.4.	Are there any agency-unique service requirements?	X Yes		No					
	If yes, specify (include any applicable constitutional, statutory, or rule requirements)								

#### 4. User/customer satisfaction

4.1.	Are	service	level	metrics	reported	to busine:	ss stakeho	olders or	agency	manageme	nt?
		Yes	•	X No							

Extensive federal coordination required for reimbursement of IT expenses.

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.

<u>The staff in this activity</u> 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. <u>The work of these individuals as part of the IT Adminstrative and Management Service activity is devoted to management,</u> 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'

 File:
 AHCA\_LBR\_2010-11--IT\_Mgmt\_Service-Final.docx
 FY 2010-11

 Last Saved at:
 10/7/2009 3:56:00 PM
 Page 2 of 4

#### 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?  X 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.

 File:
 AHCA\_LBR\_2010-11--IT\_Mgmt\_Service-Final.docx
 FY 2010-11

 Last Saved at:
 10/7/2009 3:56:00 PM
 Page 3 of 4

# 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			

File: AHCA\_LBR\_2010-11--IT\_Mgmt\_Service-Final.docx

Last Saved at: 10/7/2009 3:56:00 PM

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

#### IT Service Requirements Worksheet: IT Security/Risk Mitigation Service

**Agency for Health Care Administration** Dept/Agency:

Robert Fields, CIO Submitted by: (850) 921-7922 Phone: October 2009 Date submitted:

# 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 Serv	rice D	efini	ition

I.1. Who is the service provider?	(Indicate all that apply)
-----------------------------------	---------------------------

X Central IT staff State Primary Data Center

Program staff Other External service provider

X Another State agency

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

Agency staff (state employees or contractors)

X Employees or contractors from one or more additional state agencies

Χ External service providers

Χ 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?

X Yes No

File: AHCA LBR 2010-11--IT Security-Risk Service-Final.docx

Page 1 of 4 Last Saved at: 10/7/2009 3:56:00 PM

Page 23 of 281

FY 2010-11

#### 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	Require	d to	Support	<b>Business</b>	<b>Functions</b>

3.1. H	as the age	ncy specified the service level requirements for this 11 Service?
		Yes; formal Service Level Agreement(s)
	X	Yes; informal agreement(s)
		No; specific requirements have not been determined and approved by the department
	If you ar	nswered "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.

$\sim$	^	T'		C	D . I'			
۷.	2.	Timina	ลทด	Service	I IAIIMAN	<i>ı</i> Real	⊓ır⊵m	ants
J.	۷.	HILLINING	anu	JCI VICE	DCIIVCI	/ IXCU	uli Cili	เบาเง

3.2.1.	1. Hours/Days that service is required (e.g., 0800-1600 M-F, 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.	annually							
3.2.4.	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?	X Ye	es 🗖 N	10				
	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)

 File: AHCA\_LBR\_2010-11--IT\_Security-Risk\_Service-Final.docx
 FY 2010-11

 Last Saved at: 10/7/2009 3:56:00 PM
 Page 2 of 4

Page 24 of 281

#### IT Service Requirements Worksheet: IT Security/Risk Mitigation Service

<ul> <li>□ Access through internal network only</li> <li>□ Other</li> <li>□ 3.2.7. Are there any federal, state, or agency privacy policies or restrictions applicable to this</li> <li>X Yes</li> <li>□ No</li> <li>If yes, please specify and describe:</li> </ul>	
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 Accountability Act of 1996 (HIPAA), the Agency is required to comply with HIPAA specific prand security standards found in 45 CFR Parts 160 and 164. The Agency has a HIPAA Privational Procedures Handbook that all employees receive and are required to read upon hire. He requirements govern the appropriate use and disclosure of protected health information (PHTA) The Medicaid division is also required to comply with the requirements of Medicaid law, strictlimiting the use and disclosure of beneficiary information to purposes directly connected with administration of the Medicaid state plan.	ivacy Icy Law IPAA I). tly
Failure to maintain compliance with Medicaid, CMS, and HIPAA requirements could result in court cases and/or monetary penalties against AHCA	civil
4. User/customer satisfaction	
4.1. Are service level metrics reported regularly to business stakeholders or agency management  X 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.	
<ul> <li>4.2. Are currently defined IT service levels adequate to support the business needs?</li> <li>X Yes □ No</li> <li>4.2.1. If no, what changes need to be made to the current IT service? (Briefly explain)</li> </ul>	

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

File: AHCA\_LBR\_2010-11--IT\_Security-Risk\_Service-Final.docx FY 2010-11 Last Saved at: 10/7/2009 3:56:00 PM Page 3 of 4

Page 25 of 281

#### 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.)

File: AHCA\_LBR\_2010-11--IT\_Security-Risk\_Service-Final.docx

FY 2010-11 Last Saved at: 10/7/2009 3:56:00 PM Page 4 of 4 Page 26 of 281

#### 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.

Ide	entify major IT Systems (applications) that	at a	re included (in whole or part) in this IT Service:	
1	Standard Desktop Applications	5		
	Local desktop databases (e.i. Foxpro &			
2	Access)	6		
3		7		
4		8		
1.	IT Service Definition			
	1.1. Who is the service provider? (Indica	te a	all that apply)	
	X Central IT staff		State Primary Data Center	
	X Program staff		Other External service provid	ler
	Another State agency			
	1.2. Who uses the service? (Indicate all	tha	at apply)	
	☐ Agency staff (state emp			
		•	rom one or more additional state agencies	
	☐ External service provide		official of more additional state agencies	
			costion F 2)	
	Public (please explain ir			
	1.3. Please identify the number of users of	f th	is service.	150
	1.4. How many locations currently host ag	geno	cy financial/ administrative systems?	
2.	Service Unique to Agency			
		vide	ed by another agency or external service provider?	
	(Identical, Very Similar, No)		<u>.</u>	No
			vided through another agency or source for less the agency change to another service provider?	an the
	X Yes 🔲 No			
	2.2.1. If yes, what must happen for	you	r agency to use another IT service provider?	
	The same level of service & expertise	e o	nsite must be available at a lower cost.	
	2.2.2. If not, why does your agency	nee	ed to maintain the current provider for this IT servi	ce?

 File:
 AHCA\_LBR\_2010-11--IT\_Supt\_Agency\_Admin-Final.doc
 FY 2010-11

 Last Saved at:
 10/7/2009 3:56:00 PM
 Page 1 of 3

3.

# 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**

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)
X 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) <u>7-6 M-F</u>
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)?
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? X Yes D No
If yes, specify (include any applicable constitutional, statutory, or rule requirements)
HIPAA
CMS  Medicaid Pagulations
Medicaid Regulations
3.2.4. What are security requirements for this IT service? <i>(Indicate all that apply)</i>
<ul> <li>X User ID/Password</li> <li>X Access through Internet or external network</li> <li>X Access through Internet with secure encryption</li> </ul>
□ Other
3.2.5. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?
X Yes
3.2.5.1. If yes, please specify and describe:
НІРАА
CMS
Medicaid Regulations

**File**: AHCA\_LBR\_2010-11--IT\_Supt\_Agency\_Admin-Final.doc FY 2010-11 Last Saved at: 10/7/2009 3:56:00 PM Page 2 of 3

4.

5.

# 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**

<b>User</b> 4.1.	ser/customer satisfaction  1. Are service level metrics reported to business stakeholders or agency management  Ves X  No  If yes, briefly describe the frequency of reports and how they are provided:							
2	<ul> <li>4.2. Are currently defined IT service levels adequate to support the business needs?</li> <li>X Yes □ No</li> <li>4.2.1. If no, what changes need to be made to the current IT service? (Briefly explain)</li> <li>4.2.2. List any significant projects that are underway or planned to upgrade or enhance any system associated with this IT service.</li> </ul>							
F	Project	Name	Description	Start Date	End Date	Estimated Total Cost to Complete		
5.1.  Th  cha  wh  5.2.	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.							
		on 1.3, e.g ain the sei	g., annual use, occasional use, self-serv rvice.)	vice, or optiona	al use, and any	other comments		

**File**: AHCA\_LBR\_2010-11--IT\_Supt\_Agency\_Admin-Final.doc FY 2010-11 Last Saved at: 10/7/2009 3:56:00 PM Page 3 of 3

#### **IT Service Requirements Worksheet: Network Service**

**Agency for Health Care Administration** Dept/Agency:

Robert Fields, CIO Submitted by: (850) 921-7922 Phone: October 2009 Date submitted:

#### **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.

Ide	Identify the major commercial hardware and software associated with the LAN Service:					
1	Windows Server	5	Oracle RAC			
			Microsoft SQL, SharePoint, ForeFront, ISA, Team			
2	VMware	6	Foundation,			
	Cisco					
3	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 Defi	nition				
1.1. Who is the I	LAN service provider? (Indicate all that a	pply)			
X	Central IT staff				
	Program staff		Other External service provide	ler	
X	Another State agency				
1.2. Who is the	WAN service provider? (Indicate all that a	apply,	)		
X	Central IT staff				
	Program staff				
X	Another State agency				
	External service provider				
1.3. Who uses the	ne service? (Indicate all that apply)				
X	Agency staff (state employees or contract	ors)			
X	Employees or contractors from one or mo	re ado	litional state agencies		
X	External service providers				
X	Public (please explain in Question 5.2)				
1.4. Please ident	ify the number of users of the Network Ser	vice.		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	X (	Cellular Network		

File: AHCA\_LBR\_2010-11--Network\_Service-Final.docx

FY 2010-11 Last Saved at: 10/7/2009 3:57:00 PM Page 1 of 4 2.

3.

	□ SUNCOM RTS □ Radio □ Other <u>MFN, Air c</u>	X Internet □ Satellite ard, VPN	X	Dedicated Wired connection Dial-up connection				
Serv	vice Unique to Agen	ісу						
2.1.	2.1. Is a similar or identical IT service provided by another agency or external service provider?  (Identical, Very Similar, No)  Similar							
2.2.	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?							
	X Yes	No						
:	2.2.1. If yes, what m	nust happen for your age	ency to use an	other IT service provider?				
	alternate service pro the same (or less) c – Directory services	ovider would need to agi ost. Current AHCA locat	ree to provide tions integrate ns, internet m	e lined using a uniform cost me the same (or better) level of se d with all other aspects of AHC ponitoring, etc are all integrated	ervice for A systems			
:	2.2.2. If not, why do	es your agency need to	maintain the o	urrent provider for this IT serv	vice?			
3.1.	3.1. Has the agency specified the service level requirements for LAN service?  ☐ Yes; formal Service Level Agreement(s)  X 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:							
				al standards are reported to A As is currently in progress.	gency			
3.2.	Has the agency speci	fied the service level rec	uirements for	WAN service?				
	☐ Yes; info ☐ No; spe	·	not been deter	mined and approved by the del I) service level requirements:	epartment			
	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	e availability			24/7			
	3.3.1.2. Offline	e and availability for ma	intenance					
	Only if sch	edule with users in adva	nce – typically	1-2 hours per month				

FY 2010-11 File: AHCA\_LBR\_2010-11--Network\_Service-Final.docx Page 2 of 4 Last Saved at: 10/7/2009 3:57:00 PM

#### **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.

ä	affected.					
3.3.3.	Does the agency have a standard for required bandwidth its locations?  If yes, indicate the standard <i>(e.g. fiber channels for certain locations)</i>					
3.3.4.	Are there any agency-unique service requirements? X Yes					
	If yes, specify (include any applicable constitutional, statutory, or rule requirements)					
Orga	an Donor System – life/death 24/7 system					
Med	icaid Regulations					
HIPA	AA 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 only  Access through Internet with secure encry  Other					
	Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?					
	X Yes □ No					
3.3	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.

File: AHCA\_LBR\_2010-11--Network\_Service-Final.docx

Last Saved at: 10/7/2009 3:57:00 PM

4.

5.

# **IT Service Requirements Worksheet: Network Service**

	X Yes	sfaction I metrics reported to business stakehol □ No efly describe the frequency of reports a		-	i? 		
	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.						
	<ul> <li>4.2. Are currently defined IT service levels adequate to support the business needs?</li> <li>X Yes  No</li> <li>4.2.1. If no, what changes need to be made to the current IT service? (Briefly explain)</li> </ul>						
4.		ignificant projects (e.g., total cost grea upgrade or enhance any resources or s					
Pi	oject Name	Description	Start Date	End Date	Estimated Tota Cost to Complet		
5.1. F is s F t	s used to provide ervice. Be sure t Y 2010-11. If s he service fundi	he funding source(s), i.e., general reve e this service. Identify whether there i to describe any anticipated adjustment uch adjustments are anticipated, pleas ng model (e.g., charge-back, cost alloc	s a cost recove s to the fundin e describe any ation, fee-per-	ery or cost allo ng source(s) or orresponding transaction, et	cation plan for this funding level for g change needed ir tc.).		
chai	nge in the sourc	ed from general revenue, with matchining of this service might result in a rec 1908 Federal to 18.9% Federal.	-				
C		(Briefly describe the usage pattern for g., annual use, occasional use, self-servervice.)					

 File:
 AHCA\_LBR\_2010-11--Network\_Service-Final.docx
 FY 2010-11

 Last Saved at:
 10/7/2009 3:57:00 PM
 Page 4 of 4

# 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	gency for Health Care Administration			
Contact Person:	William H. Roberts	Phone Number: 922-5873			
Names of the Partic	Griffin, Margaret themselves and al capacity as Secret Douglas Beach, in Elder Affairs				
Court with Jurisdic	tion: United States Dis	trict Court in and for the Northern District of Florida			
Case Number:	4:08-cv-26-RH-W	/CS			
Summary of the Complaint:	Disabilities Act, 4 U.S.C. §794(a)(So appropriate, integ and injunctive relationship in the publicly-funded conservices; and ensurand supports in the class members and term care only in that Florida's fails in the most integrate the Americans with Act. Plaintiffs also	Class action lawsuit alleging that Florida is in violation of Americans with Disabilities Act, 42 U.S.C. §12132 and the Rehabilitation Act of 1973, 29 U.S.C. §794(a)(Section 504) by failing to cover services and support in appropriate, integrated community settings. The Plaintiffs seek declaratory and injunctive relief. They ask the Court for injunctive relief requiring Florida to inform Plaintiffs and class members that they may be eligible for publicly-funded community services and that they have a choice of such services; and ensure coverage of, as appropriate, long-term care services and supports in the most integrated setting appropriate for Plaintiffs and class members and refrain from providing unnecessary and unwanted long-term care only in institutional settings. Plaintiffs ask the court to declare that Florida's failure to provide Plaintiffs and class members with services in the most integrated setting appropriate to their needs violates Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. Plaintiffs also seek attorneys' fees and costs.			
Amount of the Clai	m: impact could exce	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:	2008. On Februar Complaint for De Defendants filed a 2008, the Defenda Motion to Certify	served with a Class Action Complaint on January 15, ry 19, 2008, the Plaintiffs filed an Amended Class Action claratory and Injunctive Relief. On March 7, 2008, the a Motion to Dismiss Amended Complaint. On March 21, ants filed a Response in Opposition to the Plaintiffs' Class. On June 7, 2008, the Court entered an order ndants' Motion to Dismiss and Deferring Ruling on Class			

Who is representing (of record) the state in this	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.  Agency Counsel			
lawsuit? Check all that	X	Office of the Attorney General or Division of Risk Management		
apply.	X	Outside Contract Counsel		
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	Jodi Neil Gab Step Stac Bruc	Siegel with Southern Legal Counsel, Inc. Chonin with Southern Legal Counsel, Inc. riella Ruiz with Southern Legal Counsel, Inc. riella Ruiz with Southern Legal Counsel, Inc. hen F. Gold, P.A. y Canan, D.C. with AARP Foundation Litigation be Vignery, D.C. with AARP Foundation Litigation h Somers, N.C. with National Health Law Program		

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:	Agen	Agency for Health Care Administration			
Contact Person:	Willi	am H. Roberts	Phone Number:	922-5873	
Names of the Parties:		All Care Residential Treatment Centers, Inc. A Florida Corporation v.  Agency for Persons with Disabilities (APD), An Agency of the State of Florida; Florida Agency for Health Care Administration (AHCA), An Agency of the State of Florida			
Court with Jurisdiction:		Circuit Court of the 11 <sup>th</sup> Judicial Circuit			
Case Number:		08-49977 CA 23			

Summary of the Complaint:	Plaintiff alleges breach of contract and denial of due process.				
Amount of the Claim:	Plair	Plaintiff alleges that it is owed \$698,587.09 plus interest			
Specific Law(s) Challenged:					
Status of the Case:	plair	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	X	Agency Counsel			
lawsuit? Check all that		Office of the Attorney General or Division of Risk Management			
apply.		Outside Contract Counsel			
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).					

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.

Governor's website.					
Agency:	Agency for Health Care Administration				
Contact Person:	William H. Roberts	Phone Number:	922-5873		
Names of the Partie	National Mentor Healt Roberts, Jonathan Gra Barragan, Linda Kloos Chaplin, Lynn Dupera Persons With Disabilit Executive Director of Florida, Agency for He Agwunobi in his offici Care Administration	hcare, Inc. and Frank ht, Jorge Barragan the ter, Jonathan Koeste ult and Patti Burnhan ies, and Jane E. John he Agency for Person ealth Care Administral al capacity as Secret	sustine Group Home, Inc., and klin Debernardis, Rebecca arough his legal guardian Raisa er, David Ciecielski, Andre m v. State of Florida Agency for ason in her official capacity as ons with Disabilities and State of ration, and Dr. Andrew ary of the Agency for Health		
Court with Jurisdict	with Jurisdiction: Circuit Court of the 2 <sup>nd</sup> 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 field a Voluntary Dismissal. Case closed.		
Who is representing (of record) the state in this	X Agency Counsel		
lawsuit? Check all that	Office of the Attorney General or Division of Risk Management		
apply.	Outside Contract Counsel		
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

## Schedule VII: Agency Litigation Inventory

Agency:	Agency for Health Care Administration				
Contact Person:	Willi	am H. Roberts	Phone Number:	922-5873	
		Pharmactat Inc. v. State	of Florida Agency	y for Health Care	
Names of the Partie	es:	Pharmastat, Inc. v. State of Florida, Agency for Health Care Administration			
Court with Jurisdiction:		Circuit Court of the 2 <sup>nd</sup> Judicial Circuit			
Case Number:		07-13655-CA-02			
Summary of the Complaint: Plaintiff alleges breach		of contract and den	ial of due process.		
Amount of the Clair	m:	Plaintiff claims the Agency owes Plaintiff in excess of \$100,000 plus interest		in excess of \$100,000 plus	
Specific Law(s) Challenged:					

Status of the Case:	Complaint served on September 27, 2007. The Agency filed its answer to the complaint and Motion to Dismiss on October 16, 2007. On May 5, 2008, the Plaintiff filed an Amended Complaint. The Agency filed its Answer to Amended Complaint and renewed Motion to Dismiss Complaint on May 19, 2008.		
Who is representing (of record) the state in this	X	Agency Counsel	
lawsuit? Check all that		Office of the Attorney General or Division of Risk Management	
apply.		Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

## **Schedule VII: Agency Litigation Inventory**

Agency:	Agency for Health Care Administration				
Contact Person:	Willian	m H. Roberts	Phone Number:	922-5873	
Names of the Partie	i ai tics.		t, Tiffacy Gammons, and Maria Dibella, individually and on hers similarly situated v. State of Florida, Agency for Health ration		
Court with Jurisdict	ion:	Circuit Court of the 14 <sup>th</sup> Judicial Circuit			
Case Number:	06-1459 MCO				
Complaint:  unc Sta ant De cha AF		Plaintiffs seek restitution from AHCA arising out of its collection methods under Florida's Medicaid Third Party Liability Act §409.910, Florida Statutes. This case is one of several recent actions regarding the Medicaid anti-lien provision that was decided by the Supreme Court in <i>Arkansas Dept. of Health &amp; Human Services v. Ahlborn</i> , 126 S.Ct. 1752 (2006). The challenge is that the statutory lien, which includes subrogation rights to AHCA, is illegal. Unlike the other actions that have spun off from <i>Ahlborn</i> , the Plaintiffs have moved to create a class.			
Amount of the Clair	Estimated claim value is unknown, but could easily be in the ter		ld easily be in the tens of		
Specific Law(s)	Chapter 409.910, Florid		a Statutes (Medicai	id 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	X	Agency Counsel	
lawsuit? Check all that		Office of the Attorney General or Division of Risk Management	
apply.		Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

## **Schedule VII: Agency Litigation Inventory**

Governor's website.				
Agency:	Ager	Agency for Health Care Administration		
Contact Person:	Willi	am H. Roberts	Phone Number:	850-922-5873
Names of the Partie	unes of the farties.		<del></del>	ayne et al. v. Alan Levine, in his Health Care Administration of
Court with Jurisdiction:		United States District Court for the Southern District of Florida		
Case Number:	r: 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/orgeneric equivalent, Gabepentin. The Plaintiffs sought declaratory a injunctive relief. They asked the court for injunctive relief ensuring prescription for a covered outpatient drug would be reimbursed if the 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 declare that denial of coverage for Neurontin, if it is prescribed for that is listed in one of the specified drug compendia, violates the fe		cifically Neurontin and/or its tiffs sought declaratory and injunctive relief ensuring that a would be reimbursed if the drug at least one of the drug ney also asked the court to in, if it is prescribed for a use		

	Medicaid statute and the Supremacy Clause of the U.S. Constitution.
Amount of the Claim:	It is estimated at this point that the value of plaintiffs' claims was less than \$25,000,000 per year.
Specific Law(s) Challenged:	
Status of the Case:	Federal District court ruled against the Agency and required us to cover virtually every Neurontin prescription. The Agency appealed to the 11 <sup>th</sup> Circuit Court of Appeals in Atlanta, but later withdrew the appeal because the Agency was in compliance with the court's order. The parties litigated the attorneys' fees. 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	X Agency Counsel
lawsuit? Check all that	Office of the Attorney General or Division of Risk Management
apply.	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	Florida Legal Services, Inc., National Health Law Program, and Carlton Fields, P.A.

## Schedule VII: Agency Litigation Inventory

Governor's website.					
Agency:	Agen	Agency for Health Care Administration			
Contact Person:	Willi	am H. Roberts	Phone Number:	922-5873	
Names of the Partie	es:	of Pediatrics; Florida Acas the next friend of Kal next friend of Khalillah friend of Vanessa and Je next friend of Theeodore	eademy of Pediatrice be Kelley, a minor Spell, a minor chile connifer Patino, mine Torchin, minor ch	ter of the American Academy Dentistry, Inc.; Ashley Dove, Child; Blanche Spell, as the d; Eva Carmona, as the next or children; Amy Torchin, as the hild; and Rita Gorenflo and Lex d Nathanial Gorenflo, minor	

	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
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	X Agency Counsel
lawsuit? Check all that	X Office of the Attorney General or Division of Risk Management

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

## Schedule VII: Agency Litigation Inventory

Governor's website.				
Agency:	Agency for Health Care Administration			
Contact Person:	William H. Roberts Phone Number: 850-922-5873			
Names of the Partie	Kindred Pharmacy Services East, LLC, Neighborcare Pharmacy Services Inc. ASCO Healthcare, Inc. Pharmacy Corporation of America Inc., Pharmerica Drug Systems, Inc., Omnicare Pharmacy of Florida, LP; Compscript-Boca, LLC; Badger Acquisition of Tampa, LLC v. State of Florida, Agency for Health Care Administration	Pharmerica Drug Systems, Inc., Omnicare Pharmacy of Florida, LP; Compscript-Boca, LLC; Badger Acquisition of Tampa, LLC v. State of		
Court with Jurisdict	ion: 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 progragreement by reimbursing Plaintiffs at a Wholesale Acquisition Cost "WAC" rate, a level lower than the Average Wholesale Price "AWP" set in statute. Pursuant to Section 409.912(40)(A)(2), Florida Statutes reimbursement to pharmacies for Medicaid prescribed drugs shall be stawn AWP less 13.25%. Pursuant to Florida Administrative Code Section 4.250(2) all participating prescribed drug service providers enrolled in Medicaid program must be compliant with the provisions of the Prescribed Services Coverage Limitations and Reimbursement Handbook. handbook requires, among other things, that reimbursement be at (1) to lower rate of AWP minus 13.25% also known as the Estimated Acquication Cost or (2) the WAC plus 7% percent, plus a dispensing fee. Addition Plaintiffs sought declaratory relief finding that AHCA exceeded its statutory authority by reimbursing at the WAC rate.			
Amount of the Clair	im: 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	X Agency Counsel
lawsuit? Check all that	X Office of the Attorney General or Division of Risk Management
apply.	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	

Schedule VII: Agency Litigation Inventory					
For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.					
Agency:	Agency: Agency for Health Care Administration				
Contact Person:	William H. Roberts	Phone Number:	922-5873		

Names of the Parties:	Florida Association of Rehabilitation Facilities, Inc.[FARF] v. State of Florida, Agency for Health Care Administration			
Court with Jurisdiction:	Division of Administrative Hearings			
Case Number:	08-1512RP			
Summary of the Complaint:	FARF 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	X Agency Counsel			
lawsuit? Check all that	Office of the Attorney General or Division of Risk Management			
apply.	Outside Contract Counsel			
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).				

## Schedule VII: Agency Litigation Inventory

Agency:	Agency for Health Care Administration					
Contact Person:	William H. Roberts	922-5873				
Names of the Parties: Agency for Health Care Administration v. Maria D. Gonzalez						

Court with Jurisdiction:	Division of Administrative Hearings			
Case Number:	07-3456MPI			
Summary of the Complaint:	Audit of Maria D. Gonzalez indicated that the defendant was overpaid for services that in whole or in part are not covered by Medicaid.			
Amount of the Claim:	\$1,647,960.81 plus \$2,000 fine is being sought by the Agency			
Specific Law(s) Challenged:				
Status of the Case:	Defendant received the Agency correspondence dated June 28, 2007, notifying the defendant that the Agency sought reimbursement for dates of service during the period January 1, 2003 through December 31, 2004 in the amount of \$5,309,263.56. Defendant provided additional documentation which the Agency reviewed and determined that the defendant was overpaid \$1,647,960.81. Case is currently in abeyance. Status report due October 9, 2009.			
Who is representing (of record) the state in this	X Agency Counsel			
lawsuit? Check all that	Office of the Attorney General or Division of Risk Management			
apply.	Outside Contract Counsel			
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).				

# Schedule VII: Agency Litigation Inventory 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: 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 North Miami Beach, LLC d/b/a Palm Garden of Ocala, SA-PG Ocala, LLC d/b/a Palm Gard

	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			
Court with Jurisdiction:	Divisio	on of Administrative Hearings		
Case Number:	DOAH	Case No. 08-4894 previously Informal Case No. 08-238PH		
Summary of the Complaint:	Agency General costs. purcha future	titioner (Palm Gardens) challenges the audit findings and rates set by the gency based on audit findings. Petitioner argues that it relied upon enerally Accepted Auditing Principles (GAAP), for expending insurance sts. The Agency found through the audit that no insurance was ever rechased and disallowed the expense. The disallowance also impacts ure rates of the provider. The estimated future losses from MPA are pout 9 million		
Amount of the Claim:	Moneta	ary impact could exceed \$2,100,000.00		
Specific Law(s) Challenged:	Chapter 409 and the Title XIX provider plan.			
Status of the Case:	26, 200 Admin Amend on Apr Motior Motior 23, 200 Petition DOAH Petition	etitioner filed its Petition for Formal Administrative Hearing on February 5, 2008. Respondent filed its Motion to Dismiss Petition for Formal dministrative Hearing on March 20, 2008. Respondent filed its mended Motion to Dismiss Petition for Formal Administrative Hearing and April 16, 2008. Petitioner filed its Response to Respondent's Amended totion to Dismiss on April 21, 2008. Agency issued an Order on the lotion to Dismiss referring the matter for an informal hearing on April 3, 2008. On July 29, 2008, the Petitioner filed a Motion to Amend Petition for Formal Administrative Hearing and Request for Referral to OAH. Respondent filed its Response to Petitioner's Motion to Amend Petition and Request for Referral to DOAH on July 29, 2008. Case ferred to DOAH on September 30, 2008. Case is in abeyance until Peptember 30, 2009.		
Who is representing (of record) the state in this	X Agency Counsel			
lawsuit? Check all that		Office of the Attorney General or Division of Risk Management		
apply.	Outside Contract Counsel			

If the lawsuit is a class	
action (whether the class	
is certified or not),	
provide the name of the	
firm or firms	
representing the	
plaintiff(s).	

## Schedule VII: Agency Litigation Inventory

For directions on comp Governor's website.	leting this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the				
Agency:	Agency for Health Care Administration				
Contact Person:	William H. Roberts Phone Number: 922-5873				
Names of the Partie	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  Circuit Court of the 1 <sup>st</sup> Indicial Circuit in and for Santa Rosa County				
Court with Jurisdict 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 &amp; 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 Clair					
Specific Law(s) Challenged:					
Status of the Case:  The Agency was served with the Class Action Complaint on April 2009. Counsel for the Agency filed a Motion to Dismiss and a Motion Transfer Venue to Leon County. Plaintiffs agreed to the transfer of Awaiting Court order on Motion to Dismiss.					

Who is representing (of record) the state in this		Agency Counsel		
lawsuit? Check all that	X	Office of the Attorney General or Division of Risk Management		
apply.		Outside Contract Counsel		
If the lawsuit is a class	The cla	The class has not been certified to date.		
action (whether the class	Whibbs & Stone, P.A.			
is certified or not),	Burgess & Lamp, P.C.			
provide the name of the				
firm or firms				
representing the				
plaintiff(s).				

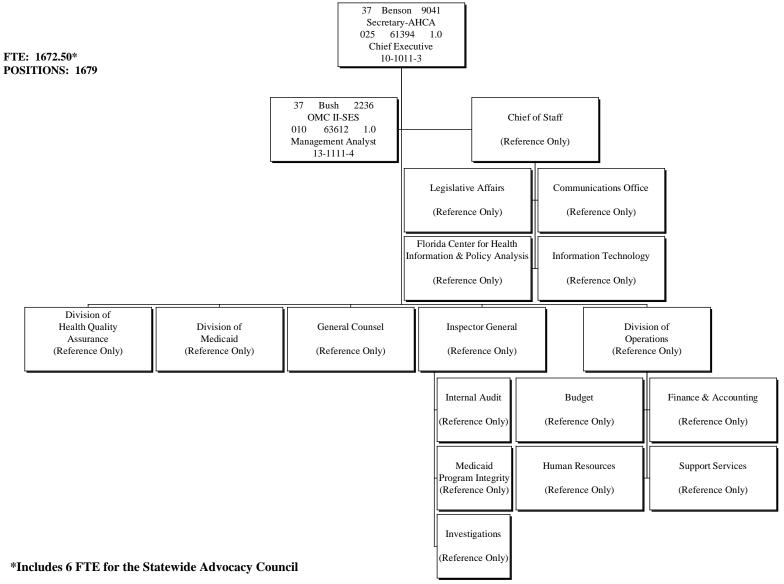
## Schedule VII: Agency Litigation Inventory

GOVERNOR & WEESING.						
Agency:	Agency for Health Care Administration					
Contact Person:	Willi	am H. Roberts	Phone Number:	922-5873		
Names of the Parties:  Court with Jurisdiction:		"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  United States District Court Middle District of Florida (Tampa) previously filed in Circuit Court of the 13th Judicial Circuit in and for				
Case Number:		Hillsborough County 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 monetar plaintiffs. Because of the class action implicate substantial.			•			

Specific Law(s) Challenged:				
Status of the Case:	2009. Famili United 2009,	gency was served with the Class Action Complaint on July 20, On August 17, 2009, counsel for the Department of Children and es filed a Notice of Removal from the 13 <sup>th</sup> Judicial Circuit to the States District Court Middle District of Florida. On August 19, counsel for the Agency filed Defendants' Motion to Dismiss laint and Memorandum of Law in Support.		
Who is representing (of record) the state in this	1	Agency Counsel		
lawsuit? Check all that		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).	Giever	ass has not been certified to date. rs, P.A. n & Associates, Chartered		

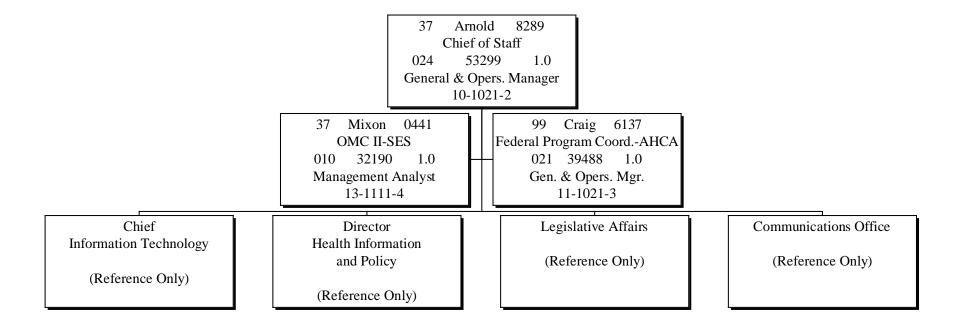
Effective Date: July 1, 2009 Org. Level: 68-10-00-000 FTEs: 2 Positions: 2

## **Executive Direction Secretary's Office**



# AGENCY FOR HEALTH CARE ADMINISTRATION Executive Direction Chief of Staff

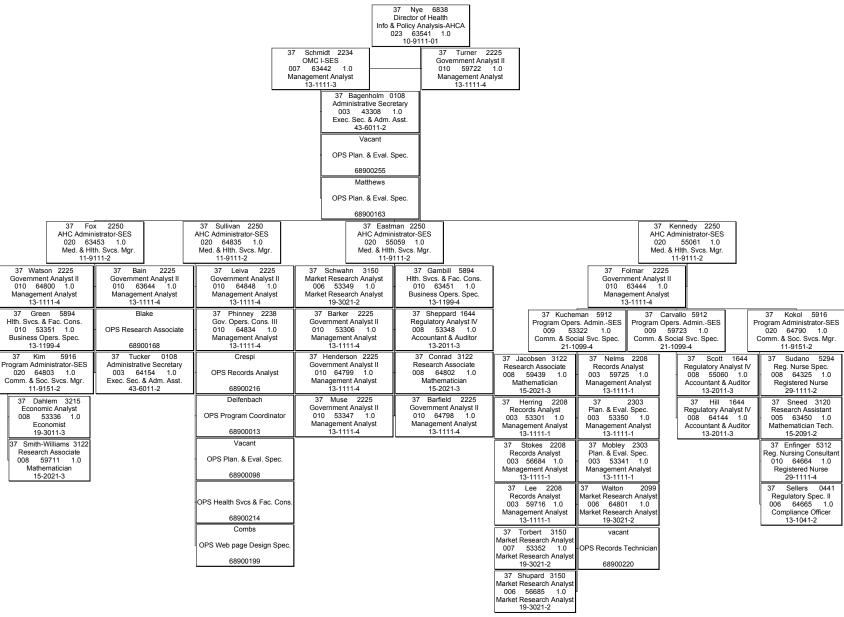
Effective Date: July 1, 2009 Org Level: 68-10-10-00-00-000 FTEs: 3 Positions: 3



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

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

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



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

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

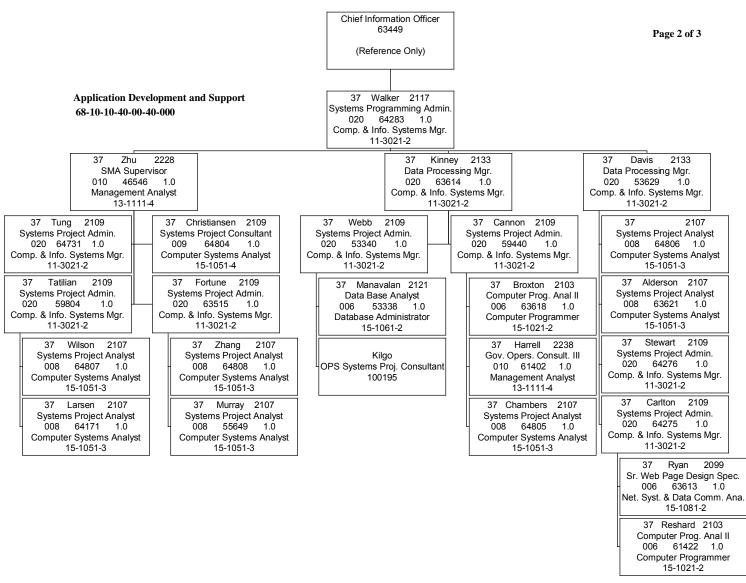
#### Office of Information Technology

Fields 9061 Page 1 of 3 Chief Information Officer 68-10-10-40-00-00-000 021 63449 1.0 Computer & Info. Syst. Mgr. 11-3021-3 37 Smith 0162 Office Opers. Consult. I 007 64469 1.0 Business Opers. Spec. IT Strategic Planning & Security 13-1199-3 68-10-10-40-00-30-000 Ward 2134 37 Burgess 2117 Systems Prog. Admin Info. Tech. Bus. Consult. Mgr. **Enterprise Infrastructure** 020 53337 1.0 020 64169 1.0 68-10-10-40-00-10-000 Comp. & Info. Systems Mgr. Comp. & Info. Systems Mgr. 11-3021-2 11-3021-2 37 Scholl 2133 37 Foshee 2115 Foo 2107 37 Lewis 2128 Kapoor 2133 SMA Supervisor Data Processing Mgr. Systems Programmer III Systems Project Analyst Network Systems Admin. Data Processing Mgr. 020 80582 1.0 010 63625 1.0 020 64172 1.0 009 64282 1.0 63620 1.0 020 63617 1.0 Management Analyst Comp. & Info. Systems Mar. Computer Systems Analyst Computer & Info. Systs. Anal. Comp. & Info. Systems Mgr. Net. Syst. & Data Comm. 13-1111-4 11-3021-2 Anal 15-1081-4 15-1051-3 111-3021-2 11-3021-2 37 Thompson 2109 King 2109 Bailey 0712 Lynch 2107 37 Austin 2052 2122 Systems Project Admin. Systems Project Analyst Systems Project Admin. Administrative Asst. II Dist. Comp. Syst. Anal. Sr. Data Base Analyst 009 64279 1.0 020 64472 1.0 020 64468 1.0 005 64281 1.0 008 63619 1.0 006 63516 1.0 Comp. & Info. Systems Mar. Comp. & Info. Systems Mar. Exec. Sec. & Admin. Asst. Computer Systems Analyst Net. & Com. Syst. Adm. Data Base Admin. 11-3021-2 11-3021-2 43-6011-3 15-1051-3 15-1071-2 15-1061-4 37 Tatum 2109 37 Findley 2115 37 Butler 2035 37 Darden 2109 Systems Project Admin. Systems Programmer III Telecomm. Spec. III Vacant Vacant Systems Project Admin. 009 63616 1.0 OPS Systems Project Analyst OPS Systems Project Consultant 020 34435 1.0 006 64459 1.0 020 53343 1.0 Comp. & Info. Systems Mgr. Net. Syst. & Data Comm. 900254 Net. Svs./Data Comm. Anal. Comp. & Info. Systems Mar. 11-3021-2 Anal 15-1081-4 15-1081-2 11-3021-2 37 Stout 2103 37 French 2109 Computer Prog. Anal II Suntai Systems Project Admin. 006 56680 1.0 **OPS Systems Project Analyst** 020 63615 1.0 Computer Programmer 900249 Comp. & Info. Systems Mgr. 15-1021-2 11-3021-2

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

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

#### Office of Information Technology



#### **Chief of Staff**

#### Office of InformationTechnology

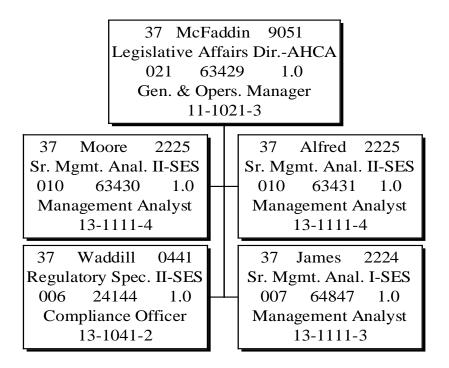
Revised Date: July 1, 2009 FTEs: 69 Positions: 69

Page 3 of 3 Chief Information Officer 63449 Comp. & Info. Syst. Mgr. (Reference Only) 37 Edwards 2133 **Customer Service & Support** Data Processing Manager 68-10-10-40-00-20-000 020 64278 1.0 Comp. & Info. Syst. Mgr. 11-3021-2 37 Terry 2109 37 Gavin 2107 01 Thiessen 2109 Systems Project Admin. Systems Project Admin. Systems Project Analyst 64467 19518 1.0 008 64280 1.0 1.0 Comp. & Info. Syst. Mgr. Comp. & Info. Syst. Mgr. Computer Syst. Analyst 11-3021-2 11-3021-2 15-1051-3 Taylor 2109 37 Strickland 2130 48 McDaniel 2052 06 Ullman 2107 Systems Project Admin. Data Processing Admin. Dist. Comp. Syst. Anal. Systems Project Anal. 64471 020 61934 1.0 008 42572 1.0 1.0 006 55636 1.0 Comp. & Info. Syst. Mgr. Net. & Comp. Syst. Admin. Comp. Systems Analyst Comp. & Info. Systems Mgr. 11-3021-2 11-3021-2 15-1071-2 15-1051-3 37 Epperley 2052 37 Head 2052 29 Wheeler 2107 36 Worley 2052 Dist. Comp. Syst. Anal. Dist. Comp. Syst. Anal. Systems Project Anal. Dist. Comp. Syst. Anal. 37 Dugan 2043 006 63624 1.0 006 64465 1.0 008 40796 1.0 006 55639 1.0 Net. & Comp. Syst. Admin. Comp. Systems Analyst Office Auto. Spec. II Net. & Comp. Syst. Admin. Net. & Comp. Syst. Admin. 004 63511 1.0 15-1071-2 15-1071-2 15-1051-3 15-1071-2 Computer Support Spec. 37 Beck 2052 Brown 2052 52 Williams 2052 16 Stokes 2107 15-1041-1 Systems Proj. Anal. Dist. Comp. Syst. Analy Dist. Comp. Syst. Anal. Dist. Comp. Syst. Anal. 37 Underwood 2050 006 59453 1.0 006 59441 1.0 006 47908 1.0 008 53324 1.0 Dist. Comp. Syst. Spec. Net. & Comp. Syst. Admin. Net. & Comp. Syst. Admin. Net. & Comp. Syst. Admin. Comp. Systems Analyst 006 63623 1.0 15-1071-2 15-1071-2 15-1071-2 15-1051-3 Net. & Comp. Syst. Admin. 37 McLeod 2107 37 Umphress 2052 Matz 2052 17 Eiland 2052 15-1071-2 Systems Project Anal. Dist. Comp. Syst. Anal. Dist. Comp. Syst. Anal. Dist. Comp. Syst. Anal. 008 64470 1.0 006 59322 1.0 006 55641 1.0 006 00041 1.0 Comp. Systems Analyst Net. & Comp. Syst. Admin. Net. & Comp. Syst. Admin. Net. & Comp. Syst. Admin. Acosta OPS Dist. Comp. Syst. Spec. 15-1051-3 15-1071-2 15-1071-2 15-1071-2 900012 13 Kudehinbu 2052 Dist. Comp. Syst. Anal. 006 46958 1.0 Net. & Comp. Syst. Admin. 15-1071-2

## AGENCY FOR HEALTH CARE ADMINISTRATION Chief of Staff Legislative Affairs Office

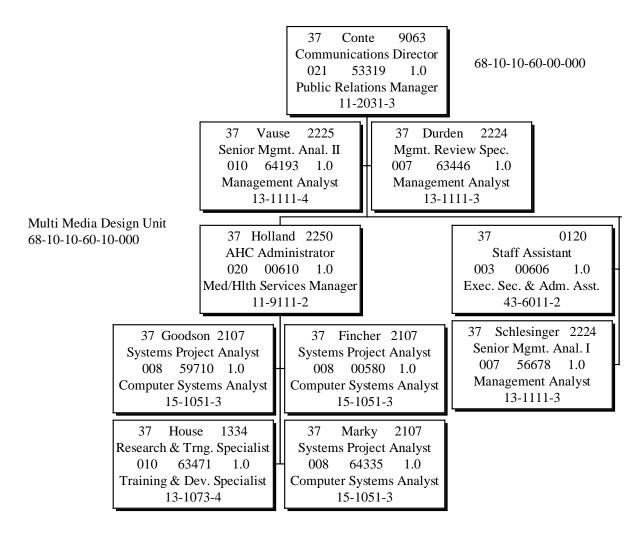
Effective Date: July 1, 2009 Org Level: 68-10-10-50-00-000

FTEs: 5 Positions: 5



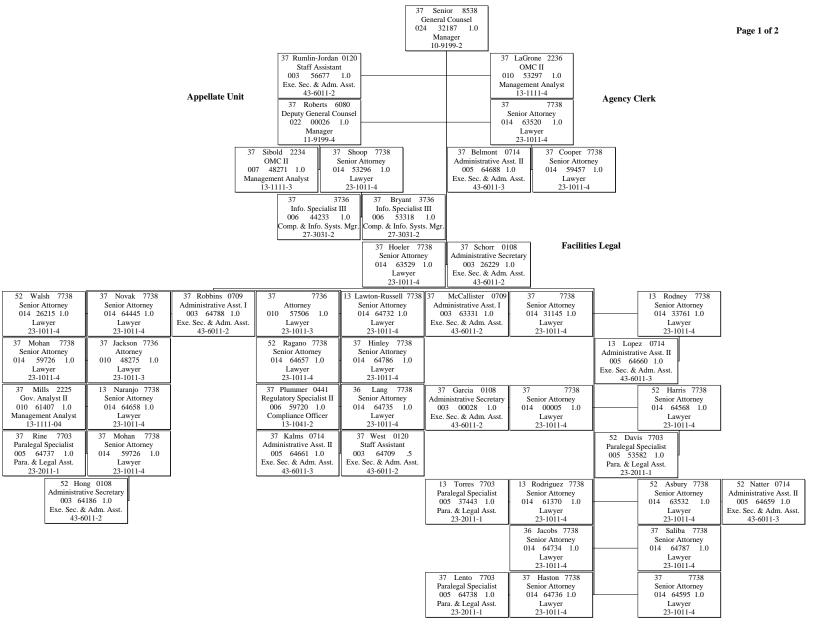
Revised Date: July 1, 2009 FTEs: 10 Positions: 10

# AGENCY FOR HEALTH CARE ADMINISTRATION Chief of Staff Communications Office



#### 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

Page 2 of 2

	General Counsel
Medicaid Legal	Manager (Reference Only)
ğ	37 Kellum 7738 Senior Attorney 014 61937 1.0 Lawyer 23-1011-4

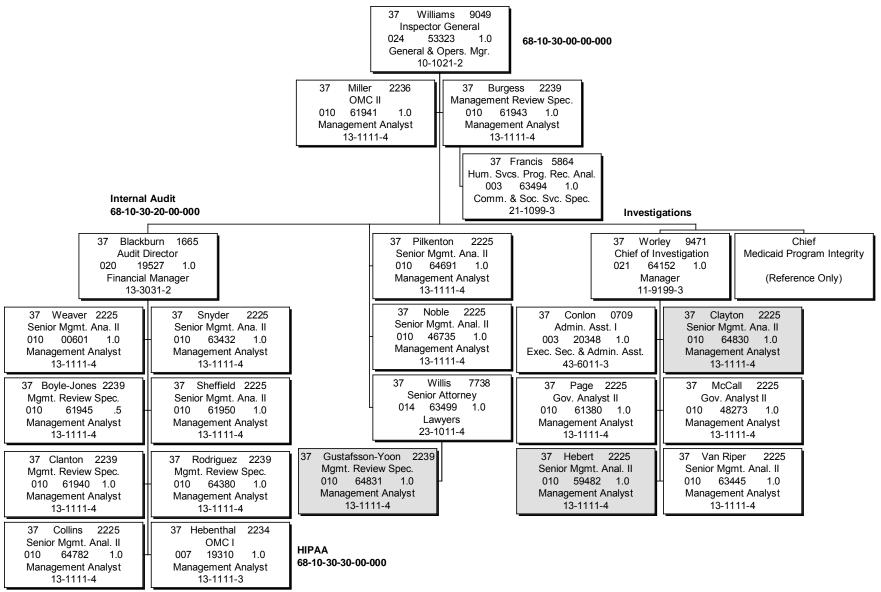
37 Thompson 0712 Administrative Asst. II 005 64687 1.0 Exe. Sec. & Adm. Asst. 43-6011-3

37 Bennett 7738	37 7738	37 Lake 7738	37 Dexter 7738	37 Fridie 7738	37 7738	37 Sheeran 7738	37 Wilks 7738
Senior Attorney	Senior Attorney	Senior Attorney	Senior Attorney	Senior Attorney	Senior Attorney	Senior Attorney	Senior Attorney
014 64824 1.0	014 64686 1.0	014 64681 1.0	014 64825 1.0	014 63523 1.0	014 63521 1.0	014 64685 1.0	014 59301 1.0
Lawyer	Lawyer	Lawyer	Lawyer	Lawyer	Lawyer	Lawyer	Lawyer
23-1011-4	23-1011-4	23-1011-4	23-1011-4	23-1011-4	23-1011-4	23-1011-4	23-1011-4
37 Shufflebotham 7703	]	37 Clark 0714	37 7738	37 0108	37 Templeton 0709		
Paralegal Specialist		Administrative Asst. II	Senior Attorney	Administrative Secretary	Administrative Asst. I		
005 61017 1.0		005 64689 1.0	010 64733 1.0	003 61942 1.0	003 59458 1.0		
Paralegal & Legal Asst.		Exe. Sec. & Adm. Asst.	Lawyer	Exe. Sec. & Adm. Asst.	Exe. Sec. & Adm. Asst.		
23-2011-1		43-6011-3	23-1011-4	43-6011-2	43-6011-2		
,	•			37 Porter 7738	37 Melvin 7738	37 Blocker 7738	37 Nam 7738
				Senior Attorney	Senior Attorney	Senior Attorney	Senior Attorney
				014 63522 1.0	014 64683 1.0	014 64684 1.0	014 55643 1.0
				Lawyer	Lawyer	Lawyer	Lawyer
				23-1011-4	23-1011-4	23-1011-4	23-1011-4
						37 Hussey 7703	37 Turner 0709
						Paralegal Specialist	Administrative Asst. I
						005 55644 1.0	003 64823 1.0
						Paralegal & Legal Asst.	Exe. Sec. & Adm. Asst.
						23-2011-1	43-6011-2
				37 Lawrence 7738			
				Senior Attorney			

014 64682 1.0 Lawyer 23-1011-4

**Executive Direction - Inspector General** 

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



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

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

Page 1 of 3 9046 Yon Chief Med. Prog. Integrity 021 39490 Financial Manager 11-3031-3 Phillips 2234 37 Givens 1668 OMC I Audit Eval. & Review Anal. 007 64698 1.0 64692 1.0 Management Analyst Accountant & Auditor 13-1111-3 13-2011-3 37 Dawkins 1668 Audit Eval. & Review Anal. 800 64693 1.0 Accountant & Auditor **Administrative Support** Discovery and Program Support 13-2011-3 37 Williams 2250 37 Dozier 6040 37 Coste 2250 AHC Administrator Field Office Manager AHC Administrator 020 24066 1.0 020 39486 1.0 020 59484 1.0 Med. & Hlth. Svcs. Mgr. Admin. Svcs. Manager Med. & Hlth. Svcs. Mgr. 11-9111-2 11-3011-2 11-9111-2 37 Dunnings 0108 37 McCleary 5916 37 Fante 2239 37 Mildenberger 5312 37 West 5916 Administrative Secretary Program Administrator Mgmt. Review Specialist Registered Nursing Cons. Program Administrator 010 63506 1.0 003 55650 1.0 020 39492 1.0 010 63496 1.0 63498 1.0 Exec. Sec. & Admin. Asst. Comm.& Soc. Serv. Mgr. Management Analyst Registered Nurse Comm. & Soc. Serv. Mar. 43-6011-2 11-9151-2 13-1111-4 29-1111-4 11-9151-2 37 Forche 2239 37 Divens 5312 Graves 5875 37 Trimble 2107 Blue 3120 37 Cohen 5875 Blackmon 3120 Management Rev. Spec. Registered Nursing Cons. Med./Hlth. Care Prog. Anal. Systems Project Analyst Research Assistant Med./Hlth. Care Prog. Anal. Research Assistant 010 63502 1.0 010 59480 1.0 010 64702 1.0 006 63492 1.0 005 39489 1.0 010 46727 1.0 24163 1.0 Management Analyst Registered Nurse Management Analyst Computer Systems Anal. Mathematician Tech. Management Analyst Mathematician Tech. 13-1111-4 29-1111-4 13-1111-4 15-1051-3 15-2091-2 13-1111-4 15-2091-2 37 Strickland 0108 37 Turner 2239 37 Joiner-Philcox 5875 Hardy 5875 37 Rodriguez 2107 Smith 3120 37 Miller 4005 Management Rev. Spec. Med./Hlth. Care Prog. Anal. Med./Hlth. Care Prog. Anal. Administrative Secretary Systems Project Analyst Research Assistant Consumer Complaint Anal. 010 63491 1.0 59483 010 64832 1.0 008 29780 1.0 003 64797 .50 010 1.0 003 63519 1.0 005 39491 1.0 Management Analyst Exe. Sec. & Adm. Asst. Management Analyst Management Analyst Computer Systems Anal. Mathematician Tech. Compliance Officer 43-6011-2 13-1111-4 13-1111-4 13-1111-4 15-1051-3 15-2091-2 13-1041-1 37 Barker 0709 Davis 5877 37 Williams 0712 Brady 5875 37 Rushing 5864 37 Rodriguez 5864 Med./Hith. Care Prog. Anal. Hum. Svcs. Prog. Spec. Administrative Asst. II Administrative Asst. I Hum. Svcs. Prog. Rec. Anal. Hum. Svcs. Prog. Recs. Anal. 19486 1.0 005 63514 1.0 010 64833 1.0 63487 1.0 007 63518 1.0 003 64820 .75 Comm. & Soc. Svc. Spec. Exec. Sec. & Admin. Asst. Exec. Sec. & Admin. Asst. Management Analyst Comm. & Soc. Svc. Spec. Management Analyst 43-6011-3 43-6011-2 13-1111-4 21-1099-3 13-1111-1 21-1099-3 4005 Consumer Complaint Anal. 61938 1.0 Compliance Officer 13-1041-1

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

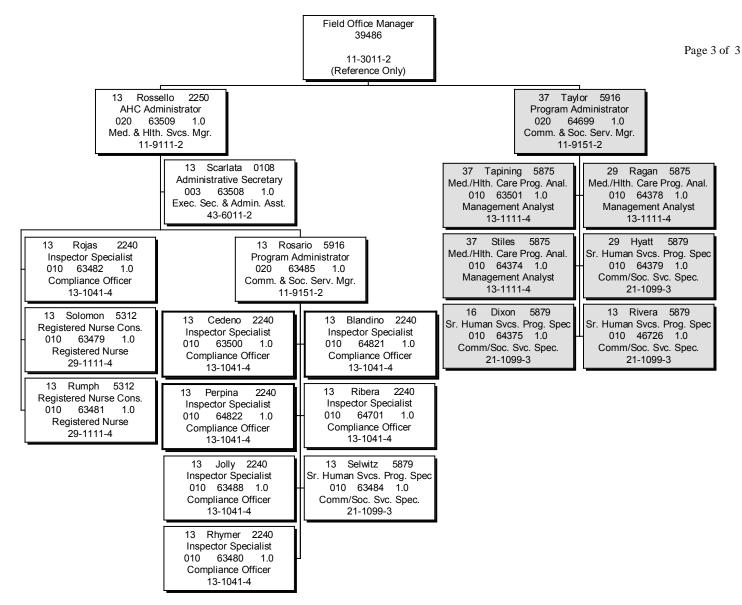
Org. Level: 68-10-30-10-000 Revised Date: July 1, 2009 FTEs: 82 Positions: 83

Page 2 of 3

			Chief Medicaid Prog. Integrity		Page 2 of	<b>F</b> 3	
			Financial Manager (Reference Only				
				herd 7644			
Asst. Chief Med. Prog. Integ. 020 64694 1.0							
	Financial Manager 11-3031-2						
			37 Alford 0709	37 Dewey 5312	1		
			Administrative Assist. I 003 63505 1.0	Registered Nurse Cons. 010 59479 1.0			
Institu	ıtional	Medical	Exec. Sec. & Adm. Asst. 43-6011-2	Registered Nurse 29-1111-4	Waiver Programs	Pharmacy and	Ancillary Services
37 Stive	rs 2250		nell 2250	<u> </u>	tead 2250		vart 2250
AHC Administrator 020 64695 1.0		AHC Administrator 020 63475 1.0		AHC Administrator 020 64696 1.0			ministrator 3483 1.0
Med. & Hith	n. Svc. Mgr.	Med. & Hiti	n. Svc. Mgr.	Med. & Hit	h. Svc. Mgr.	Med. & Hlt	h. Svc. Mgr.
37 Strait 0108	111-2 48 Ryder 5312	\	111-2		111-2		111-2
Administrative Secretary	Registered Nursing Cons.	37 Notman 5312 Registered Nursing Cons.	37 Kinser 5312 Registered Nursing Cons.	37 Jefferson 0108 Administrative Secretary	37 Stephan 5875 Med./Hlth. Care Prog. Ana.		37 Livingston 4005 Consumer Complaint Anal.
003 63507 1.0 Exec. Sec. & Adm. Asst.	010 55652 1.0 Registered Nurse	010 22758 1.0 Registered Nurse	010 64300 1.0 Registered Nurse	003 63513 1.0 Exec. Sec. & Adm. Asst.	010 63510 1.0 Management Analyst	011 55651 1.0 Pharmacist	003 63476 1.0 Compliance Officer
43-6011-2	29-1111-4	29-1111-4	29-1111-4	43-6011-2	13-1111-4	29-1051-5	13-1041-1
37 Shiver 1668 Audit Eval. & Rev. Ana.	37 Humphries 5879 Sr. Hum. Serv. Prog. Ana.	37 Fortson 5875 Med./Hlth. Care Prog. Ana.	37 Maldonado 5875 Med./Hlth. Care Prog. Ana.	37 Satchell 5875 Med./Hlth. Care Prog. Ana.	37 Ellingsen 5875 Med./Hlth. Care Prog. Ana.	37 Herold 5248 Senior Pharmacist	37 Humphries 5875 Med./Hlth. Care Prog. Ana.
008 64700 1.0 Accountant & Auditor	007 55647 1.0 Comm. & Soc. Svc. Spec.	010 46736 1.0 Management Analyst	010 64299 1.0 Management Analyst	010 39493 1.0 Management Analyst	010 61965 1.0 Management Analyst	011 55646 1.0 Pharmacist	010 64697 1.0 Management Analyst
13-2011-3	21-1099-3	13-1111-4	13-1111-4	13-1111-4	13-1111-4	29-1051-5	13-1111-4
37 Lynn 5875 Med./Hith. Care Prog. Ana.	37 Robinson 5879	37 Smith 5875 Med./Hlth. Care Prog. Ana.	37 Balbo 5312 Registered Nursing Cons.	37 Mock 5875 Med./Hlth. Care Prog. Ana.	37 MacDonnell 5875 Med./Hlth. Care Prog. Ana.	37 Anderson 5248 Senior Pharmacist	37 Johnson 5248 Senior Pharmacist
010 64376 1.0	007 63497 1.0	010 63493 1.0	010 25874 1.0	010 63490 1.0	010 55653 1.0	011 64819 1.0	011 64818 1.0
Management Analyst 13-1111-4	Comm. & Soc. Svc. Spec. 21-1099-3	Management Analyst 13-1111-4	Registered Nurse 29-1111-4	Management Analyst 13-1111-4	Management Analyst 13-1111-4	Pharmacist 29-1051-5	Pharmacist 29-1051-5
37 Frisby 3120 Research Assistant	37 Degolier 3120 Research Assistant	37 Lowery 5879 Sr. Hum. Svcs. Prog. Spec.	37 Mosier 5312 Registered Nursing Cons.	37 T. Dean 5875 Med./Hlth. Care Prog. Ana.	37 Riley 5312 Registered Nurse Cons.	37 Coumbe 5248 Senior Pharmacist	37 Hughes-Poole 0108 Administrative Secretary
005 63478 1.0	005 19462 1.0	007 64377 1.0	010 47909 1.0	010 46733 1.0	010 63495 1.0	011 64829 1.0	003 59481 1.0
Mathematician Tech. 15-2091-2	Mathematician Tech. 15-2091-2	Comm. & Soc. Svc. Spec. 21-1099-3	Registered Nurse 29-1111-4	Management Analyst 13-1111-4	Registered Nurse 29-1111-4	Pharmacist 29-1051-5	Exec. Sec. & Adm. Asst. 43-6011-2
		37 Scileppi 0108 Administrative Secretary				37 Jackson 5248 Senior Pharmacist	
		003 63477 1.0				011 61960 1.0	]
		Exec. Sec. & Adm. Asst. 43-6011-2				Pharmacist 29-1051-5	

# Executive Direction - Inspector General Medicaid Program Integrity - Miami

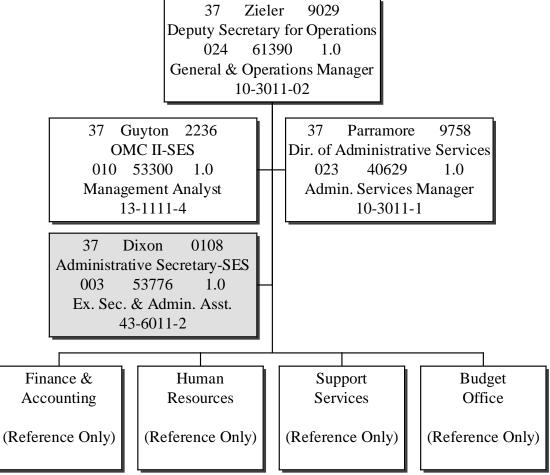
Org. Level: 68-10-30-10-01-100 Revised Date: July 1, 2009 FTEs: 13 Positions: 13



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

# **Division of Operations Deputy Secretary's Office**

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



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

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

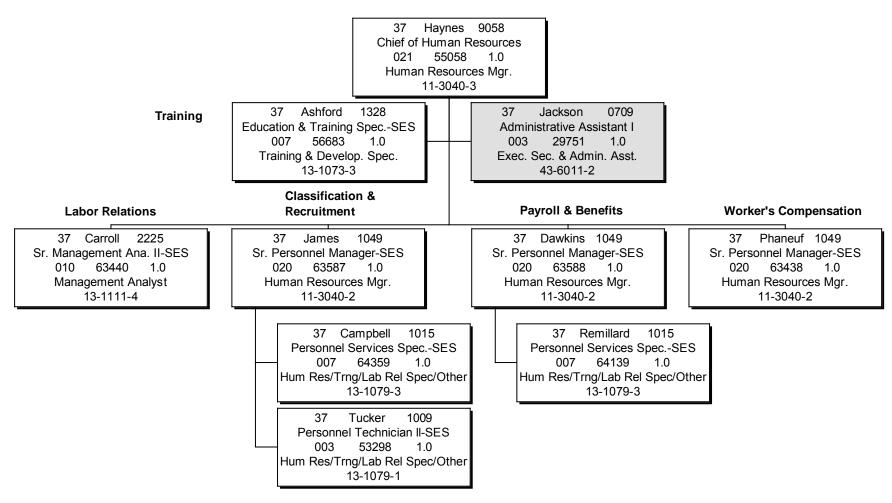
Org. Level: 68-20-10-00-000 Revised Date: July 1, 2009 FTEs: 51 Positions: 51

37 Shirley 9057 Chief Fin. & Acctng. 021 53309 1.0 Financial Manager 11-3031-3 37 Trull 0120 Staff Assistant-SES 003 61382 1.0 Exec. Sec. & Adm. Asst. 43-6011-2 37 Clayton 0003 Clerk Specialist-SES 001 64435 1.0 Office Clerk General **Accounting Policy & Systems** 43-9061-2 County Billing & MAR **Revenue Management & Grants Reporting** 37 Booker 1466 37 Jahns-Nelsen 2228 37 Evans 1466 Fin. & Acctng. Dir. III-SES Fin. & Acctng. Dir. III-SES Sr. Mamt. Anal. Supv.-SES 020 63602 1.0 020 26178 1.0 010 34404 1.0 Financial Managers Financial Managers Management Analyst 11-3031-3 11-3031-3 13-1111-4 37 Bradford 2225 37 Derico-Harris 1442 37 Downey 2238 37 Martin 2236 37 Vickers 2238 37 Fortier 1463 Government Anal II OMC Manager-SES Gov. Opers, Cons. II Acct. Services Supv. I-SES OMC Mar.-SES Fin. & Acctng. Dir. II-SES 010 00061 1.0 020 64712 1.0 008 46641 1.0 010 64711 1.0 010 63464 1.0 020 64857 1.0 Management Analyst General & Opers. Mgr. Management Analyst Accountant & Auditor Management Analyst Financial Mgr. 13-1111-4 13-1111-4 11-1021-2 13-2011-3 13-1111-4 11-3031-2 37 Walker 1463 37 Nash 2238 37 Lombardi 1439 37 Skinner 1436 37 Austin 1427 37 Jordan 1430 37 Schulze 1430 OMC Manager-SES Fin. & Acctng. Dir. II-SES Accountant III Accountant I Accountant Supv. II-SES Accountant II Accountant II 020 61406 1.0 020 63435 1.0 006 34405 1.0 004 48904 1.0 008 61962 1.0 004 46545 1.0 004 64854 1.0 General & Opers. Mgr. Financial Manager Accountant & Auditor 11-1021-2 11-3031-2 13-2011-2 13-2011-1 13-2011-3 13-2011-1 13-2011-1 37 Coldiron 1436 37 Phillips 1445 37 Dixon 1460 37 Wright 1469 37 Smith 1427 37 Kelly 1430 37 Lynn 1463 37 K. Davis 1439 37 Le 1436 Accountant III Fin. & Acctng. Dir. I-SES cctng, Svcs, Supv. II-SES Prof. Accountant Spec. Accountant I Accountant II Fin. & Acctng. Dir. II-SES Accountant Supv. II-SES Accountant III 006 63605 1.0 020 63603 1.0 008 63604 1.0 008 48507 1.0 004 31343 1.0 004 26461 1.0 020 63436 1.0 008 63437 1.0 006 64855 1.0 Accountant & Auditor Financial Manager Accountant & Auditor Accountant & Auditor Accountant & Auditor Accountant & Auditor Financial Mgr. Accountant & Auditor Accountant & Auditor 13-2011-2 11-3031-2 13-2011-3 13-2011-3 13-2011-4 13-2011-1 11-3031-2 13-2011-3 13-2011-2 37 Hermeling 1437 37 Lamb-Bivens 1430 37 Garvey 1469 37 Hatcher 1436 37 Walsh 1418 37 Wilkins 1436 Sarathy 1437 37 C. Williams 1436 37 Kirkland 1418 Accountant IV Accountant II Prof. Accountant Spec. Accountant III Fiscal Assistant II Accountant IV Accountant III Accountant III Fiscal Assistant II 008 63607 1.0 004 20231 1.0 010 64453 1.0 006 64690 1.0 003 03574 1.0 008 64856 1.0 006 10522 1.0 003 11523 10 006 63608 1.0 Accountant & Auditor Accountant & Auditor Accountant & Auditor Accountant & Auditor Book, Acct & Aud Clerk Accountant & Auditor Accountant & Auditor Book, Acct & Aud Clerk Accountant & Auditor 13-2011-3 13-2011-1 13-2011-3 13-2011-2 43-3031-2 13-2011-3 13-2011-2 13-2011-1 37 Nguyen 1437 37 Michal 1430 37 Sims 1427 37 Benfield 1436 37 Mason 1427 37 Savage 1418 Accountant IV Accountant II Accountant I Accountant III Accountant I Fiscal Assistant II 008 59444 10 004 63609 1.0 004 17101 1.0 004 46643 10 003 46645 1.0 006 63606 1.0 Accountant & Auditor Accountant & Auditor Accountant & Auditor Book, Acct & Aud Clerk Accountant & Auditor Accountant & Auditor 13-2011-3 13-2011-1 13-2011-1 13-2011-1 13-2011-2 43-3031-2 37 Holzworth 1427 37 Scott 1427 37 Pasco 1430 Accountant I Fiscal Assistant II Accountant II Accountant I 004 34036 1.0 003 46644 1.0 004 63610 1.0 004 46548 1.0 Accountant & Auditor Book, Acct & Aud Clerk Accountant & Auditor Accountant & Auditor 13-2011-1 43-3031-2 13-2011-1 13-2011-1 37 Vaughn 1427 37 Lucero 1427 37 Brooks 1430 Accountant I Accountant I Accountant II 004 57489 1.0 004 37952 1.0 004 53316 1.0 Accountant & Auditor 13-2011-1 Accountant & Auditor Accountant & Auditor 13-2011-1 13-2011-1 37 Lee 1427 Accountant I 004 24175 1.0 Accountant & Auditor 13-2011-1

# AGENCY FOR HEALTH CARE ADMINISTRATION Division of Operations

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

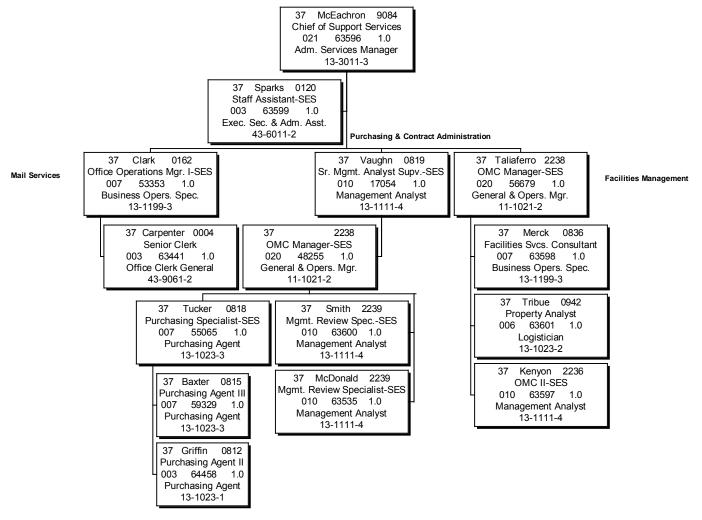
**Bureau of Human Resources** 



<sup>\*</sup>Shaded position reports to org code 68-30-30-00-000 - HQA Field Operations

Org. Level: 68-20-40-00-000 Revised Date: July 1, 2009 FTEs: 15 Positions: 15

# AGENCY FOR HEALTH CARE ADMINISTRATION Division of Operations Bureau of Support Services



### Division of Operations Budget Office

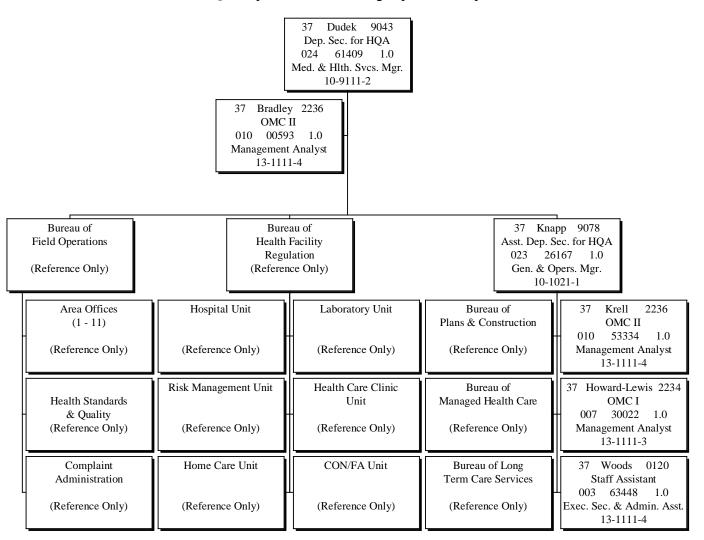
Org. Level: 68-20-70-00-000 Revised Date: July 1, 2009 FTEs: 5 Positions: 5

37 Tallent 9083 Budget Director-AHCA 021 53327 1.0 Financial Manager 11-3031-3

37 Barnett 2236 OMC II-SES 010 00604 1.0 Management Analyst 13-1111-4 37 Cowles 2239 Mgmt. Review Spec.-SES 010 63628 1.0 Management Analyst 13-1111-4 37 2225 Senior Mgmt. Analyst II-SES 010 64208 1.0 Management Analyst 13-1111-4 37 Todd 2225 Government Analyst II 010 63443 1.0 Management Analyst 13-1111-4

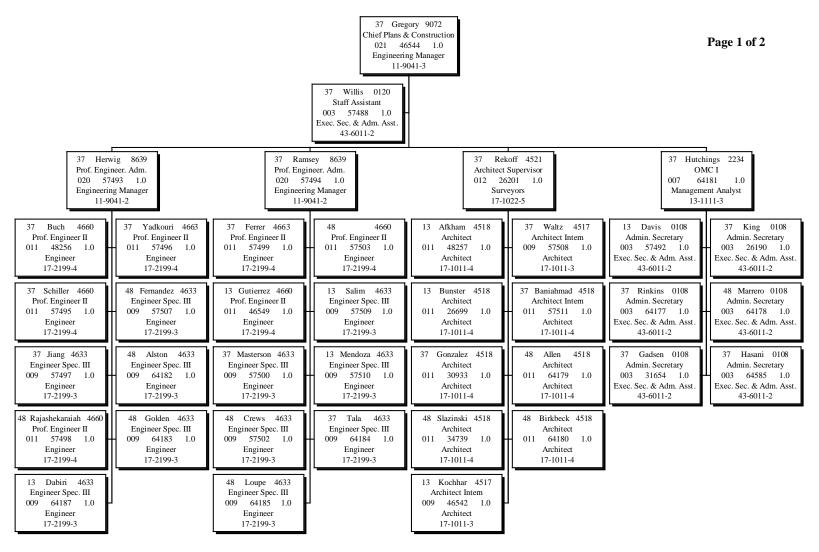
# **AGENCY FOR HEALTH CARE ADMINISTRATION Health Quality Assurance - Deputy Secretary's Office**

Org. Level: 68-30-00-000 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

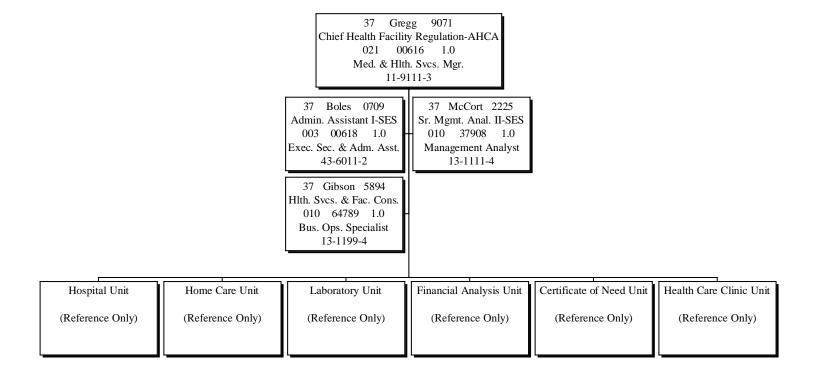
Chief Plans & Construction							
Engineerin	g Manager						
(Referen	ce Only)						
OMC M 020 280 General & O	kin 2238 Manager 050 1.0 Opers. Mgr. 021-2						
37 Vasko 8804 Fire Protection Spec. 007 61400 1.0 Compliance Officer 13-1041-3	48 Peka 8804 Fire Protection Spec. 007 31652 1.0 Compliance Officer 13-1041-3						
13 Grasso 8804 Fire Protection Spec. 007 37451 1.0 Compliance Officer 13-1041-3	48 Teat 8804 Fire Protection Spec. 007 64654 1.0 Compliance Officer 13-1041-3						
29 Cranfield 8804	37 Starks 0440						
Fire Protection Spec.  007 64656 1.0  Compliance Officer  13-1041-3	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

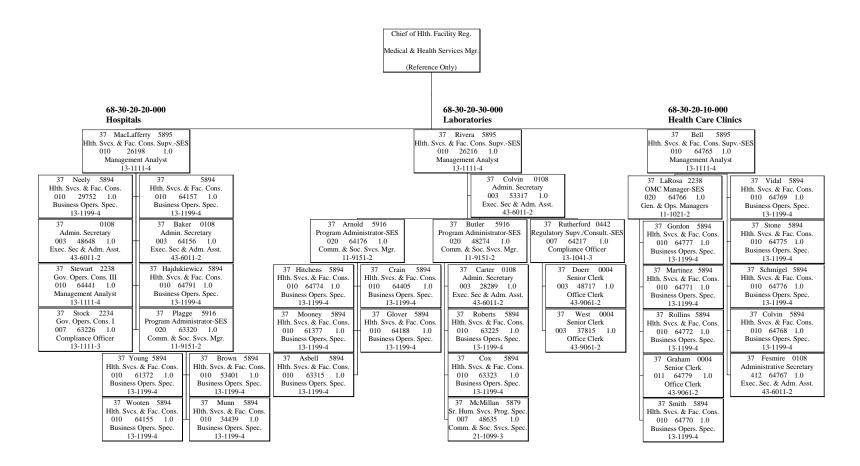
Page 1 of 3



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

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

Page 2 of 3



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

Chief of Hlth. Fac. Reg. Medical & Health Services Mor Page 3 of 3 Certificate of Need and **Financial Analysis** (Reference Only) **Home Care** 68-30-20-80-000 68-30-20-50-000 37 McLemore 5895 37 Fitch 37 Menard 5895 Hlth. Svcs. & Fac. Cons. Supv.-SES Regulatory Analyst Supv.-SES Hlth. Svcs. & Fac. Cons. Supv.-SES 020 00643 1.0 010 53310 1.0 020 48387 1.0 Management Analyst Compliance Officer Management Analyst 13-1111-4 13-1041-4 13-1111-4 5894 37 Green 37 Love 5894 37 Bradley 3215 Smith 1644 37 Lawrence 5916 Benesh 2238 37 McAleer 0108 Hlth. Svcs. & Fac. Cons. Hlth. Svcs. & Fac. Cons. Economic Analyst Regulatory Analyst IV Program Administrator-SES OMC Mgr. -SES Administrative Sec. 008 53326 1.0 008 55063 1.0 020 64558 1.0 003 53346 1.0 010 48276 1.0 010 34018 1.0 020 53518 1.0 Business Opers. Spec. Business Opers. Spec. **Economist** Accountant & Auditor Comm. & Soc. Svc. Mgr. General Opers. Mgr. Exec. Sec. & Adm. Asst. 13-1199-4 13-1199-4 19-3011-3 13-2011-3 11-9151-2 11-1021-2 43-6011-2 37 Biddle 0108 Vice 5894 37 Austin 1644 37 Hillman 5894 Richardson Perry 5894 Hlth. Svcs. & Fac. Cons. Admin. Secretary-SES Regulatory Analyst IV HIth. Svcs. & Fac. Cons. Hlth. Svcs. & Fac. Cons. Sr. Hum. Svcs. Prog. Spec. 37 Lowry 5894 11160 1.0 010 00641 1.0 008 53315 1.0 010 53312 1.0 007 47188 1.0 010 64559 Hlth. Svcs. & Fac. Cons. Exec. Sec. & Adm. Asst. Business Opers. Spec. Accountant & Auditor Business Opers. Spec. Comm. & Soc. Serv. Spec. Business Opers. Spec. 010 26232 1.0 13-1199-4 43-6011-2 13-2011-3 13-1199-4 21-1099-3 13-1199-4 Business Opers. Spec. 37 Broussard 5894 13-1199-4 37 Ibrahim 5894 37 Clawson 5894 Hlth. Svcs. & Fac. Cons. Hlth. Svcs. & Fac. Cons. Hlth. Svcs. & Fac. Cons. Guilford 5875 010 00614 1.0 010 64773 1.0 010 58477 1.0 Med./Hlth. Care Prog. Anal. Business Opers. Spec. Business Opers. Spec. Business Opers. Spec. 64402 1.0 010 13-1199-4 13-1199-4 13-1199-4 Management Analyst 13-1111-4 37 Glass 0441 37 Boortz 5879 Regulatory Specialist II Sr. Hum. Svcs. Prog. Spec 37 Houston 5879 64401 1.0 007 48292 1.0 Sr. Hum. Svcs. Prog. Spec. Compliance Officer Comm. & Soc. Serv. Spec 007 64557 1.0 13-1041-2 21-1099-3 Comm. & Soc. Svcs. Spec. 21-1099-3 0108 Administrative Secretary 5894 Barnes 003 29805 1.0 Hlth. Svcs. & Fac. Cons. Ex. Sec. & Adm. Asst. 010 64594 1.0 43-6011-2 Business Opers. Spec. 13-1199-4 37 Watkins 5879 Sr. Hum. Svcs. Prog. Spec 37 Williams 0108 26170 1.0 Administrative Secretary Comm. & Soc. Serv. Spec. 003 26171 1.0 21-1099-3 Ex. Sec. & Adm. Asst. 43-6011-2 37 Corley 0440 Regulatory Specialist I 003 48727 1.0 Compliance Officer 13-1041-1

Revised Date: July 1, 2009

FTEs 74 Positions: 74

## AGENCY FOR HEALTH CARE ADMINISTRATION **Health Quality Assurance**

(Field Operations)

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

37 Harrington 0108 Admin. Assistant I 003 51310 1.0 Ex. Sec. & Admin. Assist Org Code: 68-30-30-00-000

Revised Date: July 1, 2009

FTEs: 18 Positions: 18

		43-6011-2		Complaint Administration		Survey & In 68-30-30-35		tegrity Support	Branch
Area Office 2 37 Tallahassee (30 FTEs) Ref. Only	Area Office 3 01 Gainesville (28 FTEs) Ref. Only		Sr. Mgmt. 2010 64 Manageme	1 2228 Anal. Supv. 652 1.0 ent Analyst			020 33 Admin. Svo	ntos 6040 ce Manager 416 1.0 cs. Manager 011-2	
Area Office 4 16 Jacksonville (36 FTEs) Ref. Only	Area Office 5 52 St. Petersburg (77 FTEs) Ref. Only	010 64648 1.0 Business Opers. Spec. 13-1199-4		37 Kerr 0108 Administrative Secretary 003 64792 1.0 Exe. Sec. & Adm. Asst. 43-6011-2		52 Maloney 2225 Government Analyst II 010 64161 1.0 Business Operations 13-1111-4		Senior I 011 29 Phar	gui 5248 Pharmacist 9840 1.0 macist 1051-5
Area Office 7 48 Orlando (33 FTEs) Ref. Only	Area Office 8 36 Fort Myers (42 FTEs) Ref. Only	Regulatory S 007 646 Complianc	37 Figgers 0444 Regulatory Specialist III 007 64644 1.0 Compliance Officer 13-1041-3		37 Klein 5312 Registered Nursing Cons. 010 64643 1.0 Registered Nurse 29-1111-4		29 Hanns 5312 Registered Nursing Cons. 010 64382 1.0 Registered Nurse 29-1111-4		inson 5894 & Fac. Consult. 4162 1.0 Opers. Spec.
Area Office 9 50 West Palm Beach (65 FTEs) Ref. Only	Area Office 11 13 Miami (52 FTEs) Ref. Only	37 Pollock 0440 Regulatory Specialist I 003 64645 1.0 Compliance Officer 13-1041-1		Registered N 010 64 Register	Fixe 5312 Nursing Cons. 793 1.0 red Nurse 111-4	52 Buma Administrativ 003 262 Exe. Sec. & 43-60	e Secretary 36 1.0 Adm. Asst.	Registered 010 6 Registe	Nursing Cons. 1418 1.0 red Nurse
		Registered Nu	40 1.0 - d Nurse						

# Health Quality Assurance Field Operations - Health Standards & Quality

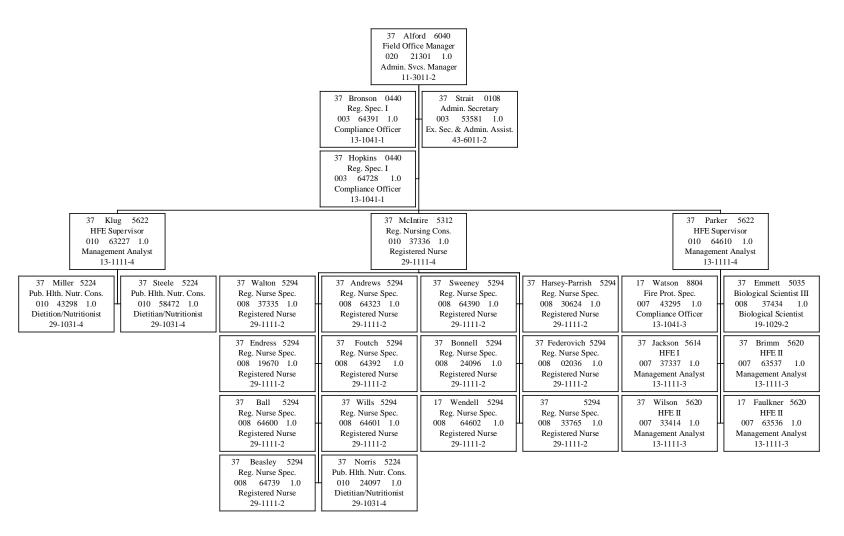
Revised Date: July 1, 2009 Org Level: 68-30-30-30-00-000

FTEs: 12.5 Position: 13

Survey & Certification Support Branch	Field ( (Reference of the second of the seco	nief of Operations ence Only)  ooak 2228 Anal. SupvSES 64569 1.0 ment Analyst		
Regulatory Spec. II-SES  Systems  004 26210 1.0  Compliance Officer  Computer		37 Higgins Senior Mgmt Anal. 010 64629 Management An 13-1111-4  37 Roberts-Taylo Admin. Secretary 003 26191 Ex. Sec. & Admin. 43-6011-2	or 0108 y-SES 1.0 . Assist.	37 Gressel 2225 Government Analyst II 010 64630 1.0 Management Analyst 13-1111-4  37 Heiberg 2225 Government Analyst II 010 64633 1.0 Management Analyst 13-1111-4
Gov. Analyst I 007 26425 1.0  Management Analyst  Governm 007 4  Management Analyst	ward 2224 eent Analyst I 18715 1.0 ment Analyst 1111-3	Regulatory Spe 003 64642 Compliance Off 13-1041-1	1.0 ficer 0108 ary .5	16 Kirkland 5312 Registered Nursing Consult. 010 25997 1.0 Registered Nurse 29-1111-4

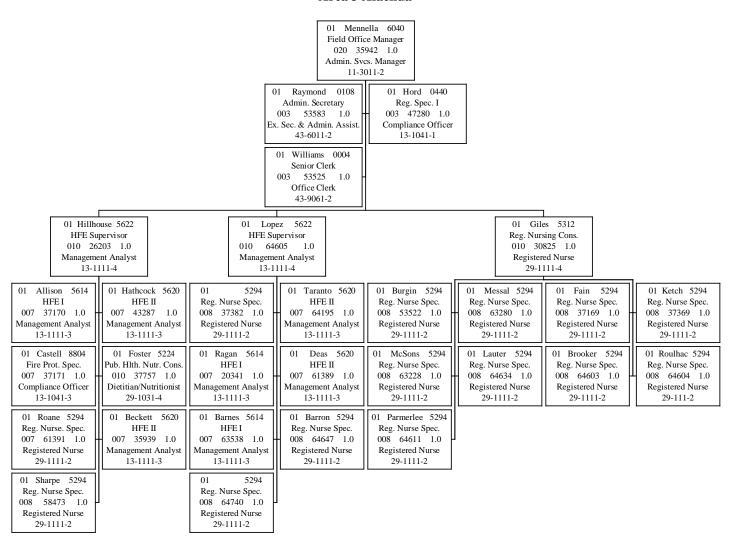
Health Quality Assurance Area 2 - Tallahassee

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



# Health Quality Assurance **Area 3 Alachua**

Org. Level: 68 30 30 03 000 Revised Date: July 1, 2009 FTEs: 30 Positions: 30



# Health Quality Assurance

### Area 4 - Jacksonville

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

16 Gill 0441 16 Edwards 0108 Reg. Spec. II Admin. Secretary 006 31144 1.0 003 43307 1.0 Compliance Officer Ex. Sec. & Admin. Assist. 13-1041-2 43-6011-2 16 Walker 0440 16 Morgan 0004 Senior Clerk Reg. Spec. I 003 26211 1.0 003 26187 1.0 Compliance Officer Office Clerk 13-1041-1 43-9061-2

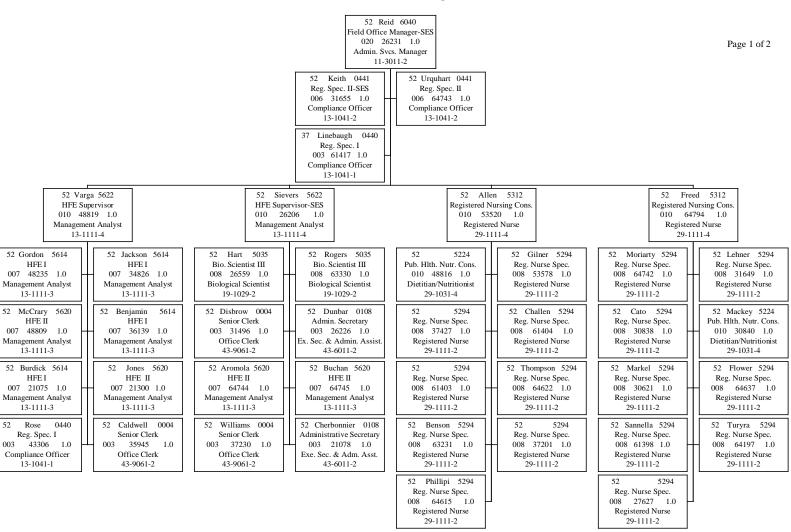
16 Edstrom 5312 Reg. Nursing Cons. 010 26207 1.0 Registered Nurse 29-1111-4 16 Woods 5622 HFE Supervisor 010 48821 1.0 Management Analyst 13-1111-4 16 Havird 5622 HFE Supervisor 010 64196 1.0 Management Analyst 13-1111-4

29-1	111-4	15-1	111-4	13-1111-4		
16 5294 Reg. Nurse Spec. 008 26172 1.0 Registered Nurse 29-1111-2	16 Haas 5294 Reg. Nurse Spec. 008 64159 1.0 Registered Nurse 29-1111-2	16 Pearce 5620 HFE II 007 34825 1.0 Management Analyst 13-1111-3	16 Bruer 5614 HFE I 007 39472 1.0 Management Analyst 13-1111-3	16 Folsom 5035 Bio. Scientist III 008 63328 1.0 Biological Scientist 19-1029-2	16 Strong 5620 HFE II 007 48812 1.0 Management Analyst 13-1111-3	
Pub. Hlth. Nutr. Cons. 010 37433 1.0 Dietitian/Nutritionist 29-1031-4	16 Ragosta 5294 Reg. Nurse Spec. 008 64741 1.0 Registered Nurse 29-1111-2	16 Fox 5620 HFE II 007 26224 1.0 Management Analyst 13-1111-3	16 Agostinelli 5614 HFE I 007 48234 1.0 Management Analyst 13-1111-3	16 Nagles 5294 Reg. Nurse Spec. 008 34821 1.0 Registered Nurse 29-1111-2	16 Linardi 8804 Fire Prot. Spec. 007 31653 1.0 Compliance Officer 13-1041-3	
16 Lynch 5294 Reg. Nurse Spec. 008 26223 1.0 Registered Nurse 29-1111-2	16 McKoy 5294 Reg. Nurse Spec. 008 24099 1.0 Registered Nurse 29-1111-2	16 Lyons 5620 HFE II 007 30707 1.0 Management Analyst 13-1111-3	16 Walker 5294 Reg. Nurse Spec. 008 64614 1.0 Registered Nurse 29-1111-2	16 Reed 5224 Pub. Hlth. Nutr. Cons. 010 48817 1.0 Dietitian/Nutritionist 29-1031-4	16 Quarry 5294 Reg. Nurse Spec. 008 48722 1.0 Registered Nurse 29-1111-2	
16 5294 Reg. Nurse Spec. 008 43291 1.0 Registered Nurse 29-1111-2	16 Daubert 5294 Reg. Nurse Spec. 008 64612 1.0 Registered Nurse 29-1111-2  16 Fisher 5294 Reg. Nurse Spec. 008 40043 1.0 Registered Nurse 29-1111-2		16 5294 Reg. Nurse Spec. 008 58474 1.0 Registered Nurse 29-1111-2	16 Herrin 5294 Reg. Nurse Spec. 008 30836 1.0 Registered Nurse 29-1111-2	16 Dyer-Kramer 5294 Reg. Nurse Spec. 008 64606 1.0 Registered Nurse 29-1111-2	
16 Zigmund 5294 Reg. Nurse Spec. 008 30623 1.0 Registered Nurse 29-1111-2		16 Wiseman 5294 Reg. Nurse Spec. 008 61393 1.0 Registered Nurse 29-1111-2		16 Bragg 5294 Reg. Nurse Spec. 008 63229 1.0 Registered Nurse 29-1111-2		

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

FTEs: 35 Positions: 35

Health Quality Assurance Area 5 - St. Petersburg



C-4-6

Org Level: 68 30 30 05 00

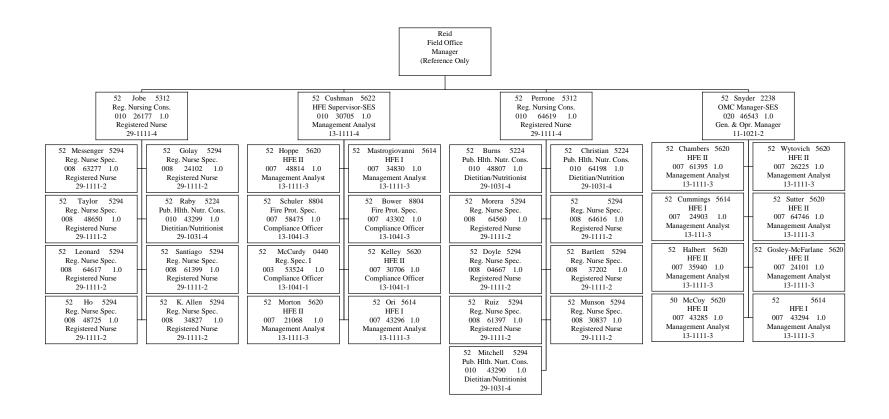
Revised Date: July 1, 2009

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

Page 2 of 2



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

Health Quality Assurance
Area 7 - Orlando

48 King 6040 Field Office Manager 020 26195 1.0 Adm. Serv. Manager 11-3011-2 48 Reardon 0440 Reg. Spec. I 003 26193 1.0 Compliance Officer 13-1041-1 48 Fusselman 5312 48 DeCanio 5312 48 Spivey 5622 Reg. Nursing Cons. HFE Supervisor Reg. Nursing Cons. 010 37435 1.0 010 48636 1.0 010 26233 1.0 Registered Nurse Registered Nurse Management Analyst 29-1111-4 13-1111-4 29-1111-4 48 Fortin 5294 48 Monteith 5294 48 Mitchell 5294 48 Lane 5294 48 Baez 5620 48 Metcalfe 5614 48 Henry 5620 48 Gray 8804 48 Williams 5294 Reg. Nurse Spec. Reg. Nurse Spec. Reg. Nurse Spec. Reg. Nurse Spec. HFE II HFE I HEE II Fire Prot. Spec. Reg. Nurse Spec. 008 24100 1.0 008 26182 1.0 008 26185 1.0 008 64389 1.0 007 20678 1.0 007 33415 1.0 007 30708 1.0 007 31651 1.0 008 30622 1.0 Registered Nurse Registered Nurse Registered Nurse Registered Nurse Management Analyst Compliance Officer Registered Nurse Management Analyst Management Analyst 29-1111-2 29-1111-2 29-1111-2 29-1111-2 13-1111-3 13-1111-3 13-1111-3 13-1041-3 29-1111-2 48 Kemp 5294 48 Seltzer 5224 48 Foronda 5224 48 Fisher 5035 48 Pellot 5294 48 Woodson 5294 48 Merifield 5294 5294 5294 Reg. Nurse Spec. Pub. Hlth. Nutr. Cons. Pub. Hlth. Nutr. Cons. Bio. Scientist III Reg. Nurse Spec. 008 64624 1.0 010 26222 1.0 010 26217 1.0 26558 1.0 008 43293 1.0 008 48236 1.0 008 48651 1.0 008 48723 1.0 008 64414 1.0 Biological Scientist Registered Nurse Registered Nurse Dietitian/Nutritionist Dietitian/Nutritionist Registered Nurse Registered Nurse Registered Nurse Registered Nurse 29-1111-2 29-1111-2 29-1031-4 29-1031-4 19-1029-2 29-1111-2 29-1111-2 29-1111-2 29-1111-2 48 Delgado 0004 48 Hardy 5614 48 Campbell 0108 48 Shaw 5620 48 Monroe 5294 48 Changcoco 5294 48 Cockayne 5294 48 Johnson 5294 48 Phillips 5294 Senior Clerk HFE I Admin. Secretary HFE II Reg. Nurse Spec. 003 48719 1.0 007 19662 1.0 003 43305 1.0 007 63622 1.0 008 34829 1.0 008 64620 1.0 008 64623 1.0 008 64747 1.0 008 64748 1.0 Office Clerk Ex. Sec. & Admin. Assist. Management Analyst Registered Nurse Registered Nurse Registered Nurse Management Analyst Registered Nurse Registered Nurse 43-9061-2 13-1111-3 43-6011-2 13-1111-3 29-1111-2 29-1111-2 29-1111-2 29-1111-2 29-1111-2 48 Cavanaugh 5294 48 Dillehay 5294 White 5294 48 Bulger 5620 Reg. Nurse Spec. Reg. Nurse Spec. Reg. Nurse Spec. HFE II 008 64632 1.0 008 64638 1.0 008 64624 1.0 007 39450 1.0 Registered Nurse Registered Nurse Registered Nurse Management Analyst 13-1111-3 29-1111-2 29-1111-2 29-1111-2 48 Erkens 0004 Senior Clerk 003 53526 1.0 Office Clerk 43-9061-2

#### 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	Reg. Nur 010 64 Register	ik 5312 sing Cons. 639 1.0 ed Nurse 111-4	HFE St 010 48 Managem	son 5622 apervisor 813 1.0 ent Analyst 111-4	36 Fish Reg. Nurs 010 64 Register 29-1	sing Cons. 650 1.0 ed Nurse
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		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

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

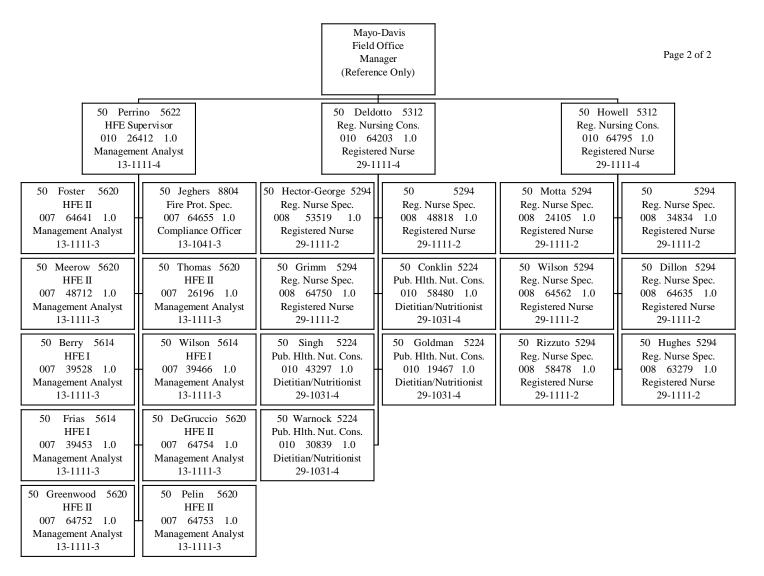
Org. Level: 68 30 30 09 000 Revised Date: July 1, 2009 FTEs: 64 Positions: 64

50 Mayo-Davis 6040 Field Office Manager Page 1 of 2 020 53579 1.0 Adm. Serv. Manager 11-3011-2 50 Fuentes 0108 50 Taylor 0441 Reg. Spec. II Admin. Secretary 003 31657 1.0 006 26188 1.0 Ex. Sec. & Admin. Assist. Compliance Officer 43-6011-2 13-1041-2 50 Clancy-Boyles 5622 50 Salerni 5312 50 Bartley 5622 50 Lefkowitz 5312 50 Fann 0441 Reg. Nursing Cons. HFE Supervisor Reg. Nursing Cons. HFE Supervisor Reg. Spec. II 010 40042 1.0 010 64621 1.0 010 63278 1.0 010 64202 1.0 006 64751 1.0 Management Analyst Registered Nurse Management Analyst Registered Nurse Compliance Officer 13-1111-4 13-1111-4 29-1111-4 29-1111-4 13-1041-2 50 Falk 5294 50 Kaufman 5620 50 Thurman-Smith 5614 5294 50 O'Brocki 0004 50 Battaglia 5294 5294 HFE II HFE I Reg. Nurse Spec. Reg. Nurse Spec. Senior Clerk Reg. Nurse Spec. Reg. Nurse Spec. 007 43286 1.0 007 61411 1.0 008 24103 1.0 008 58479 1.0 003 43304 1.0 008 63235 1.0 008 43292 1.0 Management Analyst Management Analyst Registered Nurse Registered Nurse Office Clerk Registered Nurse Registered Nurse 13-1111-3 13-1111-3 29-1111-2 29-1111-2 43-9061-2 29-1111-2 29-1111-2 Stanton 5620 50 McKee 5620 50 Allen 5294 50 Schreier 5294 50 Largent 0440 50 Schweitzer 5294 50 Strauss 8804 HFE II HFE II Reg. Nurse Spec. Reg. Nurse Spec. Reg. Spec. I Reg. Nurse Spec. Fire Prot. Spec. 007 64385 1.0 007 63539 1.0 008 26208 1.0 008 48649 1.0 003 26460 1.0 008 64384 1.0 007 58482 1.0 Management Analyst Management Analyst Registered Nurse Registered Nurse Compliance Officer Registered Nurse Compliance Officer 13-1111-3 13-1111-3 29-1111-2 29-1111-2 13-1041-1 29-1111-2 13-1041-3 50 Wedges 5614 50 Sanders 5614 50 Dixon-Brown 5294 50 Seider 0004 50 Burns 5294 5294 HFE I HFE I Reg. Nurse Spec. Reg. Nurse Spec. Senior Clerk Reg. Nurse Spec. Reg. Nurse Spec. 007 39524 1.0 007 34835 1.0 008 37312 1.0 003 48239 1.0 008 48711 1.0 008 63234 1.0 008 64618 1.0 Registered Nurse Registered Nurse Office Clerk Registered Nurse Registered Nurse Management Analyst Management Analyst 13-1111-3 13-1111-3 29-1111-2 29-1111-2 43-9061-2 29-1111-2 29-1111-2 50 Townsend 5294 50 MacPherson 5294 50 Leonard 0004 50 Shapiro 5614 50 Campbell 5294 Reg. Nurse Spec. Reg. Nurse Spec. Senior Clerk HFE I Reg. Nurse Spec. 008 61412 1.0 008 26180 1.0 64383 1.0 007 61410 1.0 008 40044 1.0 Registered Nurse Registered Nurse Office Clerk Management Analyst Registered Nurse 29-1111-2 29-1111-2 13-1111-3 29-1111-2 43-9061-2 50 Corregan 5614 50 Purje 5294 50 Walker 0440 Reg. Nurse Spec. Reg. Spec. I HFE I 007 21641 1.0 008 64563 1.0 003 64565 1.0 Management Analyst Registered Nurse Compliance Officer 13-1111-3 29-1111-2 13-1041-1 50 Derastel 0440 Reg. Spec. I

003 26186 1.0 Compliance Officer 13-1041-1

## Health Quality Assurance Area 9 - West Palm Beach

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



#### 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

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

			Re 006 53: Comp	ayneri/ 0441 g. Spec. II 523(shared) 1.0 liance Officer 3-1041-2	13 Chill Reg. Nurs 010 61 Register 29-1	413 1.0 ed Nurse					
Opers. & M 007 63 Managem	vera 2234 Igmt. Cons. I 312 1.0 ent Analyst 111-4	13 Castillejo 5622 HFE Sup. 010 64764 1.0 Management Analyst 13-1111-4	13 Lubin 5622 HFE Sup. 010 43284 1.0 Management Analyst 13-1111-4		HFE 010 63 Mgmt.	275 1.0		13 Archibald 5622 HFE Sup. 010 26194 1.0 Mgmt. Analyst 13-111-4		Reg. Nurs 010 64	796 1.0 ed Nurse
13 Yong 0441 Reg. Spec. II 006 64396 1.0 Compliance Officer 13-1041-2	13 Jimenez 0440 Reg. Spec. I 003 64204 1.0 Compliance Officer 13-1041-1	13 Williams 5035 HFE II 007 64758 1.0 Management Analyst 13-1111-3	13 Ody 5620 HFE II 007 37437 1.0 Management Analyst 13-1111-3		EII	13 Calix HF 007 64 Manageme 13-1	E II 756 1.0	13 Schultz 5312 Reg. Nursing Cons. 010 64199 1.0 Registered Nurse 29-1111-4	13 Viann Reg. Nurs 008 614 Registered 29-111	e Spec. 14 1.0 1 Nurse	13 Perez 5294 Reg. Nurse Spec. 008 64394 1.0 Registered Nurse 29-1111-2
13 Blanco 0441 Reg. Spec. II 006 64755 1.0 Compliance Officer 13-1041-2	13 Goyes 0004 Senior Clerk 003 48241 1.0 Office Clerk 43-9061-2	13 Cajina 5035 HFE II 007 64759 1.0 Management Analyst 13-1111-3	13 Filius 5620 HFE II 007 64324 1.0 Management Analyst 13-1111-3	Manageme	E II 757 1.0	HF 007 64 Manageme	763 1.0	13 5294 Reg. Nurse Spec. 008 64607 1.0 Registered Nurse 29-1111-2	13 Orland Reg. Nurs 008 487 Registered 29-11	e Spec. 24 1.0 1 Nurse	13 Cowart 5294 Reg. Nurse Spec. 008 64561 1.0 Registered Nurse 29-1111-2
13 Yanes 0004 Senior Clerk 003 64653 1.0 Office Clerk 43-9061-2	13 Alvarez 0004 Senior Clerk 003 64386 1.0 Office Clerk 43-9061-2	13 Rivera 5035 HFE II 007 64760 1.0 Management Analyst 13-1111-3	13 Wilson 5294 Reg. Nurse Spec. 008 61415 1.0 Registered Nurse 29-1111-2	HF 007 64	564 1.0 ent Analyst	13 Sarr HF 007 43 Manageme 13-1	289 1.0 ent Analyst	13 Williams-Josephs 529 Reg. Nurse Spec. 008 64631 1.0 Registered Nurse 29-1111-2	13 Roal Reg. Nurs 008 535' Registered 29-111	e Spec. 76 1.0 1 Nurse	13 Toledano 5620 Reg. Nurse Spec. 008 64399 1.0 Registered Nurse 29-1111-2
13 Oroz 0108 Admin. Secretary 003 33762 1.0 Ex. Sec. & Admin. Assist. 43-6011-2		13 Dedans 5035 HFE II 007 64762 1.0 Management Analyst 13-1111-3	13 Ramirez 5294 Reg. Nurse Spec. 008 63317 1.0 Registered Nurse 29-1111-2	Reg. Nur 008 48 Register	ningo 5294 rse Spec. 726 1.0 ed Nurse 111-2						
		13 Weinstein 5035 Bio. Scientist III 008 26420 1.0 Biological Scientist 19-1029-2	13 Valme 5294 Reg. Nurse Spec. 008 26234 1.0 Registered Nurse 29-1111-2								
		13 Smutny 5035 Bio. Scientist III 008 64613 1.0 Biological Scientist 19-1029-2	13 Valcourt 5294 Reg. Nurse Spec. 008 61416 1.0 Registered Nurse 29-1111-2								

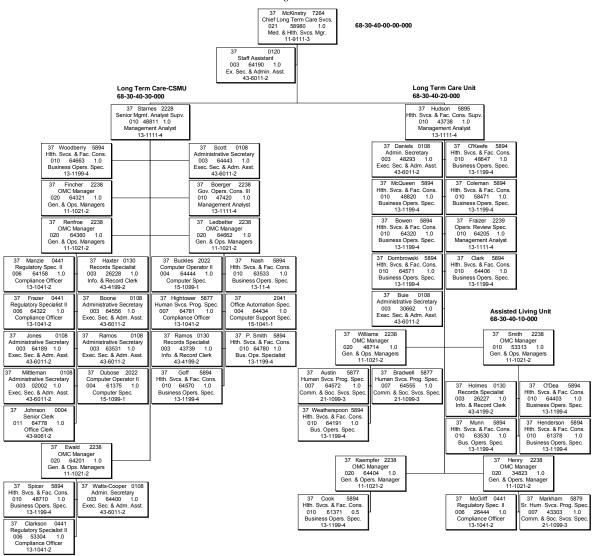
### AGENCY FOR HEALTH CARE ADMINISTRATION Health Quality Assurance - Managed Health Care

37 Warring 9074 Chief Managed Hlth. Care 68-30-50-00-00-000 021 53308 1.0 Med. & Hlth. Svcs. Mgr 11-9111-3 2250 37 Greenberg 5916 Data Analysis Unit AHC Adminstrator Program Administrator 68-30-50-10-000 020 64573 1.0 020 64416 1.0 Med. & Hlth. Svcs. Mgr Comm. & Soc. Svcs. Mgr. 11-9111-2 11-9151-2 37 Hudson 5875 37 Med./Hith. Care Prog. Anal. Administrative Secretary 010 45556 1.0 003 64221 1.0 Management Analyst Exec. Sec. & Adm. Asst. 13-1111-4 43-6011-2 37 Augsburger 0108 Administrative Secretary Contract Management & Statewide Provider & Subscriber 003 11520 1.0 **Medicaid Program Compliance** Network Services Unit Legislation Assistance Program (SPSAP) Exec. Sec. & Adm. Asst. 68-30-50-40-000 68-30-50-30-000 68-30-50-80-000 68-30-50-90-000 43-6011-2 37 Brattain 2250 Barr-Platt 2250 37 Rumph 2250 **AHC Adminstrator AHC Adminstrator AHC Administrator** AHC Adminstrator 020 61379 1.0 020 64214 1.0 020 64212 1.0 020 64419 1.0 Med. & Hith. Svcs. Mgr. Med. & Hlth. Svcs. Mgr. Med. & Hith. Svcs. Mgr. Med. & Hlth. Svcs. Mgr. 11-9111-2 11-9111-2 11-9111-2 11-9111-2 37 Boatwright 2234 37 Patterson 2234 37 Hampton 5875 4009 37 LoCastro 5312 37 Alexander 5875 37 Lyon Gov't. Opers. Cons. I Med./Hith. Care Prog. Anal Sr. Cons. Comp. Analyst Reg. Nursing Cons. Gov't Opers. Cons. I ed./Hith. Care Prog. Anal. ed./Hith. Care Prog. Ana 007 46547 1.0 010 64411 1.0 006 64450 1.0 010 64215 1.0 007 64410 1.0 010 21778 1.0 010 64225 1.0 Management Analyst Management Analyst **Compliance Officer** Registered Nurse Management Analyst Management Analyst Management Analyst 13-1111-3 13-1111-4 13-1041-2 29-1111-4 13-1111-3 13-1111-4 13-1111-4 37 Miller 5875 37 Singleton 5875 06 Armand 5294 37 Baker 2234 37 Hernandez 5875 37 Starn 5875 5916 Med./Hith. Care Prog. Anal. Med./Hith. Care Prog. Anal led./Hith. Care Prog. Anal. Program Administrator Reg. Nurse Spec. Gov't Opers, Cons, I ed./Hith. Care Prog. Anal. 40631 1.0 010 64423 1.0 010 61956 1.0 010 64412 1.0 64418 1.0 010 24120 1.0 61958 1.0 010 020 Management Analyst 13-1111-4 Management Analyst Registered Nurse Management Analyst 13-1111-3 Management Analyst 13-1111-4 Management Analyst Comm. & Soc. Svcs. Mgr. 13-1111-4 13-1111-4 13-1111-4 29-1111-2 37 Washingon 5875 37 Calhoun 5312 37 Martin 5875 37 Fonseca 5875 37 Mesler 5875 37 Sandvoss 5875 37 Wilson 5312 Med./Hith. Care Prog. Anal 010 58470 1.0 d./Hith. Care Prog. Anal Registered Nursing Cons. ed./Hith. Care Prog. Anal led./Hith. Care Prog. Ana ed./Hith. Care Prog. Anal Registered Nurse Cons. 010 64222 1.0 010 64448 1.0 010 48473 1.0 010 64219 1.0 010 61383 1.0 010 64446 1.0 Management Analyst Registered Nurse Management Analyst Management Analyst Management Analyst Management Analyst Registered Nurse 13-1111-4 13-1111-4 13-1111-4 13-1111-4 13-1111-4 13-1111-4 29-1111-4 37 Jacobson 5875 37 Austin 5875 37 Greenwood 5916 37 Tull 2234 Med./Hith.Care Prog. Anal Gov't Opers. Cons. I 007 64649 1.0 Med./Hith.Care Prog. Anal Program Administrator 020 24300 1.0 64206 010 64447 Management Analyst Management Analyst Management Analyst Comm. & Soc. Svcs. Mgr. 13-1111-4 13-1111-4 13-1111-3 11-9151-2 37 Eddy 5875 37 Breedlove 5875 37 Spears 5875 Med./Hith.Care Prog. Anal Med./Hith.Care Prog. Anal. led./Hith. Care Prog. Anal. 010 64449 010 64317 1.0 010 64417 1.0 Management Analyst Management Analyst Management Analyst 13-1111-4 13-1111-4 13-1111-4 37 Bailey 2236 29 Perry-Ingram 5875 Gov't Opers. Cons. II Med./Hith. Care Prog. Anal 010 64226 1.0 010 64140 1.0 Management Analyst Management Analyst 29-1111-2 13-1111-4 37 Zanders 5875 Med./Hith. Care Prog. Anal 010 61388 1.0 Management Analyst 13-1111-4

Revised Date: July 1, 2009

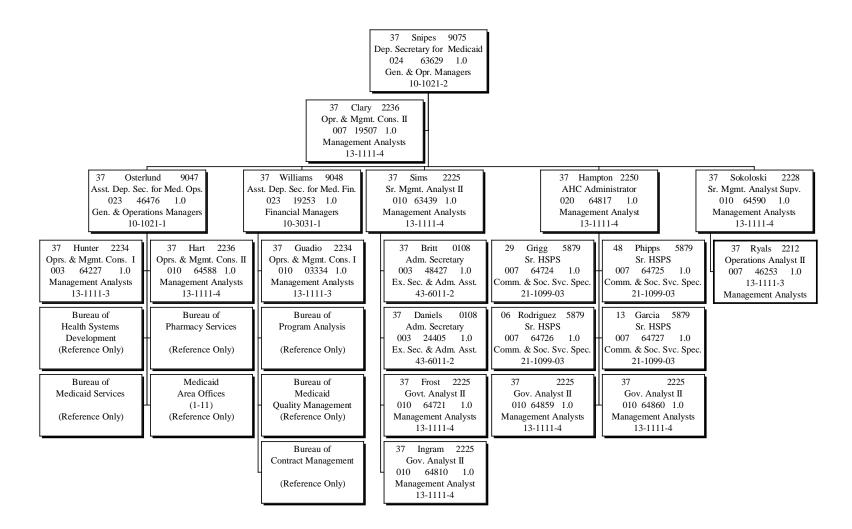
FTEs: 41 Positions: 41

Health Quality Assurance Bureau of Long Term Care Services Revised Date: July 1, 2009 FTEs: 52.5 Positions: 53



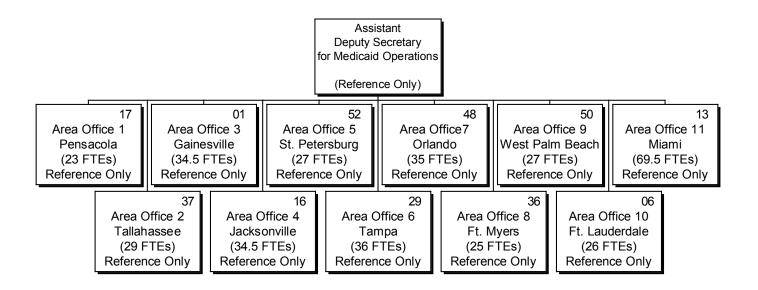
## AGENCY FOR HEALTH CARE ADMINISTRATION Division of Medicaid - Deputy Secretary's Office

Org. Level: 68500000000 Revised Date: July 1, 2009 FTEs: 21 Positions: 21



# AGENCY FOR HEALTH CARE ADMINISTRATION MEDICAID AREA OFFICES

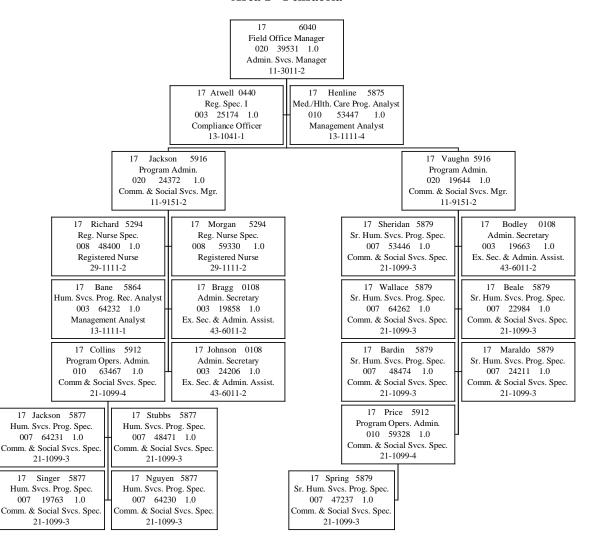
Org. Level: 68 50 10 00 000 Revised Date: July 1, 2009 FTEs: 366.5 Positions: 371



# AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid

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

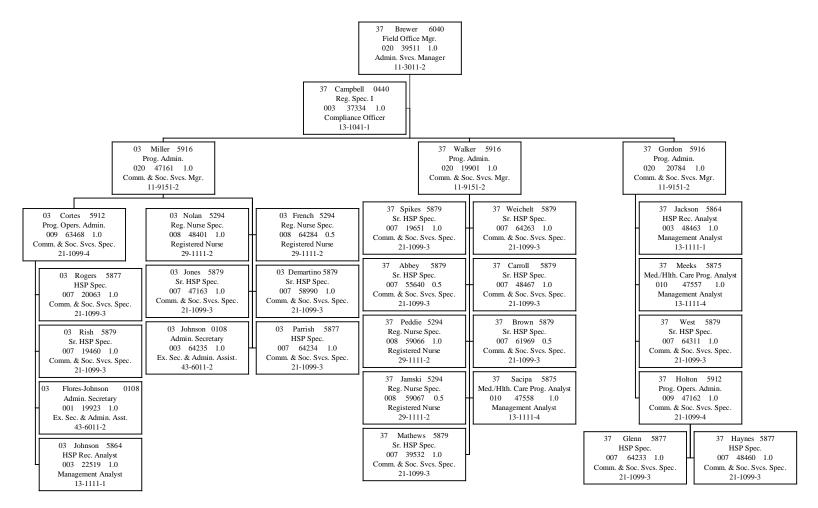
#### Area 1 - Pensacola



# 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



## Area 3 - Gainesville

01 Schlott 6040 Field Office Mgr. 020 39525 1.0 Admin. Svcs. Mgr. 11-3011-2 01 Rodgers 0440 01 Martinez 5875 Med./Hlth. Care Prog. Analyst Reg. Spec. 003 20091 1.0 010 22939 1.0 Complince Officer Management Analyst 13-1041-1 13-1111-4 42 Ellis 5916 01 Reshard 5916 01 Bradley 5916 Program Admin. Program Admin. Program Admin. 020 20090 1.0 020 47174 1.0 020 59292 1.0 Comm. & Soc. Svcs. Mgr. Comm. & Soc. Svcs. Mgr. Comm. & Soc. Scs. Mrg. 11-9151-2 11-9151-2 11-9151-2 01 Rhoads 5879 01 Hager 5875 01 Young 5294 01 Loveall 5294 42 Hattaway 5875 42 Crum 5879 42 Pohleven 5912 Sr. HSP Spec. Med./Hlth. Care Prog. Analyst Reg. Nurse Spec. Reg. Nurse Spec. Med./Hlth. Care Prog. Analyst Sr. HSP Spec. Prog. Op. Admin. 007 53471 1.0 010 21271 1.0 008 48402 1.0 008 59293 0.5 010 48441 1.0 007 53472 1.0 009 64237 1.0 Comm. & Soc. Svcs. Spec. Management Analyst Registered Nurse Registered Nurse Management Analyst Comm. & Soc. Svcs. Spec Comm. & Soc. Svcs. Spec. 13-1111-4 29-111-2 29-1111-2 21-1099-3 13-1111-4 21-1099-3 21-1099-4 01 McKay 5879 01 Fleming 0108 01 Bertholf 5879 01 Robinson 0108 42 Washburn 0108 42 Warner 5879 42 Mitchell 5877 Sr. SHP Spec. Admin. Secretary Sr. HSP Spec. Admin. Secretary Admin. Secretary Sr. HSP Spec. HSP Spec. 007 47560 1.0 003 48448 1.0 007 64264 1.0 003 59291 1.0 003 20178 1.0 007 48440 1.0 Comm. & Soc. Svcs. Spec. Ex. Sec. & Admin, Assist. 007 47559 1.0 Ex. Sec. & Admin, Assist. Comm. & Soc. Svcs. Spec. Comm. & Soc. Svcs. Spec. Ex. Sec. & Admin. Assist. Comm. & Soc. Svcs. Spec. 21-1099-3 43-6011-2 21-1099-3 43-6011-2 43-6011-2 21-1099-3 21-1099-3 01 Manley 5879 01 Meszlenyi 5879 01 Atkins 5879 01 Smith 5912 42 Jacobs 5879 42 Mahone 5879 Sr. SHP Spec. Sr. HSP Spec. 42 Byrd 5864 Sr. SHP Spec. Prog. Op. Admin. Sr. HSP Spec. Sr. HSP Spec. 007 48520 1.0 007 47286 1.0 HSP Rec. Analyst 007 48528 1.0 009 63469 1.0 007 48425 1.0 007 48533 1.0 003 20247 1.0 Comm. & Soc. Svcs. Spec. Comm. & Soc. Svcs. Spec. Comm. & Soc. Svcs. Spec Comm. & Soc. Svcs. Spec. Comm. & Soc. Svcs. Spec. Comm. & Soc. Svcs. Spec. 21-1099-3 21-1099-3 Management Analyst 21-1099-3 21-1099-4 21-1099-3 21-1099-3 13-1111-1 01 Weiser 5879 01 Lampkin 5868 42 Iacobucci 0108 42 Dohn 5294 42 Nelson 5877 Sr. HSP Spec. Human Svcs. Analyst Admin. Secretary Reg. Nurse Spec. HSP Spec. 007 64236 1.0 005 48445 1.0 003 48407 1.0 008 59294 1.0 007 47281 1.0 Comm. & Soc. Svcs. Spec. Comm. & Soc. Svcs. Spec. Ex. Sec. & Admin. Assist. Registered Nurse Comm. & Soc. Svcs. Spec 21-1099-3 21-1099-2 43-6011-2 29-1111-2 21-1099-3 01 Morgan 5864 01 Corley 5877 42 Robb 5879 HSP Rec. Analyst HSP Spec. Sr. HSP Spec. 003 64238 1.0 007 25505 1.0 007 48447 1.0 Management Analyst Comm. & Soc. Svcs. Spec Comm. & Soc. Svcs. Spec

21-1099-3

13-1111-1

Org. Level: 68 50 10 03 000

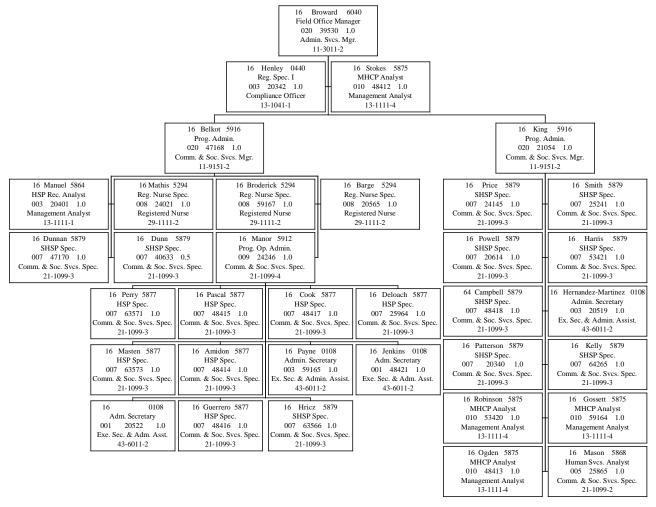
Revised Date: July 1, 2009 FTEs: 34.5 Positions: 35

21-1099-3

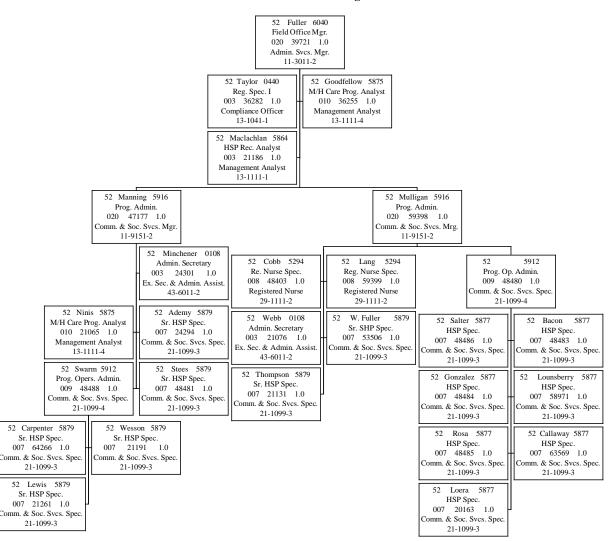
# AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid

#### Area 4 - Jacksonville

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



#### Area 5 - St. Petersburg



Sr. HSP Spec.

21-1099-3

Sr. HSP Spec.

21-1099-3

Org. Level: 68 50 10 05 000

Revised Date: July 1, 2009

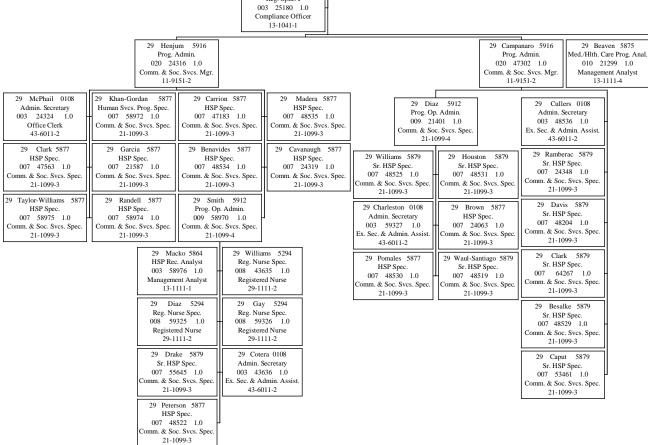
FTEs: 27 Positions: 27

#### 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

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

29 Havens 0440 Reg. Spec. I 003 25180 1.0 13-1041-1



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

### Area 7 - Orlando

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

48 Ayala 0440 Reg. Spec. I 003 63584 1.0 Compliance Officer 13-1041-1

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

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

21-1099-3

Comm. & Soc. Svcs. Spec. Comm. & Soc. Svcs. Spec.

21-1099-3

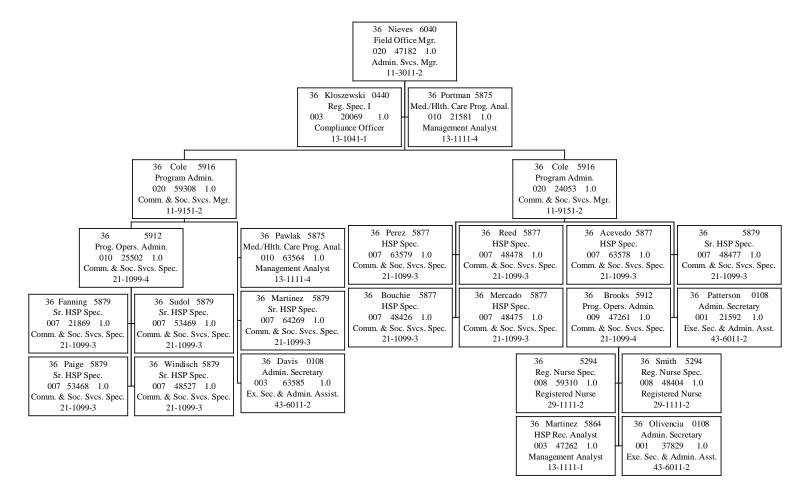
48 Matthews 5879 Sr. HSP Spec. 007 20677 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3

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

	117	151 2			11 /	131 2	3
Sr 007 Comm.	Vazquez 5879  . HSP Spec. 24858 1.0  & Soc. Svcs. Spec. 21-1099-3	48 Nowotny 5879 Sr. HSP Spec. 007 55637 1.0 Comm. & Soc. Svcs. Spe 21-1099-3	Pro 009	Lloyd 5912 g. Op. Admin. 63562 1.0 & Soc. Svcs. Spec. 21-1099-4		48 Staana 0108 Admin. Secretary 003 48454 1.0 Exe. Sec. & Adm. Asst. 43-6011-2	48 Caldwell 5877 HSP Spec. 007 58973 1.0 Comm. & Soc. Sves. Spec. 21-1099-3
Med/Hiti 010 Mana	Bretz 5875 Care Prog. Anal. 48 Wade 5879 Sr. HSP Spec. 48458 1.0 ement Analyst 3-1111-4 Comm. & Soc. Svcs. Spec 21-1099-3		48 Parramore 587 HSP Spec. 007 63574 1.0 Comm. & Soc. Sves. 21-1099-3	HSP 007 63 pec. Comm. & So	rini 5877 Spec. 3576 1.0 oc. Svcs. Spec. 099-3	48 Knott 5877 HSP Spec. 007 48487 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3	48 Sanchez 5879 Sr. HSP Spec. 007 63575 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3
Adr 003 Ex. Sec.	min. Secretary 20681 1.0		48 Tabio 5877 HSP Spec. 007 63577 1.0 Comm. & Soc. Svcs. 21-1099-3	HSP Re 003 20 Managem	pez 5864 c. Analyst 0679 1.0 eent Analyst 111-1	48 Keller 5877 HSP Spec. 007 47562 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3	48 Jackson 5294 Reg. Nurse Spec. - 008 59323 1.0 Registered Nurse 29-1111-2
Pro 009 Comm.	48 Mitchell 5912 Prog. Op. Admin. 009 48437 1.0 Comm. & Soc. Sycs. Spec. 21-1099-4		48 Febo 587' HSP Spec. 007 48556 1.0 Comm. & Soc. Svcs. 21-1099-3	HSP 007 4: pec. Comm. & So	sing 5877 Spec. 5555 1.0 oc. Svcs. Spec. 099-3	48 Thompson 5294 Reg. Nurse Spec. 008 48459 1.0 Registered Nurse 29-1111-2	48 Rouse 5294 Reg. Nurse Spec. 008 42506 1.0 Registered Nurse 29-1111-2
Sr. HSP Spec. Admir 007 64268 1.0 003 Comm. & Soc. Sves. Spec. 21-1099-3 Ex. Sec. & 43		rier 0108 Secretary 433 1.0 dmin. Assist. 011-2	48 Lopez 587 HSP Spec. 007 20609 1 Comm. & Soc. Svcs. 21-1099-3	HSF 0 007 48 Spec. Comm. & So	pey 5877 Spec. 8470 1.0 oc. Svcs. Spec. 099-3	48 Tiru 0108 Admin. Secretary 003 59324 1.0 Ex. Sec. & Admin. Assist. 43-6011-2	
Sr. HSP Spec. 007 53473 1.0	Sr. HS	P Spec. 474 1.0					

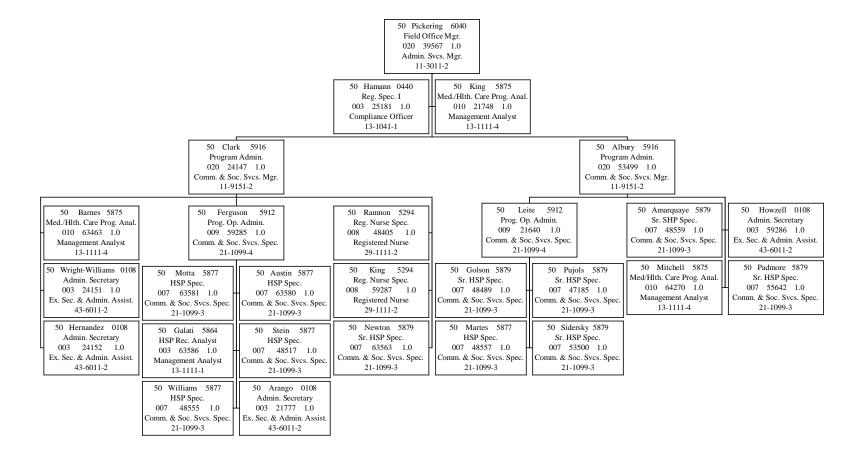
# AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid Area 8 - Ft. Myers

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

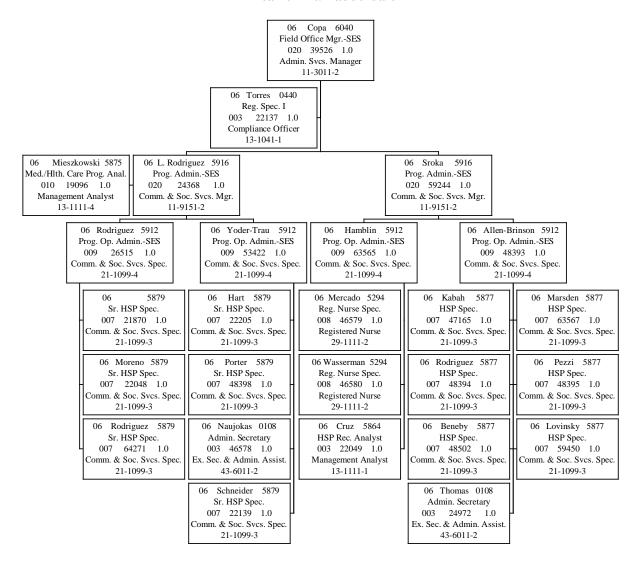
Org. Level: 68 50 10 09 000 Revised Date: July 1, 2009 FTEs: 27 Positions: 27



# 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

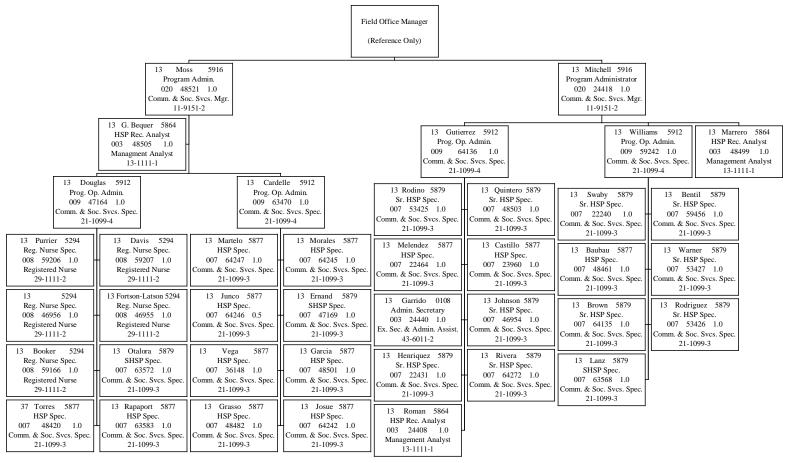
Org. Level: 68 50 10 11 000 Revised Date: July 1, 2009 FTEs: 69.5 Positions: 70

			020 39 Admin. S	y 6040 ce Manager 444 1.0 svcs. Mgr. 011-2			Page 1 of 2
		MHC Pro 010 24 Managem	ndor 5875 og. Analyst 1411 1.0 ent Analyst 111-4	Re 003 Comp	livieri 0440 gg. Spec. I 24435 1.0 liance Officer 3-1041-1		
		Op. & Mg 007 59 Managem	mt. Cons. I 2005 1.0 ent Analyst	SF 007 Comm. &	Leyva 5879 ISP Spec. 43637 1.0 Soc. Svcs. Spec. 1-1099-3		
		13 Simmons-Pickney 5916 Prog. Admin. 020 22241 1.0 Comm. & Soc. Svcs. Mgr. 11-9151-2	13 Coca HSP Rec. 003 485 Managemer 13-11	Analyst 23 1.0 nt Analyst			13 Ruiz 2234 Opers. & Mgmt. Cons. I 007 58981 1.0 Management Analyst 13-1111-3
Prog. Op 009 48 Comm. & So	guez 5912 s. Admin. 491 1.0 c. Svcs. Spec. 1099-4			13 Marc Prog. Ope 009 47 Comm. & So 21-10	s. Admin. 155 1.0 c. Svcs. Spec.	_	13 Yanez 0108 Adm. Secretary 001 36262 1.0 Exec. Sec. & Adm. Asst. 43-6011-2
13 Arango 5877 HSP Spec. 007 24407 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3	13 Bichotte 5877 HSP Spec. 007 64248 1.0 Comm. & Soc. Sves. Spec. 21-1099-3	13 Leon 5864 HSP Rec. Analyst 003 48494 1.0 Management Analyst 13-1111-1	13 Guastel HSP St 007 4850 Comm. & Soc. 21-109	pec. 00 1.0 Svcs. Spec.	13 Truax 5864 HSP Rec. Analyst 003 48497 1.0 Management Analyst 13-1111-1	13 Lezcano 5864 HSP Rec. Analyst 003 25183 1.0 Management Analyst 13-1111-1	13 Objio 0108 Admin. Secretary 003 22325 1.0 Ex. Sec. & Admin. Assist. 43-6011-2
13 Davila 5879 SHSP Spec. 007 48396 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3	13 Alvarez-Buylla 5877 HSP Spec. 007 64244 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3	13 Haupt 5868 Human Svcs. Analyst 005 64243 1.0 Comm. & Soc. Svcs. Spec. 21-1099-2	13 Gonzale HSP Rec. 2 003 5920 Managemen 13-111	Analyst 08 1.0 t Analyst	13 Pagan 5877 HSP Spec. 007 24925 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3	13 Castaneda 5877 HSP Spec. 007 61935 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3	13 Erviti 0108 Admin. Secretary 003 64240 1.0 Ex. Sec. & Admin. Assist. 43-6011-2
13 Saintphard 5877 HSP Spec. 007 64239 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3	13 Perez 5879 SHSP Spec. 007 48515 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3	13 Alphonse 5877 HSP Spec. 007 24419 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3					
13 Dazza 5877 HSP Spec. 007 48498 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3	13 Jarrett-Smathers 5879 SHSP Spec. 007 48492 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3						

# AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid AREA 11 - Miami

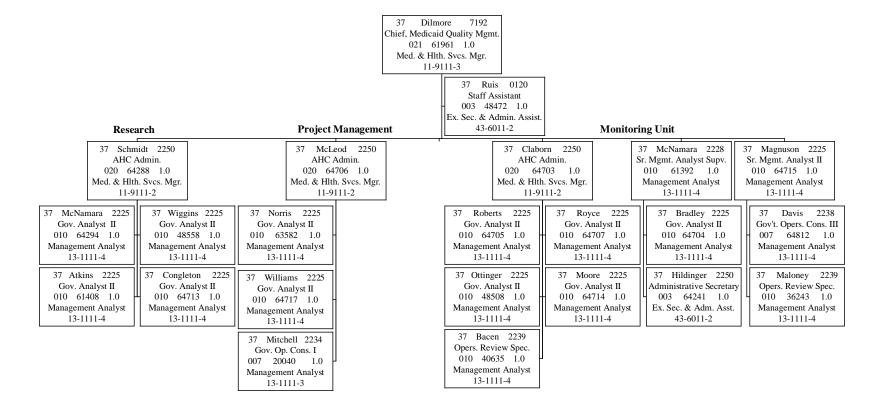
Org. Level: 68 50 10 11 000 Revised Date: July 1, 2009 FTEs: 69.5 Positions: 70

Page 2 of 2

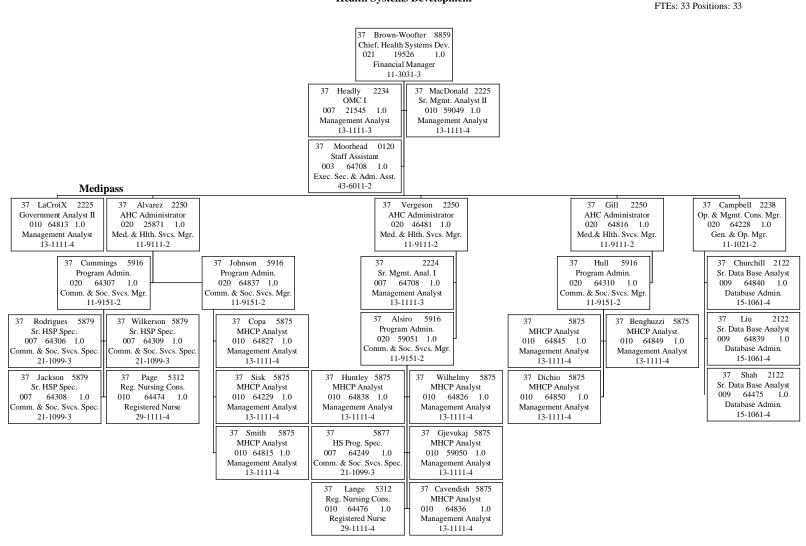


# AGENCY FOR HEALTH CARE ADMINISTRATION Division of Medicaid Medicaid Quality Management

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



#### **Health Systems Development**



Org. Level: 68 50 40 00 000

Revised Date: July 1, 2009

# AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid

## **Program Analysis**

Chief Medicaid Program Analysis (Reference Only)

37 Roberson 2127

Page 2 of 2

Org Level: 68505000000 Revised Date: July 1, 2009

FTE: 63 Positions: 63

Systems Support  37 Shi 2127  Data Base AdminSES 020 48409 1.0  Comp. & Info. Sys. Mgr.	Sr.	Focus Review  37 Chang 2228  Mgmt. Analyst SupSES 010 64151 1.0  Management Analyst		Comp. & Inf 11-30 Audit Se 37 Milte Sr. Mgmt. And 010 489	AdminSES 410 1.0 io. Sys. Mgr. )21-2 ervices on 2228 ulyst SupSES			Third Party Liability 68-50-70-00-000 37 Barrett 2250 AHC AdminSES 020 64251 1.0 Med. & Hlth. Svcs. Mgr.	_
11-3021-2  37 Ying 2122 Sr. Data Base Analyst 009 40795 1.0 Database Admin. 15-1061-4		13-1111-4  37 Swinson 2225 Sr. Mgmt. Analyst II-SES 010 64716 1.0 Management Analyst 13-1111-4	37 Sconi Admin. S 003 002 Ex. Sec. & A 43-60	iers 0108 Secretary 252 1.0 dmin. Assist.	- 008 00 Accounta	nng 1668 & Rev. Analyst 0136 1.0 ant/Auditor 2011-3	Op. &	11-9111-2 37 Suhrweir 2238 & Mgmt. Cons. MgrSES 020 00159 1.0 Gen. & Op. Mgr. 11-1021-2	_
37 Quinn 2122 Sr. Data Base Analyst 009 48411 1.0 Database Admin. 15-1061-4		37 Collins 1643 Reg. Analyst III 008 19523 1.0 Accountant/Auditor 13-2011-3	37 Megib Audit Eval. & 008 00 Accountar 13-20	Rev. Analyst 142 1.0 nt/Auditor	Audit Eval. 8 008 00 Account	erson 1668 & Rev. Analyst 0194 1.0 ant/Auditor 2011-3		37 Peacock 2239 Op. Rev. Spec. 010 64253 1.0 Management Analyst 13-1111-4	
37 Hughes 2122 Sr. Data Base Analyst 009 64256 1.0 Database Admin. 15-1061-4			52 Diacz Audit Eval. & 008 002 Accountar 13-20	Rev. Analyst 244 1.0 nt/Auditor	Audit Eval. 8 008 00 Accounts	liams 1668 & Rev. Analyst 0255 1.0 ant/Auditor 2011-3		37 Gemora 5864 HSP Rec. Analyst 003 61016 1.0 Management Analyst 13-1111-1	
37 2122 Sr. Data Base Analyst 009 64842 1.0 Database Admin. 15-1061-4			37 Audit Eval. & 008 002 Accountar 13-20	256 1.0 nt/Auditor	Audit Eval. 8 008 19 Account	man 1668 & Rev. Analyst 9591 1.0 ant/Auditor 2011-3	]	37 Roy 2239 Op. Rev. Spec. 010 64254 1.0 Management Analyst 13-1111-4	
37 Ramamani 5916 Program AdminSES 020 64841 1.0 Comm. Soc. Sycs. Specs.			37 Bosqu MHC Prog 010 195 Manageme	g. Analyst 522 1.0 ent Analyst	Med./Hlth. C 010 5 Managem	um 5875 are Prog. Anal. 9475 1.0 eent Analyst			

13-1111-4

11-9151-2

13-1111-4

#### Medicaid Revised Date: July 1, 2009 PROGRAM ANALYSIS FTEs: 63 Positions: 63 37 Hudson 8861 Chief, Medicaid Prog. Analysis 021 39495 1.0 Financial Manager Page 1 of 2 11-3031-3 37 Towels 37 Stephens 2238 Op. & Mgmt. Cons. Mgr.-SES Staff Assistant 020 55434 1.0 003 19476 1.0 Ex. Sec. & Admin. Assist. Gen. & Op. Mgr. 43-6011-2 11-1021-2 5875 SMA Analyst II-SES MHCP Analyst 010 64858 1.0 010 64862 1.0 Management Analyst Management Analyst 13-1111-4 13-1111-4 Cost Reimbursement **Fiscal Planning** 37 Wallace 2228 0108 1645 37 Behenna 1645 Reg. Analyst Supv.-SES SMA Supervisor-SES Reg. Analyst Supv.-SES Admin. Secretary 010 19502 1.0 003 19257 1.0 010 39496 1.0 010 46478 1.0 Management Analyst Ex. Sec. & Admin. Assist. Compliance Officer Compliance Officer 13-1111-4 43-6011-2 13-1041-4 13-1041-4 37 Lowe 5875 37 Perry 5879 37 Russell 2245 37 Baker 2245 37 Samuel 2245 Med./Hlth. Care Prog. Anal. Sr. HSP Spec. Medicaid CRP Admin.-SES Medicaid CRP Admin.-SES Medicaid CRP Admin.-SES 010 19530 1.0 007 47263 1.0 020 19365 1.0 020 46114 1.0 020 63524 1.0 Comm. & Soc. Svcs. Spec. Management Analyst Financial Manager Financial Manager Financial Manager 13-1111-4 21-1099-3 11-3031-2 11-3031-2 11-3031-2 37 Bracko 5875 37 Warren 1643 37 Eddy 2107 37 Pridgeon 1643 Med./Hlth. Care Prog. Anal. 37 Parker 5875 37 J. Robinson 5875 Reg. Analyst III Reg. Analyst III Sys. Proj. Analyst 010 59474 1.0 MHCP Analyst MHCP Analyst/Coord.-SEs 008 17111 1.0 008 61953 1.0 008 46113 1.0 Management Analyst 010 63526 1.0 010 64297 1.0 Accountant/Auditor Accountant/Auditor Computer Sys. Analyst 13-1111-4 Management Analyst Management Analyst 13-2011-3 13-2011-3 15-1051-3 13-1111-4 13-1111-4 37 Caudill 5875 37 Farcas 5912 37 Ponnabalam 2107 Med./Hlth. Care Prog. Anal. 37 Day 5875 37 Smallins 1643 37 Jordan 1643 Program Opers. Admin Sys. Proj. Analyst 010 59476 1.0 MHCP Analyst Reg. Analyst III Reg. Analyst III 009 64259 1.0 008 64258 1.0 Management Analyst 010 63525 1.0 008 59470 1.0 007 23840 1.0 Comm & Soc. Svc. Spec. Computer Sys. Analyst 13-1111-4 Management Analyst Comm. & Soc. Svcs. Spec Accountant/Auditor 21-1099-4 15-1051-3 13-1111-4 21-1099-3 13-2011-3 37 Stambaugh 2238 37 Flanigan 1643 37 Stone 1643 Op. & Mgmt. Cons. Mgr. 37 Mitchell 0108 Scanlon 1642 Reg. Analyst III Reg. Analyst III 020 19482 1.0 Admin, Secretary Reg. Analyst II Reg. Analyst I 008 61952 1.0 008 63171 1.0 Gen. & Op. Mgr. 11-1021-2 003 20476 1.0 006 48203 1.0 006 24095 1.0 Accountant/Auditor Accountant/Auditor Ex. Sec. & Admin. Assist Accountant/Auditor Compliance Officer 13-2011-3 13-2011-3 43-6011-2 13-2011-2 13-1041-2 37 Stambaugh 0108 37 Dickens 1643 Admin Secretary 37 Pounds 1643 Reg. Analyst III 003 19180 1.0 Reg. Analyst III Reg. Analyst II 008 61954 1.0 Ex. Sec. & Admin. Assist. 006 55433 1.0 008 59469 1.0 Accountant/Auditor 43-6011-2 Accountant/Auditor Accountant/Auditor 13-2011-3 13-2011-3 13-2011-2 37 Jensen 1641 Reg. Analyst I 006 59468 1.0

AGENCY FOR HEALTH CARE ADMINISTRATION

Org. Level: 68 50 50 00 000

Accountant/Auditor 13-2011-2

## **Medicaid Services**

37 Kidder TBA Chief, Medicaid Services Page 1 of 2 021 19298 1.0 Financial Manager 11-3031-3 37 Armstrong 2234 37 Ward 0120 Op. & Mgmt. Cons. I Staff Assistant 007 64260 1.0 003 19394 1.0 Management Analyst Ex. Sec. & Admin. Assist. 13-1111-3 43-6011-2 37 Prog. Admin. 010 64863 1.0 Management Analyst MediKids 13-1111-4 37 Bolin 2250 37 Hansen 5916 AHC Admin. Prog. Admin. 020 39484 1.0 020 64371 1.0 Med. & Hlth. Svcs. Mgr. Comm. & Soc. Svcs. Mgr. 11-9111-2 11-9151-2 37 Sarvis 0108 37 Sanchez 5875 Admin, Secretary MHCP Analyst 003 21743 1.0 010 64372 1.0 **Acute Care Services** Ex. Sec. & Admin. Assist. Medicaid State Plan Management Analyst 43-6011-2 13-1111-4 37 Mazzoccoli 5916 37 McGrath 5916 37 Wiggins 5875 Prog. Admin. Prog. Admin Prog. Admin. MHCP Analyst 020 46480 1.0 020 59463 1.0 020 59478 1.0 010 64373 1.0 Comm. & Soc. Svcs. Mgr. Comm. & Soc. Svcs. Mgr. Comm. & Soc. Svcs. Mgr. Management Analyst 11-9151-2 11-9151-2 11-9151-2 13-1111-4 37 Mino 5875 37 Boone 5312 37 Underwood 5875 37 Hudson 5312 37 Kenny 5312 37 Canfield 5312 MHCP Analyst Reg. Nursing Cons. MHCP Analyst Reg. Nursing Cons. Reg. Nursing Cons. Reg. Nursing Cons. 010 64456 1.0 010 25870 1.0 010 61450 1.0 010 19528 1.0 010 59462 1.0 010 59502 1.0 Registered Nurse Registered Nurse Registered Nurse Management Analyst Management Analyst Registered Nurse 13-1111-4 29-1111-4 13-1111-4 29-1111-4 29-1111-4 29-1111-4 37 Heiser 0108 37 Thomas 5875 37 Cerasoli 5875 37 DeMarco 5312 37 Simpson 5875 Admin. Secretary MHCP Analyst MHCP Analyst Reg. Nursing Cons. MHCP Analyst 003 56425 1.0 010 24167 1.0 010 39485 1.0 010 64255 1.0 010 59467 1.0 Ex. Sec. & Admin. Assist. Management Analyst Management Analyst Registered Nurse Management Analyst 13-1111-4 43-6011-2 13-1111-4 13-1111-4 29-1111-4 37 Core 5312 37 Kumar 5312 37 Brown-Jefferson 5875 37 37 Lucas 5312 HSP Spec. Reg. Nursing Cons. Reg. Nursing Cons. Reg. Nursing Cons. MHCP Analyst 007 46484 1.0 010 59504 1.0 010 25875 1.0 010 19531 1.0 010 19512 1.0 Comm. & Soc. Svcs. Spec. Registered Nurse Registered Nurse Registered Nurse Management Analyst 21-1099-3 29-1111-4 29-1111-4 29-1111-4 13-1111-4 37 Heller-Hutchinson 5875 37 Stephens 5875 37 Anderson 5312 37 Harper 5875 MHCP Analyst MHCP Analyst Reg. Nursing Cons. MHCP Analyst 010 59460 1.0 010 59466 1.0 010 64814 1.0 010 19470 1.0 Management Analyst 13-1111-4 Management Analyst Registered Nurse Management Analyst 13-1111-4 13-1111-4 29-1111-4 16 McCullough 5312 Kimball 0108 37 Gabric 5875 Reg. Nursing Cons. Admin. Secretary MHCP Analyst 010 64473 1.0 003 21558 1.0 010 59503 1.0 Registered Nurse Ex. Sec. & Admin. Assist. Management Analyst 29-1111-4 43-6011-2 13-1111-4

Org Level: 68 50 60 00 000

Revised Date: July 1, 2009

FTEs: 69 Positions: 69

### AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid Medicaid Services

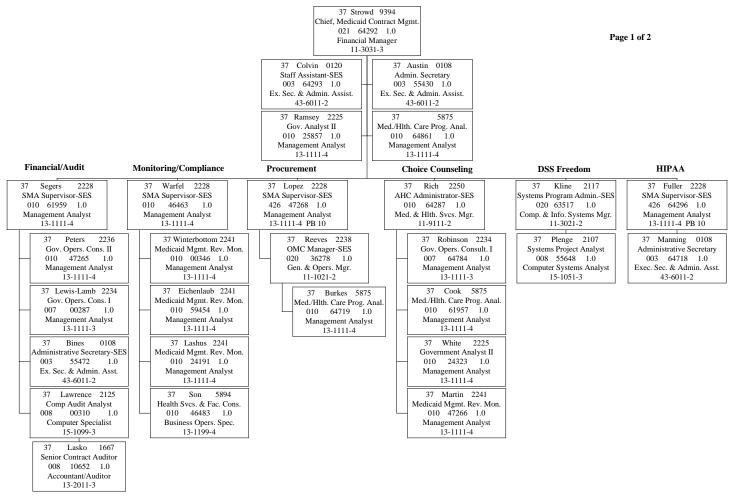
Org. Level: 68 50 60 00 000 Revised Date: July 1, 2009 FTEs: 69 Positions: 69

		ong Term & ehavioral Health Car	e	Service (Reference of Reference	Medicaid vices are Only)  I out 2250 ministrator 053 1.0 m. Svcs. Mgr. 111-2			P	age 2 of 2
			37 Arnol Sys. Proj. 008 61 Computer S 15-10	. Analyst 963 1.0 Sys. Analyst	Admin. 003 19 Ex. Sec. & A	dson 0108 Secretary 525 1.0 dmin. Assist. 011-2			1
Prog. 1 020 56 Comm. & So	Moore 5916 Admin. 423 1.0 xc. Svcs. Mgr. 151-2	Program 020 24 Comm. & So	th 5916 Admin. 162 1.0 oc. Sves. Mgr. 151-2			Program 020 39 Comm. & So	ris 5916 n Admin. 483 1.0 xc. Svcs. Mgr. 151-2	Program 020 64 Comm. & So	ows 5916 Admin. 277 1.0 cc. Svcs. Mgr. 151-2
29 Daniels 5875 MHCP Analyst 010 64285 1.0 Management Analyst 13-1111-4	37 Muhammad 2238 Govt. Ops. Cons. III 010 64286 1.0 Management Analyst 13-1111-4	37 B. Young 5875 MHCP Analyst 010 63528 1.0 Management Analyst 13-1111-4	010 22 Manageme	die 5875 Analyst 938 1.0 ent Analyst 111-4		ed Nurse	37 Anthony-Davis 5312 Reg. Nursing Cons. 010 63527 1.0 Registered Nurse 29-1111-4	37 Jones-Garrett 5875 MHCP Analyst 010 64274 1.0 Management Analyst 13-1111-4	37 Smith 5875 MHCP Analyst 010 57052 1.0 Management Analyst 13-1111-4
37 Pickle 2238 Govt. Ops. Cons. III 020 46732 1.0 Gen. & Op. Mgr. 11-1021-2	37 Miller 5875 MHCP Analyst 010 64851 1.0 Management Analyst 13-1111-4	37 Schultz 5875 MHCP Analyst 010 48205 1.0 Management Analyst 13-1111-4	MHCP 010 64 Manageme	rke 5875 Analyst 828 1.0 ent Analyst 111-4	MHCP 010 64 Manageme		37 Berg 5312 Reg. Nursing Cons. 010 19532 1.0 Registered Nurse 29-1111-4	37 Kyllonen 5875 MHCP Analyst 010 63489 1.0 Management Analyst 13-1111-4	37 Hensley 5875 MHCP Analyst 010 64592 1.0 Management Analyst 13-1111-4
13 Rawlins 5875 MHCP Analyst 010 64852 1.0 Management Analyst 13-1111-4	37 5875 MHCP Analyst 010 64853 1.0 Management Analyst 13-1111-4	37 Holcomb 5875 MHCP Analyst 010 64843 1.0 Management Analyst 13-1111-4	MHCP 010 64 Manageme	ldi 5875 Analyst 844 1.0 ent Analyst 111-4	MHCP 010 64 Manageme		37 Walker 5875 MHCP Analyst 010 64192 1.0 Management Analyst 13-1111-4	37 Hutton 0108 Admin. Secretary 003 46957 1.0 Ex. Sec. & Admin. Assist. 43-6011-2	37 Pinkston 5871 HSP Analyst 007 60627 1.0 Comm & Soc. Svcs. Spec. 21-1099-3
37 Whaley 5875 MHCP Analyst 010 59048 1.0 Management Analyst 13-1111-4	37 Sims 0108 Admin. Secretary 003 64295 1.0 Ex. Sec. & Admin. Assist. 43-6011-2	37 Rhodes 5875 MHCP Analyst 010 31740 1.0 Management Analyst 13-1111-4							

# AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid

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

### **Contract Management**

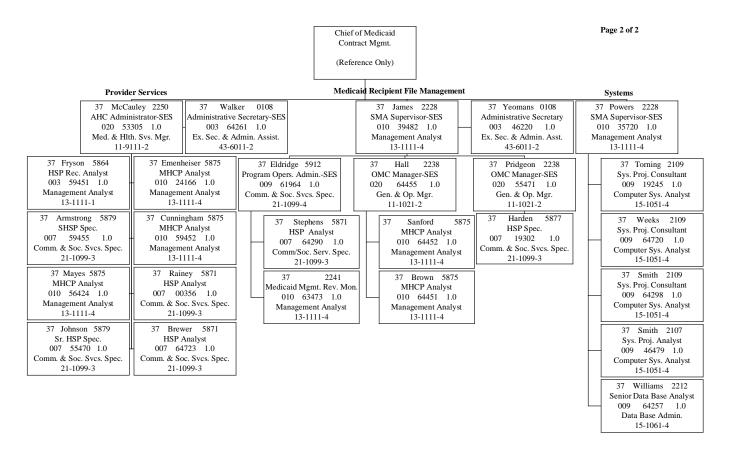


#### AGENCY FOR HEALTH CARE ADMINISTRATION

### Medicaid

#### **Contract Management**

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



E-9-2

 $\mathbf{E}$ 

# AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid

### **Pharmacy Services**

37 Wells 8951 Chief, Medicaid Pharmacy Svcs. 021 64589 1.0 Med. & Hlth. Svcs. Mgr. 11-9111-3 37 Frost-Penn 0120 Staff Assistant-SES 003 64591 1.0 Ex. Sec. & Admin. Assist. 43-6011-2 37 5254 37 37 Donnelly 2225 Pharmaceutical Prog. Mgr. Pharmaceutical Prog. Mgr. Gov. Anal. II 020 19357 1.0 020 61948 1.0 010 64846 1.0 Med. & Hlth. Svcs. Mgr. Med. & Hlth. Svcs. Mgr. Management Analyst 11-9111-2 11-9111-2 13-1111-4 37 Gibson 2225 Jones 5248 37 Elliott 5248 Coley 5248 37 Fortson 5875 Gov. Analyst II Sr. Pharmacist Sr. Pharmacist Sr. Pharmacist Med./Hlth. Care Prog. Anal. 010 61967 1.0 61946 010 61968 1.0 1.0 011 61947 1.0 61955 1.0 Management Analyst Pharmacist Pharmacist Pharmacist Management Analyst 13-1111-4 29-1051-5 29-1051-5 29-1051-5 13-1111-4 37 Alsentzer 5875 37 Freeman 5879 37 Rubin 5248 37 Hamilton 2225 Med./Hlth. Care Prog. Anal. Sr. Human Serv. Prog. Spec. Sr. Pharmacist Gov. Analyst II 010 19511 1.0 64289 011 64809 1.0 010 64811 1.0 Management Analyst Comm./Soc. Serv. Spec. Pharmacist Management Analyst 13-1111-4 21-1099-3 29-1051-5 13-1111-4 37 2225 37 McKnight 5875 37 Aldridge 2225 Wigglesworth Med./Hlth. Care Prog. Anal. Gov. Analyst II Gov. Analyst II Administrative Secretary 010 61966 1.0 010 64783 1.0 010 64722 1.0 003 64785 1.0 Management Analyst Management Analyst Management Analyst Exe. Sec. & Admin. Asst. 13-1111-4 13-1111-4 13-1111-4 43-6011-2

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

Revised Date: July 1, 2009

FTE: 19 Positions: 19

### AGENCY FOR HEALTH CARE ADMINISTRATION Revised Date: July 1, 2009 Florida Statewide Advocacy Council

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

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

37 0001 Clerk - SES 001 21738 1.0 Office Clerks, General 43-9061-1

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

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

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

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

AGENCY FOR HEALTH CARE ADMINISTRATION	FISCAL YEAR 2008-09			EIVED CADITAI	
SECTION I: BUDGET		OPERATIN	IG	FIXED CAPITAL OUTLAY	
OTAL ALL FUNDS GENERAL APPROPRIATIONS ACT ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.) INAL BUDGET FOR AGENCY			16,161,955,269 811,089,484 16,973,044,753		
SECTION II: ACTIVITIES * MEASURES	Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO	
xecutive Direction, Administrative Support and Information Technology (2)  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  Elderly And Disabled/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased	432,053 432,053	2,875.24 1,799.13	1,242,256,706 777,320,178		
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  Elderly And Disabled/Fee For Service/Medipass - Supplemental Medical Insurance * Number of case months Medicaid program services purchased	432,053 294,512	496.19 2,659.53	214,378,281 783,262,401		
Elderly And Disabled/Fee For Service/Medipass - Early Periodic Screening Diagnosis And Treatment * Number of case months Medicaid program services purchased	82,133 432,053	104.36 154.06	8,571,746 66,562,453		
Elderly And Disabled/Fee For Service/Medipass - Patient Transportation * Number of case months Medicaid program services purchased  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  Elderly And Disabled/Fee For Service/Medipass - Hospital Insurance Benefit * Number of case months Medicaid program services purchased	82,133 262,852	215.41 404.16	17,692,175 106.233.561		
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  Women And Children/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased	432,053 759,006	1,262.35 1,148.29	545,401,206 871,559,477		
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  Women And Children/Fee For Service / Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased	759,006 759,006	526.26 564.29	399,431,170 428,299,768		
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  Women And Children/Fee For Service / Medipass - Therapeutic Services For Children * Number of case months Medicaid program services purchased	759,006 759,006	163.97 69.65	124,457,130 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  Medically Needy - Hospital Inpatient * Number of case months Medicaid program services purchased	759,006 18,366	492.00 16,044.25	373,430,684 294,668,688		
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  Medically Needy - Supplemental Medicail Insurance * Number of case months Medicaid program services purchased	18,366 4,044	2,354.35 2,307.68	43,240,008 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  Medically Needy - Case Management * Number of case months Medicaid program services purchased	18,366 18,366	125.82 88.15	2,310,830 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  Medically Needy - Other * Number of case months Medicaid program services purchased	3,385 18,366	10.43 54,377.18	35,296 998,691,278		
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  Refugees - Hospital Outpalient * Number of case months Medicaid program services purchased	4,885 4,885	513.58 249.49	2,508,823 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  Refugees - Home Health Services * Number of case months Medicaid program services purchased	4,885 4,885	7.88 26.87	38,490 131,261		
Refugees - Therapeulic 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 73,348	250.15 33,920.73	1,222,002 2,488,017,780		
Nursing Home Care * Number of case months Medicaid program services purchased  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  Purchase Children's Medical Services Network Services * Number of case months	23,389 23,270	2,463.20 5,272.51	57,611,760 122,691,367		
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  Health Facility Regulation (compliance, Licensure, Complaints) - Tallahassee * Number of licensure/certification applications	1,798 26,577	995.99 543.84	1,790,786 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  Managed Health Care * Number of HMO and workers' compensation arrangement surveys	4,031 350	1,580.13 10,326.73	6,369,495 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  Subscriber Assistance Panel * Number of cases	59,845 552	14.90 1,787.21	891,698 986,541		
Health Facilities And Practitioner Regulation - Medicaid Choice Counseling * Number of new enrollees provided choice counseling	334,088	8.02	2,678,878		
OTAL	<u> </u>		16,021,545,283		
SECTION III: RECONCILIATION TO BUDGET					
ASS THROUGHS					
TRANSFER - STATE AGENCIES AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER FUEDSIONS			927,612,224		
EVERSIONS			23,887,310		
			16,973,044,817		
OTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)			10/770/011/017		

<sup>(1)</sup> 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.

Page 113 of 281

## **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.

	s, please list the estimates for revenues and budget drivers that r and list the amount projected in the long range financial outlook			
requ	est.		FY 2010-2011 Estim	nate/Request Amount
	Issue (Revenue or Budget Driver)	R/B*	Long Range Financial Outlook	Legislative Budget Request
а	Medicaid	В	\$1,608.7 million	
b				
С				
d				
е				
f				
It vo	ur agency's Legislative Budget Request does not conform to the lonates (from your Schedule I) or budget drivers, please explain the			spect to the revenue

# Administration and Support Exhibits or Schedules

BISC1L01 LAS/PBS SYSTEM ISC1L01 LAS/PBS SYSTEM SCHEDULE I BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I SP 10/15/2009 14:42 PAGE: 1 SCHEDULE I

STATE OF FLORIDA							UNDS AVAILABLE
				COL A01 ACT PR YR EXP 2008-09		COL A03 AGY REQUEST FY 2010-11	COL A04 AGY REQ N/R FY 2010-11
AGENCY/HEALTH CARE ADMIN PGM: ADMIN AND SUPPORT							
FUND: ADMINISTRATIVE TRUST	F FUND 2021						
SECTION I: DETAIL OF REVEN	REVENUE CAP SVC AUT	TH MATCHING % ST I/C LOC I/C					
47 US GRANTS - TITLE XIX 48 US GRANTS - TITLE XXI 57 PENALITIES 58 REFUNDS	000700 NO 0.0 409 000700 NO 0.0 409 001202 NO 0.0 VARIO 001800 NO 0.0 409		93.778 93.767	4,719,359 509,483 9,035 707,803	4,500,000 50,000	4,500,000 50,000	
73 TRANSFERS - HCTF(2003) 74 TRANSFERS - MCTF(2474) 75 SALES OF SERV	001500 NO 0.0 409 001500 NO 0.0 409	0.00 0.00 0.00 0.00 0.00 0.00		7,687,039 5,180,440 440,151		9,490,643 6,990,644	
81 US GRANTS - TITLE XIX 82 US GRANTS - TITLE XXI	000799 NO 0.0 409	50.00 C 0.00	93.778 93.767	2,595,581	3,000,000	3,000,000	
TOTAL TO LINE B IN SECT	TION IV				21,853,288		
SECTION II: DETAIL OF NONO	OPERATING EXPENDITURES	OBJECT TRANSFER CODE TO BE	CFDA NO.				
50 TR/GR - SWCAP 60 TR/MCTF		810000 68200000 810000 68501400		604,816 13,996,512	252,000	252,000	
TOTAL TO LINE E IN SECT	TION IV			14,601,328	252,000	252,000	========
SECTION III: ADJUSTMENTS		OBJECT CODE					
01 SEPTEMBER REVERSIONS 05 PRIOR YEAR ADJUSTMENTS 06 9-30-09 CY REVERSIONS		991000 991000 991000		6,779 17,938,737	728,010		
TOTAL TO LINE H IN SECT	TION IV				728,010	========	========

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 2 TRUST FUNDS AVAILABLE BUDGET PERIOD: 2000-2011 SCHEDULE I

STATE OF FLORIDA				TRUST F	UNDS AVAILABLE
		COL A01 ACT PR YR EXP 2008-09	COL A02 CURR YR EST EXP 2009-10	AGY REQUEST	AGY REQ N/R
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			

## SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Department: Agency for Health Care Administration Budget Period 2010-11 Budget Entity: Administration and Support (68200000) Fund: Administrative Trust Fund (2021)** (1) (2) (3) (4) FUNDING SOURCE ACTUAL **ESTIMATED REQUEST** FY2008-09 FY2009-10 FY2010-11 Receipts: Transfer in from MCTF(2474) 1,220,065 Total \* 1,220,065 0 \* Must equal total on Schedule 1, line I.

# **Children's Special Health Care**

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 4
BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

BUDGET PERIOD: 2000-2011 STATE OF FLORIDA	TRU	ST FUNDS	AVAILABLE					SCHEDULE I JNDS AVAILABLE
					ACT PR YR EXP 2008-09	EXP 2009-10	COL A03 AGY REQUEST FY 2010-11	COL A04 AGY REQ N/R FY 2010-11
AGENCY/HEALTH CARE ADMIN 6800000 PGM: HEALTH CARE SERVICES 6850000 CHILDREN SPECIAL HLTH CARE 6850010	0							
FUND: GRANTS AND DONATIONS TF 2	2339							
SECTION I: DETAIL OF REVENUES REVENUE C CODE	CAP SVC AU		CCHING %	CFDA NO.				
66 REFUNDS - FRAUD & ABUSE 001800 N 84 FAMILY PREM-HLTHY KIDS/ 000100 Y			0.00			6,530,221		
TOTAL TO LINE B IN SECTION IV						6,530,221	12,844,651	
SECTION II: DETAIL OF NONOPERATING E	EXPENDITURES	OBJECT CODE	TRANSFER TO BE	CFDA 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 ADD: REVENUES (FROM SECTION I) TOTAL FUNDS AVAILABLE (LINE A + LINE LESS: OPERATING EXPENDITURES LESS: NONOPERATING EXPENDITURES (S LESS: FIXED CAPITAL OUTLAY (TOTAL UNRESERVED FUND BALANCE - JUNE 30 - NET ADJUSTMENTS (FROM SECTION III) ADJUSTED UNRESERVED FUND BALANCE - J	SECTION II) ONLY) BEFORE ADJ	(A) (B) (C) (D) (E) (F) (G) (H) (I)			12,844,651 12,844,651 12,844,651		12,844,651	

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 5
BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

STATE OF FLORIDA	TK!	JSI FUNDS	AVAILABLE				TRUST F	UNDS AVAILABLE
					COL A01 ACT PR YR	COL A02 CURR YR EST		COL A04 AGY REQ N/R
AGENCY/HEALTH CARE ADMIN PGM: HEALTH CARE SERVICES CHILDREN SPECIAL HLTH CARE	68000000 68500000 68500100							
FUND: MEDICAL CARE TRUST F	UND 2474							
SECTION I: DETAIL OF REVEN			CCHING %					
01 INTEREST 10 DEPT. OF HEALTH 48 US GRANTS - TITLE XXI		0.00	0.00		809,766 7,269,099 269,221,070		343,508,075	
TOTAL TO LINE B IN SECT	ION IV					287,376,174	343,508,075	
SECTION II: DETAIL OF NONO	PERATING EXPENDITURES	OBJECT CODE	TRANSFER TO BE	CFDA NO.				
69 TRANSFERS - DCF 70 TRANSFER - DOH		810000 810000			165,613 26,239,435		26,500,000	
TOTAL TO LINE E IN SECT	ION IV					26,670,000 ======	26,670,000 ======	
SECTION III: ADJUSTMENTS		OBJECT CODE						
01 SEPTEMER REVERISONS 03 CURRENT YEAR ADJUSTMENT 05 9-30-09 CY REVERSIONS	S	991000 991000 991000			25,430,254 40,512,934	56,131,901		
TOTAL TO LINE H IN SECT	ION IV					56,131,901	========	========
SECTION IV: SUMMARY								
UNRESERVED FUND BALANCE - ADD: REVENUES (FROM SECT TOTAL FUNDS AVAILABLE (LIN LESS: OPERATING EXPENDIT LESS: NONOPERATING EXPEN LESS: FIXED CAPITAL OUTL UNRESERVED FUND BALANCE -	ION I) E A + LINE B) URES DITURES (SECTION II) AY (TOTAL ONLY)	(A) (B) (C) (D) (E) (F) (G)			277,299,935 277,299,935 316,838,075 26,405,048 65,943,188-	287,376,174 316,838,075 26,670,000	343,508,075 343,508,075 316,838,075 26,670,000	
NET ADJUSTMENTS (FROM SE		(H)			65,943,188	56,131,901		

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 6
BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE
STATE OF FLORIDA

SP 10/15/2009 14:42 PAGE: 6
SCHEDULE I
STATE OF FLORIDA

TRUST FUNDS AVAILABLE

------

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**

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 7 ISC1L01 LAS/PBS SYSTEM SCHEDULE I BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

STATE OF FLORIDA						UNDS AVAILABLE
			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 PGM: HEALTH CARE SERVICES EXECUTIVE DIR/SUPPORT SVCS						
FUND: GRANTS AND DONATIONS	TF 2339					
SECTION I: DETAIL OF REVEN	REVENUE CAP SVC AU	TH MATCHING % CFDA ST I/C LOC I/C NO.				
32 US GRANTS TITLE XIX 63 REFUNDS - DRUG REB-ST		50.00 C 0.00 93.778 0.00 0.00			363,849 363,850	
TOTAL TO LINE B IN SECT	ION IV			633,527	727,699 ======	
SECTION II: DETAIL OF NONC	PERATING EXPENDITURES	OBJECT TRANSFER CFDA CODE TO BE NO.				
06 STATE TRUST FUND RESERV	E	999000			15,838	
TOTAL TO LINE E IN SECT	ION IV		========		15,838 ======	
SECTION III: ADJUSTMENTS		OBJECT CODE				
11 9-30-09 CY REVERSIONS		991000		78,334		
TOTAL TO LINE H IN SECT	ION IV		=======	78,334 =======		
SECTION IV: SUMMARY						
UNRESERVED FUND BALANCE - ADD: REVENUES (FROM SECT TOTAL FUNDS AVAILABLE (LIN LESS: OPERATING EXPENDIT LESS: NONOPERATING EXPEN LESS: FIXED CAPITAL OUTL UNRESERVED FUND BALANCE - NET ADJUSTMENTS (FROM SE ADJUSTED UNRESERVED FUND E	ION I) E A + LINE B) URES DITURES (SECTION II) AY (TOTAL ONLY) JUNE 30 - BEFORE ADJ CTION III)	(A) (B) (C) (D) (E) (F) (G) (H) (I)	566,438 566,438 566,438	633,527 633,527 711,861 78,334- 78,334	15,838	

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 8 ISC1L01 LAS/PBS SYSTEM SCHEDULE I BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

STATE OF FLORIDA		OSI FUNDS AVAILABLE				TRUST F	UNDS AVAILABLE
				COL A01 ACT PR YR EXP 2008-09	COL A02 CURR YR EST EXP 2009-10		COL A04 AGY REQ N/R FY 2010-11
AGENCY/HEALTH CARE ADMIN PGM: HEALTH CARE SERVICES EXECUTIVE DIR/SUPPORT SVCS	68000000 68500000 68500200						
FUND: MEDICAL CARE TRUST F	FUND 2474						
SECTION I: DETAIL OF REVEN	NUES						
	REVENUE CAP SVC A CODE CHG %	UTH MATCHING % ST I/C LOC I/C	CFDA NO.				
47 US GRANTS - TITLE XIX 48 US GRANTS - TITLE XXI 51 OTHER GRANTS - RWJ	000700 NO 0.0 409 000700 NO 0.0 409 001100 NO 0.0 409	28.78 C 0.00 S	93.767		40,000	192,676,750 600,000 40,000	
52 TRANSFERS- FRA & AB 60 REFUNDS - TPL - STATE	001500 NO 0.0 409 001800 NO 0.0 409				4,876,523		
TOTAL TO LINE B IN SECT	TION IV				193,132,844	196,693,199	========
SECTION II: DETAIL OF NONC	DPERATING EXPENDITURES	OBJECT TRANSFER (	CFDA NO.				
49 TR/FDLE/LEVEL 2 SCREENI 50 REFUNDS 69 TR/ADMINISTRATIVE TRUST		810000 71700200 860000 810000 68200000		103,559 1,039 2,500,000	300,000	300,000	
70 TR/AGY/PUB HLTH-SOC WLF 71 TR/AGY/PUB HLTH-SOC WLF 74 TR/HCTF	F-DOH	810000 64100200 9	93.778		1,100,000 28,700,000	1,100,000 28,700,000	
TOTAL TO LINE E IN SECT	TION IV		_		30,100,000	30,100,000	
SECTION III: ADJUSTMENTS		OBJECT CODE	_				
02 PRIOR YEAR ADJUSTMENT		991000	_	7,694,693			
TOTAL TO LINE H IN SECT	TION IV		_	7,694,693		=========	
			_				

BISC1L01 LAS/PBS SYSTEM	SCHEDULE I	SP 10/15/2009 14:42 PAGE: 9
BUDGET PERIOD: 2000-2011	TRUST FUNDS AVAILABLE	SCHEDULE I
CHAME OF FLORIDA		MDIIOM DINIDO ALLATIADI E

STATE OF FLORIDA				TRUST F	JNDS AVAILABLE
		COL A01 ACT PR YR EXP 2008-09		AGY REQUEST	AGY REQ N/R
AGENCY/HEALTH CARE ADMIN 68000000 PGM: HEALTH CARE SERVICES 68500000 EXECUTIVE DIR/SUPPORT SVCS 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)				

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 10 BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

STATE OF FLORIDA	IRU	SI FUNDS AVAILABLE			TRUST F	JNDS AVAILABLE
			ACT PR YR EXP 2008-09	COL A02 CURR YR EST EXP 2009-10	AGY REQUEST FY 2010-11	AGY REQ N/R FY 2010-11
AGENCY/HEALTH CARE ADMIN PGM: HEALTH CARE SERVICES EXECUTIVE DIR/SUPPORT SVCS	68000000 68500000 68500200					
FUND: REFUGEE ASSISTANCE TF	2579					
SECTION I: DETAIL OF REVENU		TH MATCHING % CFDA ST I/C LOC I/C NO.				
77 TRANSFER - DCF	001510 NO 0.0 409	0.00 0.00 93.566	5	117,809	117,809	
TOTAL TO LINE B IN SECTI	ON IV		========	117,809	117,809	========
SECTION II: DETAIL OF NONOP	ERATING EXPENDITURES	OBJECT TRANSFER CFDA CODE TO BE NO.				
TOTAL TO LINE E IN SECTI	ON IV		=======			
SECTION III: ADJUSTMENTS		OBJECT CODE				
TOTAL TO LINE H IN SECTI	ON IV		========			
SECTION IV: SUMMARY						
UNRESERVED FUND BALANCE - J ADD: REVENUES (FROM SECTI TOTAL FUNDS AVAILABLE (LINE LESS: OPERATING EXPENDITU LESS: NONOPERATING EXPEND LESS: FIXED CAPITAL OUTLA UNRESERVED FUND BALANCE - J NET ADJUSTMENTS (FROM SEC ADJUSTED UNRESERVED FUND BA	ON I) A + LINE B) RES ITURES (SECTION II) Y (TOTAL ONLY) UNE 30 - BEFORE ADJ TION III)	(A) (B) (C) (D) (E) (F) (G) (H) (I)		117,809 117,809 117,809	117,809 117,809 117,809	

## **Medicaid Services to Individuals**

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 11 BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

STATE OF FLORIDA	ST FUNDS AVAILABLE			TRUST F	JNDS AVAILABLE
		EXP 2008-09	COL A02 CURR YR EST EXP 2009-10	FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN 68000000 PGM: HEALTH CARE SERVICES 68500000 MEDICAID SERV/INDIVIDUALS 68501400					
FUND: HEALTH CARE TRUST FUND 2003					
	TH MATCHING % CFDA 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 ADD: REVENUES (FROM SECTION I) TOTAL FUNDS AVAILABLE (LINE A + LINE B) LESS: OPERATING EXPENDITURES LESS: NONOPERATING EXPENDITURES (SECTION II) LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY) UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ NET ADJUSTMENTS (FROM SECTION III) ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(A) (B) (C) (D) (E) (F) (G) (H) (I)		631,000,000 631,000,000 581,000,000 50,000,000	631,000,000	

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 12 ISC1L01 LAS/PBS SYSTEM SCHEDULE I BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

STATE OF FLORIDA	TRU	ST FUNDS	AVAILABLE				TRUST F	JNDS AVAILABLE
					COL A01 ACT PR YR EXP 2008-09	COL A02 CURR YR EST EXP 2009-10		COL A04 AGY REQ N/R FY 2010-11
AGENCY/HEALTH CARE ADMIN PGM: HEALTH CARE SERVICES MEDICAID SERV/INDIVIDUALS	68000000 68500000 68501400							
FUND: TOBACCO SETTLEMENT TE	2122							
SECTION I: DETAIL OF REVENU			CCHING % I/C LOC I/C					
72 TRANSFERS - DFS	001500 NO 0.0 409	0.00	0.00			52,567,697	52,567,697	
TOTAL TO LINE B IN SECTI	ON IV					52,567,697 =======	52,567,697 =======	=======
SECTION II: DETAIL OF NONOE	PERATING EXPENDITURES	OBJECT CODE	TRANSFER TO BE	CFDA NO.				
37 TR/DFS/TOBACCO CLEARING	TF	810000	43010100		7,543,497			
TOTAL TO LINE E IN SECTI	ON IV				7,543,497			
SECTION III: ADJUSTMENTS		OBJECT CODE						
01 SEPTEMBER REVERSIONS 02 PRIOR YEAR ADJUSTMENT		991000 991000			2,022,213 2,478,716-			
TOTAL TO LINE H IN SECTI	ON IV				456,503- ========	========		
SECTION IV: SUMMARY								
UNRESERVED FUND BALANCE - J ADD: REVENUES (FROM SECTI TOTAL FUNDS AVAILABLE (LINE LESS: OPERATING EXPENDITU LESS: NONOPERATING EXPEND LESS: FIXED CAPITAL OUTLA UNRESERVED FUND BALANCE - J NET ADJUSTMENTS (FROM SEC ADJUSTED UNRESERVED FUND BA	CON I) C A + LINE B) URES DITURES (SECTION II) LY (TOTAL ONLY) UNE 30 - BEFORE ADJ CTION III)	(A) (B) (C) (D) (E) (F) (G) (H) (I)			388,338,207 388,338,207 380,338,207 7,543,497 456,503 456,503	52,567,697 52,567,697 52,567,697	52,567,697 52,567,697 52,567,697	

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 13 ISC1L01 LAS/PBS SYSTEM SCHEDULE I BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

STATE OF FLORIDA			INOD	I FONDS	AVAILADLE					UNDS AVAILABLE
							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 PGM: HEALTH CARE SERVICES MEDICAID SERV/INDIVIDUALS	68000000 68500000 68501400									
FUND: GRANTS AND DONATIONS	TF 23	39								
SECTION I: DETAIL OF REVENU	JES									
	REVENUE CAI	SVC CHG	AUTI %		CHING % /C LOC I/C	CFDA NO.				
43 COUNTY CONTRIBUTION-DSH 45 INTEREST 52 PENALTIES	000100 YES 000500 NO 001202 NO	0.0	409 215 409	0.00 0.00 0.00	0.00	!	647,195,099 248,410 350,040	886,363,533	886,363,533	
54 STATE GRANTS - DOH 62 REFUNDS - DRUG REB-FED 63 REFUNDS - DRUG REB-ST 66 REFUNDS - FRAUD & ABUSE	001800 NO	0.0	409 409 409 409	0.00 0.00 0.00 0.00	0.00	93.778		436,038,525 208,607,431 19,018,649		
TOTAL TO LINE B IN SECT	ION IV						1248,978,279	1596,491,119		
SECTION II: DETAIL OF NONO	PERATING EX	PENDIT	URES	OBJECT CODE	TRANSFER TO BE	CFDA NO.				
04 STATE REFUNDS 19 STATE TRUST FUND RESERVE	Ξ			860000 999000			73,635		11,381,304	
TOTAL TO LINE E IN SECT	ION IV						73,635		11,381,304	
SECTION III: ADJUSTMENTS				OBJECT CODE						
01 SEPTEMBER REVERSIONS 06 PRIOR YEAR ADJ				991000 991000			3,933,354 12,390,271			
TOTAL TO LINE H IN SECT	ION IV						16,323,625			
							=========	=========	=========	=========

BISC1L01 LAS/PBS SYSTEM	SCHEDULE I	SP 10/15/2009 14:42 PAGE: 14
BUDGET PERIOD: 2000-2011	TRUST FUNDS AVAILABLE	SCHEDULE I
מתותה טה הוטבוטו		תרוונת בותוכ אנות ב

STATE OF FLORIDA	TRUST FUNDS A	VAILABLE

STATE OF FLORIDA				TRUST F	UNDS AVAILABLE
		COL A01 ACT PR YR EXP 2008-09	COL A02 CURR YR EST EXP 2009-10		AGY REQ N/R
AGENCY/HEALTH CARE ADMIN 68000000 PGM: HEALTH CARE SERVICES 68500000 MEDICAID SERV/INDIVIDUALS 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	

BISC1L01 LAS/PBS SYSTEM SCHEDULE I
BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SP 10/15/2009 14:42 PAGE: 15

SCHEDULE I

STATE OF FLORIDA									TRUST F	UNDS AVAILABLE
							ACT PR YR		COL A03 AGY REQUEST FY 2010-11	
AGENCY/HEALTH CARE ADMIN PGM: HEALTH CARE SERVICES MEDICAID SERV/INDIVIDUALS	68000000 68500000 68501400									
FUND: MEDICAL CARE TRUST FU	JND 247	4								
SECTION I: DETAIL OF REVENU										
	CODE CAR	SVC CHG			CHING % :/C LOC I/					
DM ARRP FED STIMULUS 45 INTEREST 47 US GRANTS - TITLE XIX	000750 NO 000500 NO 000700 NO	0.0 0.0 0.0	409 17.57 409	0.00			1,269,208	1333,503,180 2,000,000 6602,185,383	182,842,839 2,000,000	
48 US GRANTS - TITLE XXI 50 STATE GRANTS DCF	000700 NO 001000 NO	0.0	409 409	28.78	C 0.00 0.00		1,907,104 4,311,925	2,005,125 19,863,504	2,005,125 24,117,338	
54 STATE GRANTS DOH 59 REFUNDS - TPL- FED 60 REFUNDS - TPL - STATE	001000 NO 001800 NO 001800 NO	0.0 0.0 0.0	409 409 409	0.00	0.00		11,507,789 41,224,940 21,403,187	12,655,478 42,000,000 22,000,000	9,291,764 42,000,000 23,000,000	
61 REFUNDS - FED 64 REFUNDS-FISCAL AGENT 66 REFUNDS - FRAUD & ABUSE	001800 NO 001800 NO 001800 NO	0.0 0.0 0.0	409 409 409	0.00	0.00		53,757,884 195,960,090 2,541,002	3,465,461	12,000,000 200,000,000 3,465,461	
68 REFUNDS - NURSING HOME 78 TRANSFERS - ATF 79 TRANSFER - HCTF	001800 NO 001500 NO 001500 NO	0.0	409 409 409	0.00	0.00	93.778	9,476,541 13,996,512 5,280,218	15,000,000	15,000,000	
TOTAL TO LINE B IN SECTI	ION IV							8266,678,131	7629,050,179	========
SECTION II: DETAIL OF NONOR	PERATING EXE	ENDIT		DBJECT	TRANSFER	CFDA				
				CODE	TO BE	NO.				
07 NON-STATE REFUNDS 08 TR/SECTION 33 BACK OF GA	ΑA		8	360000	60010401	02 770	1,214,333 3,093,148	1,200,000	1,200,000	
09 TR/AGY/PUB-SOC WLF AG-DC 10 TR/AGY/PUB-SOC WLF AG-AE 11 TR/ADMINISTRATIVE TRUST 99 STATE TRUST FUND RESERVE	PD FUND			310000 310000 310000 999000	67100300 68200000	93.778	47,341,174 78,622,237 5,180,440		95,500,000 112,920,600 6,509,372 3,473,824	
TOTAL TO LINE E IN SECTI	ION IV							228,188,988	219,603,796	
SECTION III: ADJUSTMENTS				OBJECT CODE						
01 SEPTEMBER REVERSIONS 02 PRIOR YEAR ADJUSTMENTS				991000 991000			298,866,586 324,366,958-			

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 16
BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

STATE OF FLORIDA				TRUST F	UNDS AVAILABLE
		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 III: ADJUSTMENTS	OBJECT CODE				
03 CURRENT YEAR ADJUSTMENTS 04 CURRENT YEAR ADJUSTMENT	991000 991000	892,005,886 1,219,391			
TOTAL TO LINE H IN SECTION IV		867,724,905 =======	========	========	========
SECTION IV: SUMMARY					
UNRESERVED FUND BALANCE - JULY 1 ADD: REVENUES (FROM SECTION I) TOTAL FUNDS AVAILABLE (LINE A + LINE B) LESS: OPERATING EXPENDITURES LESS: NONOPERATING EXPENDITURES (SECTION II) LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY) UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ	(A) (B) (C) (D) (E) (F) (G)	6473,870,274 7131,750,843	8266,678,131 8341,071,135 8061,047,385 228,188,988	7629,050,179 7680,884,941 7418,621,425	
NET ADJUSTMENTS (FROM SECTION III) ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(H) (I)	867,724,905 74,393,004	, ,	42,659,720	

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

Department: Agency for Health Care Administration Budget Period 2010-11 Budget Entity: Medicaid Services / Individuals (68501400)

**Fund:** Grants and Donations Trust Fund(2339)

(1)	(2)	(3)	(4)
UNDING SOURCE	ACTUAL	<b>ESTIMATED</b>	REQUEST
	FY2008-09	FY2009-10	FY2010-11
eceipts:			
Refunds - Drug Rebates - Fed	88,308,298	129,348,434	133,099,733
Refunds - Drug Rebates - St	56,459,403	61,882,249	86,138,833
	_		
Total *	144,767,701	191,230,683	219,238,56

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

## SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Department: Agency for Health Care Administration Budget Period 2010-11 Budget Entity: Medicaid Services / Individuals** (68501400) Fund: Medical Care Trust Fund (2474) (1) (2) (3) (4) FUNDING SOURCE **ESTIMATED ACTUAL REQUEST** FY2008-09 FY2009-10 FY2010-11 Receipts: Refunds-TPL, Fraud & Abuse - State 74,393,004 51,834,762 42,659,720

74,393,004

51,834,762

42,659,720

Total \*

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

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

Department: Agency for Health Care Administration Budget Entity: Medicaid Services (68501400) **Budget Period 2010-11** 

Fund: Public Medical Assistance Trust Fund(2565)

(1)	(2)	(3)	(4)
UNDING SOURCE	ACTUAL	<b>ESTIMATED</b>	REQUEST
	FY2006-07	FY2007-08	FY2008-09
eceipts:			
Hospital Fees	76,039,251	32,989,147	0
Cigarette Taxes	22,838,640	10,938,744	0
Total *	98,877,891	43,927,891	(

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 17 ISC1L01 LAS/PBS SYSTEM SCHEDULE I BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

AGY REQUEST SECTION IT SETS AGY REQUEST AG	STATE OF FLORIDA	IKC	SI FUNDS AVAILABLE			TRUST F	UNDS AVAILABLE
### G800000   FUND: PUB MEDICAL ASST TF   2565  SECTION I: DETAIL OF REVENUES   REVENUE CAR SVC   AUTH   MATCHING   NO.   NO.				ACT PR YR EXP 2008-09	CURR YR EST EXP 2009-10	AGY REQUEST FY 2010-11	AGY REQ N/R FY 2010-11
SECTION I: DETAIL OF REVENUE CAP SVC COBE CHG % ST I/C LOC I/C NO.  52 FINES, FORFEITURES & JUD 001200 NO 0.0 395.701 0.00 0.00 127,930 91 CIGARETTE TAXES(DEPR) 001500 NO 0.0 409 0.00 0.00 112,490,539 84,400,000 84,400,000 95 HOSPITAL FEES 000300 VES 0.0 395.701 0.00 0.00 120,490,539 84,400,000 409,892,109  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 503ECT CODE  TOTAL TO LINE H IN SECTION IV 503ECT CODE  TOTAL TO LINE H IN SECTION IV 603ECT CODE  TOTAL TO LINE H IN SECTION IV 603ECT CODE  TOTAL TO LINE H IN SECTION IV 603ECT CODE  TOTAL TO LINE H IN SECTION IV 603ECT CODE  TOTAL TO LINE H IN SECTION IV 603ECT CODE  TOTAL TO LINE H IN SECTION IV 603ECT CODE  TOTAL TO LINE H IN SECTION IV 603ECT CODE  TOTAL TO LINE H IN SECTION IV 603ECT CODE 603E	PGM: HEALTH CARE SERVICES	68500000					
REVENUE CAP SVC CODE CODE CODE CODE CODE CODE CODE COD	FUND: PUB MEDICAL ASST TF	2565					
CODE CHG % ST I/C LOC I/C NO.  52 FINES, FORFEITURES & JUD 001200 NO 0.0 395.701 0.00 0.00 112,490,539 84,400,000 84,400,000 91 CIGARETTE TAXES(DBP) 001500 NO 0.0 409 0.00 0.00 112,490,539 84,400,000 449,892,109	SECTION I: DETAIL OF REVEN	UES					
91 CIGARETTE TAXES(DEPR) 001500 NO 0.0 409 0.00 0.00 112,490,539 84,400,000 84,400,000 409,892,109							
SECTION II: DETAIL OF NONOPERATING EXPENDITURES  OBJECT TRANSFER CFDA 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: NONOPERATING 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 - JULY 31 00 00 00 00 00 00 00 00 00 00 00 00 00	91 CIGARETTE TAXES(DBPR)	001500 NO 0.0 409	0.00 0.00	112,490,539 404,296,614	398,870,000	409,892,109	
OBJECT   TRANSFER   CFDA   NO.	TOTAL TO LINE B IN SECT	ION 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 LESS: NONOPERATING EXPENDITURES (D) 506,570,000 538,220,000 LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY) (F) UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ (G) 98,877,891 43,927,891	SECTION II: DETAIL OF NONO	PERATING EXPENDITURES					
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 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	TOTAL TO LINE E IN SECT	ION 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	SECTION III: ADJUSTMENTS						
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	TOTAL TO LINE H IN SECT	ION IV					
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	SECTION IV: SUMMARY						
	ADD: REVENUES (FROM SECT TOTAL FUNDS AVAILABLE (LIN LESS: OPERATING EXPENDIT LESS: NONOPERATING EXPEN LESS: FIXED CAPITAL OUTL	ION I) E A + LINE B) URES DITURES (SECTION II) AY (TOTAL ONLY)	(B) (C) (D) (E) (F)	517,515,083 605,447,891 506,570,000	483,270,000 582,147,891 538,220,000	494,292,109 538,220,000	
NET ADJUSTMENTS (FROM SECTION III) (H) ADJUSTED UNRESERVED FUND BALANCE - JUNE 30 (I) 98,877,891 43,927,891	NET ADJUSTMENTS (FROM SE	CTION III)	(H)				

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 18 ISC1L01 LAS/PBS SYSTEM SCHEDULE I BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

IRUSI FUNDS AVAILABLE			TRUST F	UNDS AVAILABLE
	EXP 2008-09	EXP 2009-10	FY 2010-11	FY 2010-11
C AUTH MATCHING % CFDA G % ST I/C LOC I/C NO.				
0 409 0.00 0.00 93.566				
				========
ITURES  OBJECT TRANSFER CFDA  CODE TO BE NO.				
	========	=========	========	=========
OBJECT CODE				
991000	68,772-			
	68,772-	========	========	========
(A) (B) (C) (D) N II) (E) (F) E ADJ (G) (H) 0 (I)	22,625,380 22,625,380 22,556,608 68,772 68,772-	22,471,181	22,471,181	
	C AUTH MATCHING % CFDA ST I/C LOC I/C NO.  A09 0.00 0.00 93.566  CTURES  OBJECT TRANSFER CFDA CODE TO BE NO.  OBJECT CODE 991000  (A) (B) (C) (D) (II) (E) (F) CADJ (G) (H)	COL A01 ACT PR YR EXP 2008-09	COL A01 COL A02 ACT PR YR CURR YR EST EXP 2008-09 EXP 2009-10	COL A01 COL A02 COL A03 ACT PR YR EXP 2008-09 EXP 2009-10 FY 2010-11 COL A02 COL A03 ACT PR YR EXP 2008-09 EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2008-09 EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2010-10 FY 2010-11 COL A03 ACT PR YR EXP 2008-09 EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2008-09 EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2008-09 EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2008-09 EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2008-09 EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2008-09 EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2008-09 EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2008-09 EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2008-09 EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2008-09 EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2008-09 EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 FY 2010-11 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 FY 2010-11 FY 2010-11 COL A03 ACT PR YR EXP 2009-10 FY 2010-11 FY 2

# **Medicaid Long Term Care**

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 19
BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SP 10/15/2009 14:42 PAGE: 19
SCHEDULE I

STATE OF FLORIDA	TRUST FUNDS AVAILABLE			TRUST F	UNDS AVAILABLE
		EXP 2008-09	EXP 2009-10	COL A03 AGY REQUEST FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN 68000000 PGM: HEALTH CARE SERVICES 68500000 MEDICAID LONG TERM CARE 68501500					
FUND: HEALTH CARE TRUST FUND 2003					
SECTION I: DETAIL OF REVENUES  REVENUE CAP SV  CODE CH	C AUTH MATCHING % CFDA G % 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	=======
SECTION II: DETAIL OF NONOPERATING EXPEND	ITURES  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 ADD: REVENUES (FROM SECTION I) TOTAL FUNDS AVAILABLE (LINE A + LINE B) LESS: OPERATING EXPENDITURES LESS: NONOPERATING EXPENDITURES (SECTION LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY) UNRESERVED FUND BALANCE - JUNE 30 - BEFOR NET ADJUSTMENTS (FROM SECTION III) ADJUSTED UNRESERVED FUND BALANCE - JUNE 3	(F) E ADJ (G) (H)		270,000,000 270,000,000 270,000,000	270,000,000	

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 20 BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

STATE OF FLORIDA				TRUST FUNDS AVAILABLE			
			ACT PR YR EXP 2008-09	EXP 2009-10	COL A03 AGY REQUEST FY 2010-11	FY 2010-11	
AGENCY/HEALTH CARE ADMIN PGM: HEALTH CARE SERVICES MEDICAID LONG TERM CARE	68000000 68500000 68501500						
FUND: TOBACCO SETTLEMENT TF	2122						
SECTION I: DETAIL OF REVENU		TH MATCHING % CFDA 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 NONOF	ERATING EXPENDITURES	OBJECT TRANSFER CFDA CODE TO BE NO.					
TOTAL TO LINE E IN SECTI	ON IV		========				
SECTION III: ADJUSTMENTS		OBJECT CODE					
TOTAL TO LINE H IN SECTI	ON IA		========	========		========	
SECTION IV: SUMMARY							
UNRESERVED FUND BALANCE - JULY 1 ADD: REVENUES (FROM SECTION I) TOTAL FUNDS AVAILABLE (LINE A + LINE B) LESS: OPERATING EXPENDITURES LESS: NONOPERATING EXPENDITURES (SECTION II) LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY) UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ NET ADJUSTMENTS (FROM SECTION III) ADJUSTED UNRESERVED FUND BALANCE - JUNE 30		(A) (B) (C) (D) (E) (F) (G) (H) (I)	957,220 957,220 957,220				

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 21 ISC1L01 LAS/PBS SYSTEM SCHEDULE I BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

STATE OF FLORIDA		TRUST FUNDS AVAILABLE			
		EXP 2008-09	EXP 2009-10	COL A03 AGY REQUEST FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN 68000000 PGM: HEALTH CARE SERVICES 68500000 MEDICAID LONG TERM CARE 68501500					
FUND: GRANTS AND DONATIONS TF 2339					
SECTION I: DETAIL OF REVENUES  REVENUE CAP SVC  CODE CHG %					
43 COUNTY CONTRIBUTION-DSH 000100 YES 0.0 40	0.00 41.11 C	77,819,638	301,770,636	301,770,636	
TOTAL TO LINE B IN SECTION IV			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 ADD: REVENUES (FROM SECTION I) TOTAL FUNDS AVAILABLE (LINE A + LINE B) LESS: OPERATING EXPENDITURES LESS: NONOPERATING EXPENDITURES (SECTION II) LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY) UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ NET ADJUSTMENTS (FROM SECTION III) ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(A) (B) (C) (D) (E) (F) (G) (H) (I)	77,819,638 77,819,638 77,819,638	301,770,636	301,770,636 301,770,636 301,770,636	

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 22 BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

STATE OF FLORIDA	. 11	RUSI FUNDS AVAILABLE				TRUST F	UNDS AVAILABLE
				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 PGM: HEALTH CARE SERVICES MEDICAID LONG TERM CARE	68500000						
FUND: MEDICAL CARE TRUST F	'UND 2474						
SECTION I: DETAIL OF REVEN	IUES						
	REVENUE CAP SVC Z CODE CHG %	AUTH MATCHING % ST I/C LOC I/0					
47 US GRANTS - TITLE XIX 50 STATE GRANTS - DCF 51 REFUNDS - TPL 52 STATE GRANTS - APD 53 STATE GRANTS - DOEA 54 DISTRIBUTION TRANS-DOH 70 REFUNDS -TPL	000700 NO 0.0 409 001000 NO 0.0 409 001800 NO 0.0 409 001000 NO 0.0 409 001000 NO 0.0 409 001500 NO 0.0 409 001800 NO 0.0 409	9 0.00 0.00 9 0.00 0.00 9 0.00 0.00 9 0.00 0.00		865,245 278,437,003 35,157,828 4,274,326	16,312,109 314,831,515 156,042,670	20,022,188 376,749,194 190,325,668 5,971,574 3,500,000	
TOTAL TO LINE B IN SECT	CION IV				3524,433,136	3505,484,404	
SECTION II: DETAIL OF NONO	PERATING EXPENDITURES	OBJECT TRANSFER CODE TO BE	CFDA NO.				
99 STATE TRUST FUND RESERV	<sup>7</sup> E	999000				175,000	
TOTAL TO LINE E IN SECT	TION IV					175,000	
SECTION III: ADJUSTMENTS		OBJECT CODE					
01 SEPTEMBER REVERSIONS		991000		201,945,563			
TOTAL TO LINE H IN SECT	CION IV			201,945,563		=======	

BISC1L01 LAS/PBS SYSTEM	SCHEDULE I	SP 10/15/2009 14:42 PAGE: 23
BUDGET PERIOD: 2000-2011	TRUST FUNDS AVAILABLE	SCHEDULE I
CHARL OF FLORIDA		MDIJOM BIDIDO ANATIADI B

			TRUST F	UNDS AVAILABLE
	COL A01 ACT PR YR EXP 2008-09	COL A02 CURR YR EST EXP 2009-10	COL A03 AGY REQUEST FY 2010-11	~ .
(A)				
(B)	3083,209,133	3524,433,136	3505,484,404	
(C)	3083,209,133	3524,433,136	3505,484,404	
(D)	3285,154,696	3524,433,136	3505,309,404	
(E)			175,000	
(F)				
(G)	201,945,563-			
(H)	201,945,563			
	(B) (C) (D) (E) (F) (G)	(A) (B) (C) (B) (D) (E) (F) (G)  ACT PR YR EXP 2008-09	ACT PR YR CURR YR EST EXP 2008-09 EXP 2009-10	(A) (B) (C) (B) (C) (B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C

ADJUSTED UNRESERVED FUND BALANCE - JUNE 30 (I)

## **Health Facility Regulation**

## SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES

**Budget Period 2010-11** 

**Department: Agency for Health Care Administration Budget Entity: Health Care Regulation** (68700700)

Fund: Health Care Trust Fund(2003)

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

(1)	(2)	(3)	(4)
UNDING SOURCE	ACTUAL	ESTIMATED	REQUEST
	FY2008-09	FY2009-10	FY2010-11
eceipts:			
Fees	19,355,133	19,135,015	18,054,723
Licenses	33,426,546	33,046,400	31,180,723
	_		
Total *	52,781,679	52,181,415	49,235,446

## SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES

Department: Agency for Health Care Administration
Budget Entity: Health Care Regulation (68700700)
Fund: Quality Long-Term Care Trust Fund (2126)

Budget Period 2010-11

(1) (2) (3) (4) **FUNDING SOURCE ACTUAL ESTIMATED REQUEST** FY2008-09 FY2009-10 FY2010-11 Receipts: Fines and Foreitures 2,870,856 2,535,833 2,238,750 Total 2,870,856 2,535,833 2,238,750

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

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 24 ISC1L01 LAS/PBS SYSTEM SCHEDULE I
BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

STATE OF FLORIDA TRUST FUNDS AVAILABLE

STATE OF FLORIDA									TRUST F	UNDS AVAILABLE
							COL A01 ACT PR YR EXP 2008-09		AGY REQUEST	
AGENCY/HEALTH CARE ADMIN PGM: HLTH CARE REGULATION HEALTH CARE REGULATION	68000000 68700000 68700700									
FUND: HEALTH CARE TRUST FUN	ID 200	3								
SECTION I: DETAIL OF REVENU										
	REVENUE CAP CODE		AUTH		CHING % /C LOC I/	CFDA C NO.				
40 TAXES	000300 YES		408.20	0.00			14,157,145	12,500,000	12,500,000	
41 FEES	000100 YES		VARIOUS				21,438,846	12,770,395	12,770,395	
42 LICENSES	000200 YES		VARIOUS				16,044,336	18,023,283	18,023,283	
47 US GRANTS - TITLE XIX			409		C 0.00		7,714,498	7,800,000	7,800,000	
49 US GRANTS - CLIA		0.0 7.3	483 VARIOUS	0.00		93.777		850,000	850,000	
52 FINES, FORFEITURES, JUDGE 55 US GRANTS - TITLE XVIII		0.0	VARIOUS			93 777	3,934,722 8,902,162	0 250 740	8,558,635	
56 INSURANCE RECOVERIES		0.0	VARIOUS			23.111	100	0,230,740	0,550,055	
58 REFUNDS	001800 NO	0.0	215	0.00			100	85,000	85,000	
69 TRANSFERS - MCTF	001500 NO	0.0	VARIOUS				20,220,761	05,000	05,000	
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		0.0	409		C 0.00	93.777	828,315	800,000	800,000	
85 US GRANTS - CLIA INDIRE			483		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	675,005 145,546 800,000 200,000 500,000	500,000	
TOTAL TO LINE B IN SECTI	ON IV						96,180,304	62,692,969	62,992,864	
							========	========	========	=========
SECTION II: DETAIL OF NONOF	ERATING EXP	ENDITU		BJECT	TRANSFER	CEDA				
				CODE	TO BE	NO.				
39 TR/DOH/LOCAL HEALTH COU	INCTI.		0	10000	64400200		1 006 034	1,010,000	1,010,000	
49 TR/FDLE/LEVEL 2 SCREENIN			8: 8:	10000			1,761,348	2,200,000	2,200,000	
52 REFUNDS	.0		O.	50000	/1/00200		221,443	2,200,000	2,200,000	
56 TR/DOH/CERT NURSING ASST	1		8:	10000	64400100		92,534	120,000	120,000	
60 TR/DCF/PUB HLTH-SOC WLF	AG		8:	10000	60910307		7,558,961	120,000	220,000	
62 GENERAL REVENUE SERVICE	CHARGE		88	30000			3,659,755	3,900,000	3,900,000	
63 TR/MCTF			8:	10000	68501400		5,280,218			
65 TR/SECTION 215.32			83	10000	68700700		12,000,000			
85 TR/ADMIN TF (2021)			8.	10000	68200000		7,687,039	7,800,000	7,800,000	
99 STATE TRUST FUND RESERVE			8: 8: 8: 8: 8: 8: 9:	99000					1,812,711	
TOTAL TO LINE E IN SECTI	ON TV						39,267,332	15,030,000	16,842,711	
TOTAL TO DIEVE E IIV DECIT	1							========		=========

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 25
BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I
STATE OF FLORIDA

STATE OF FLORIDA				TRUST F	UNDS AVAILABLE
		ACT PR YR		COL A03 AGY REQUEST FY 2010-11	AGY REQ N/R
AGENCY/HEALTH CARE ADMIN 68000000 PGM: HLTH CARE REGULATION 68700000 HEALTH CARE REGULATION 68700700					
FUND: HEALTH CARE TRUST FUND 2003					
SECTION III: ADJUSTMENTS	OBJECT CODE				
01 SEPTEMBER REVERSIONS 03 CURRENT YEAR ADJUSTMENTS 04 PRIOR YEAR ADJUSTMENT 05 9-30-09 CY REVERSIONS	991000 991000 991000 991000	7,942,750 31,509- 51,633-	237,163		
TOTAL TO LINE H IN SECTION IV		, ,	237,163		
SECTION IV: SUMMARY					
UNRESERVED FUND BALANCE - JULY 1 ADD: REVENUES (FROM SECTION I) TOTAL FUNDS AVAILABLE (LINE A + LINE B) LESS: OPERATING EXPENDITURES LESS: NONOPERATING EXPENDITURES (SECTION II) LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY) UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ NET ADJUSTMENTS (FROM SECTION III) ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(A) (B) (C) (D) (E) (F) (G) (H) (I)	96,180,304 130,139,739 45,950,328 39,267,332 44,922,079	51,944,252 237,163	62,992,864 115,174,279	

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 26 ISC1L01 LAS/PBS SYSTEM SCHEDULE I BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE

SCHEDULE I

STATE OF FLORIDA	JST FUNDS AVAILABLE			TRUST F	UNDS AVAILABLE
		EXP 2008-09	CURR YR EST EXP 2009-10	COL A03 AGY REQUEST FY 2010-11	AGY REQ N/R FY 2010-11
AGENCY/HEALTH CARE ADMIN 68000000 PGM: HLTH CARE REGULATION 68700000 HEALTH CARE REGULATION 68700700					
FUND: QUALITY LONG-TERM CARE TF 2126					
	JTH MATCHING % CFDA ST I/C LOC I/C NO.				
52 FINES, FORFEITURES & JU 001200 NO 7.3 4000	0239 0.00 0.00 93.77		719,203		
TOTAL TO LINE B IN SECTION IV			719,203	800,000	
SECTION II: DETAIL OF NONOPERATING EXPENDITURES	OBJECT TRANSFER CFDA CODE TO BE NO.				
62 GENERAL REVENUE SERVICE CHARGE 99 STATE TRUST FUND RESERVE	880000 999000		57,536	33,083	
TOTAL TO LINE E IN SECTION IV		116,376		97,083	
SECTION III: ADJUSTMENTS	OBJECT CODE				
01 SEPTEMBER REVERSIONS 09/30/08 05 9-30-09 CY REVERSIONS	991000 991000	80,797	3,310		
TOTAL TO LINE H IN SECTION IV		80,797 =======		========	=========
SECTION IV: SUMMARY					
UNRESERVED FUND BALANCE - JULY 1 ADD: REVENUES (FROM SECTION I)  TOTAL FUNDS AVAILABLE (LINE A + LINE B) LESS: OPERATING EXPENDITURES LESS: NONOPERATING EXPENDITURES (SECTION II) LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)  UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ NET ADJUSTMENTS (FROM SECTION III)	(A) (B) (C) (D) (E) (F) (G) (H)	509,826 116,376 2,790,059	2,870,856 719,203 3,590,059 1,000,000 57,536 2,532,523 3,310	2,535,833 800,000 3,335,833 1,000,000 97,083	
NET ADJUSTMENTS (FROM SECTION III) ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(H) (I)	80,797 2,870,856	3,310 2,535,833	2,238,750	

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 27 BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

STATE OF FLORIDA	RUSI FUNDS AVAILABLE				UNDS AVAILABLE
		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 HEALTH CARE REGULATION 68700700					
FUND: ORG/TISSUE DONR ED/PROC TF 2509					
	AUTH MATCHING % CFDA 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 ADD: REVENUES (FROM SECTION I)	(A) (B)	1,011,272			
TOTAL FUNDS AVAILABLE (LINE A + LINE B) LESS: OPERATING EXPENDITURES	(C) (D)	1,011,272			
LESS: NONOPERATING EXPENDITURES (SECTION II) LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	(E) (F)	1,076,837			
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE ADJ NET ADJUSTMENTS (FROM SECTION III) ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(G) (H) (I)	65,565- 65,565			

BISC1L01 LAS/PBS SYSTEM SCHEDULE I SP 10/15/2009 14:42 PAGE: 28
BUDGET PERIOD: 2000-2011 TRUST FUNDS AVAILABLE SCHEDULE I

STATE OF FLORIDA	IKOSI FONDS	AVAILABLE				TRUST F	UNDS AVAILABLE
				COL A01 ACT PR YR EXP 2008-09	CURR YR EST EXP 2009-10	COL A03 AGY REQUEST FY 2010-11	FY 2010-11
AGENCY/HEALTH CARE ADMIN 68000000 PGM: HLTH CARE REGULATION 68700000 HEALTH CARE REGULATION 68700700							
FUND: RESIDENT PROTECTION TF 2522							
SECTION I: DETAIL OF REVENUES  REVENUE CAP SVO  CODE CHO	C AUTH MAT G % ST 1		CFDA NO.				
TOTAL TO LINE B IN SECTION IV							
TOTAL TO LINE B IN SECTION IV				========	========	========	========
SECTION II: DETAIL OF NONOPERATING EXPENDI	TURES OBJECT CODE	TRANSFER TO BE	CFDA				
32 TR/HCTF/EXCESS OF \$2000000	810000	68700700		2,000,000			
TOTAL TO LINE E IN SECTION IV				2,000,000	========	========	========
SECTION III: ADJUSTMENTS	OBJECT CODE						
03 PRIOR YEAR ADJUSTMENT	991000			5,000-			
TOTAL TO LINE H IN SECTION IV				5,000-		========	
SECTION IV: SUMMARY							
UNRESERVED FUND BALANCE - JULY 1	(A)			2,005,000			
ADD: REVENUES (FROM SECTION I) TOTAL FUNDS AVAILABLE (LINE A + LINE B) LESS: OPERATING EXPENDITURES	(B) (C) (D)			2,005,000			
LESS: NONOPERATING EXPENDITURES (SECTION LESS: FIXED CAPITAL OUTLAY (TOTAL ONLY)	, ,			2,000,000			
UNRESERVED FUND BALANCE - JUNE 30 - BEFORE NET ADJUSTMENTS (FROM SECTION III) ADJUSTED UNRESERVED FUND BALANCE - JUNE 30	(G) (H)			5,000 5,000-			

## SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

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

Budget Entity: Inspector General/Internal Audit Phone Number: 414-5419

(1)	(2)	(3)	(4)	(5)	(6)
REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
<b>AUDITS FOR F</b>	<b>TISCAL YEAR 2</b>	008-2009			
08-06	6/30/2008	Medicaid Operations	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).  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.	The Agency's Medicaid Division will review the recommendations and take appropriate action.	
			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.		

**Budget Period: 2010 - 2011** 

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			claims submitted for healthy behavior credits, we recommend that additional edits and/or revisions to	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.	
00 12	EDS FMMIS Project	Modicaid Operations	Finding 08-13-01		
08-13	Impementation	Medicaid Operations	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.		
			adequate reporting to the Agency Management Team when planning and developing future systems projects.	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.	
			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.		

NUMBER ENDING UNIT/AREA FINDINGS AND RECOMMENDATIONS  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.  HAICA-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
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.  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
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.  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
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.  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
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.  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
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.  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
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.  allow accurate progress measurement. Finally, a thorough legal review of future system development 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
thorough legal review of future system development contracts should be performed to ensure sufficient system component deliverables and associated penalties for nonperformance are included.  thorough legal review of future system development 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
contracts should be performed to ensure sufficient system component deliverables and associated penalties for nonperformance are included.  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
system component deliverables and associated penalties for nonperformance are included.  ongoing operations, including the requirements that have damages attached to them. These monitoring activities will continue for the term of the contract with
penalties for nonperformance are included.  requirements that have damages attached to them. These monitoring activities will continue for the term of the contract with
them. These monitoring activities will continue for the term of the contract with
continue for the term of the contract with
EDC with domagos assessed as allowed in
the terms and conditions of the contract.
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.

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
				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.	
				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.	
				Auditor's Comment - 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.	
	]		Page 157 of 281		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	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	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.		
			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	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).	
			Finding 08-18-02 The Agency's Guest Wireless Internet Service Policy 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.		
			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.	IT will develop a splash screen for guests requiring them to review and accept the Guest Wireless Policy.	
			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).  Page 158 of 281		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
NUMBER  08-19	ENDING  12/31/2007	Medicaid Pharmacy Services	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.  B. Develop guidance and a checklist to support IT	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	CODE
				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.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
				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.	
				update the pricing of the 3-codes.	
				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.	
			Finding 08-19-02		
			The Agency continued to pay claims that did not		
			contain the required NDC.		
			Recommendation		
			Enforce the requirement for the NDC to be included on	-	
			all claims, including cross-over and UB claims, and	programming as outlined in Issue #1, the	
			work cooperatively with the fiscal agent to ensure the	Fiscal Agent's claims processing system	
			appropriate edits are in place in the Florida Medicaid	will only adjudicate those claims for	
			Management Information System (FMMIS).	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.	
				wen as the Medicare D crossover claims.	
			Finding 08-19-03		
			The Bureau of Pharmacy Services lacks formal written		
			procedures relating to the Medicaid drug rebate		
			process.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Recommendation Develop formal written procedures to help ensure consistency and quality performance in the Medicaid drug rebate process.	Medicaid Pharmacy Services will develop written procedures detailing the Medicaid drug rebate process. These will be integrated with processes already defined by Unisys Corporation.	
			Finding 08-19-04 Improvements are needed in the management and monitoring of contracts in the Bureau of Pharmacy Services.		
			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.	an internal policy on the rebate program.  This policy will include the reviewing of all invoices and monitoring evaluation form by	
			We further recommend the Bureau of Pharmacy Services maintain all required monitoring documents in the contract file.	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.	
OAG #2009-144	FYE 6-30-08	Federal Awards Audit	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.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			relating to IBNR Medicaid claims liabilities, including the corresponding expenses; and 2) record the	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.	
			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.		
			end procedures are performed to appropriately record all accounts receivable uncollectible allowances.	Management will more closely review the accounts receivable uncollectible allowances during the financial statement preparations.	
			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.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			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.	The KidCare Social Services Estimating Conference is the group that reviews the CMS capitation. FDOH presents to the	
			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.		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
NUMBER	EMPING	U. III	Recommendation Subsequent to our audit inquiries, FAHCA staff corrected FAHCA accounting records and correctly	We concur. Management is monitoring the FLAIR entries to ensure correct account code information is being used.	CODE
			Finding #FA 08-056 Internal controls were not sufficient to ensure that certain medical service claims were paid in accordance with established Medicaid policy.		
			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).	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.	
			Finding #FA 08-057 Overpayments made to Health Maintenance Organization (HMO) plans on behalf of deceased clients were not timely recouped.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
	ENDING		Recommendation We recommend that FAHCA timely recoup claim overpayments.		CODE
				As noted by the Agency, there were unanticipated delays regarding the reenrollment processes, out of control of the Agency. Procedures are already in place and effective regarding the re-enrollment procedures. The Agency will ensure the reenrollment processes are initiated in a timely manner.	
			Page 165 of 281	<u>l</u>	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
NUMBER	ENDING	UNIT/AREA	Finding #FA 08-060 FAHCA procedures were not sufficient to ensure that facilities receiving Medicaid payments met the required health and safety standards.  Recommendation We recommend that FAHCA increase its efforts to ensure that staff conduct Life Safety Surveys within the established time frames.	We will make the necessary rule, manpower	CODE
1			1	timeframes.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			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.		
			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.	The Agency acknowledges the amount of time the review process of Medicaid nursing home and ICFD-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.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
				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.	
AUDITS FOR FI	SCAL VEAD 2	007 2008			
1	i	Medicaid Services	Finding 08-01-01 The Agency and the Department of Elder Affairs (DOEA) lack a current written Cooperative Agreement.  Recommendation 1.1 & 1.2 Work with DOEA officials to approve a new Cooperative Agreement and include language regarding the safeguarding of Personal Health Information (PHI).  Finding 08-01-02 Strengthen internal controls with regards to manual claim payment processing and supervisory review.	1.1 & 1.2 Cooperative Agreement with PHI language was signed and approved.	
			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	requests to test county accuracy and fee for service payments prior to submission to the fiscal agent.  2.2 Manual request forms have been	
			member making the request and of Unit management where appropriate.  Page 168 of 281	revised to require the signature of the requestor. Manual request forms submitted by DOEA will also have the unit supervisor's signature.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			2.3 Run quarterly queries to test all manually processed claims against basic qualification criteria.	2.3 An automated quarterly query has been developed and will be used to check all processed claims against program criteria.	
			2.4 Attempt to recoup overpaid funds.	2.4 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.	
			Finding 08-01-03 Confidential information maintained within the Unit was not adequately secured.		
			Recommendation 3.1 Ensure that electronic claim files are stored on the shared network drive.	3.1 All pending and completed electronic claims files were transferred to folders on the shared drive to reduce the risk of disclosure.	
			3.2 Ensure that documents containing PHI are secured in filing cabinets after business hours.	3.2 Unit personnel responsible for manual claims processing will store documents containing PHI in filing cabinets at the conclusion of each business day.	
			3.3 Work with DOEA and the providers regarding the encryption of emails containing PHI to ensure compliance with the Agency's new email policy.	3.3 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.	
			Finding 08-01-04 Provider claim requests were not always completed as required or maintained within the Unit. Page 169 of 281		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Recommendation 4.1 Consolidate all Nursing Home Diversion (NHD) related files into one secure filing location.	4.1 Unit staff is consolidating manual claims request information into one locked filing cabinet. As necessary, additional secure filing cabinets will be obtained for storage.	
			4.2 Ensure that DOEA and Medicaid Contract Management (MCM) provide copies of any requests they complete to the Unit for accurate monitoring.	4.2 Copies of all manual request forms and backup information will be provided to the Unit.	
			4.3 Develop a standard manual request layout for providers to ensure required information is included on the manual request spreadsheets.	4.3 DOEA and the Agency have created a standardized manual claims request spreadsheet.	
08-02	6/30/2006	Medicaid Services	Finding 08-02-01 The number reported for measure #30 (Number of case months (home and community based (HCB) services) did not include all HCB service waivers.		
			Recommendation Establish written criteria for selecting which HCB service waivers to include in the performance measure.	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.	
			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.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Ĺ	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.	
08-03	FY 2006-2007	Information Technology	This report has been classified as CONFIDENTIAL in accordance with Section 282.318(2)(a)(5), Florida Statutes and thus is not available for public distribution.		
08-04	4/1/06 - 9/30/06	Pharmacy Services	Finding 08-04-01 The Bureau of Pharmacy Services (Bureau) lacks formal written procedures relating to the clinical prior authorization (PA) process.		
			Recommendation We recommend the Bureau develop formal written procedures to help ensure consistency and quality performance in the clinical PA process.	The Bureau has developed policy and procedures outlining the required steps in handling prior authorizations.	
			Finding 08-04-02 The Bureau and the fiscal agent did not meet the 24 hour statutory requirement for approximately 25% of the clinical PA responses reviewed.		
			Recommendation 2.1 Establish a process to ensure requests for clinical PAs are responded to within 24 hours of receipt, and ensure this process is incorporated into formally written procedures.	2.1 The Bureau has established a process to ensure clinical PA requests are responded to within 24 hours of receipt. In the case of incomplete prescriptions, the Bureau will deny incomplete clinical PAs pending the resubmission of complete clinical PA and attached copy of prescription.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			2.2 Assist the fiscal agent in establishing procedures to ensure that clinical PAs are responded to within 24 hours of receipt and monitor their performance for compliance with the 24-hour requirement.	2.2 The procedure was provided to the current fiscal agent. Monthly sampling started in February 2008. This process will continue with the new fiscal agent.	
			Finding 08-04-03 Two approved clinical PA requests did not meet the established criteria.		
			effective quality assurance process is in place to prevent the approval of clinical PA requests that do not	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.	
08-05	FY 2006-2007	Administrative Services	Finding 08-05-01  Over half of all non-standard information technology resources purchased on Purchasing Cards (P-Card) was made without approval from the Bureau of Information Technology (IT).		
			Recommendation 1.1 Conduct periodic training and issue reminders to P-Card holders regarding procurement policies for the purchase of IT resources. 1.2 Review the IT pre-approved list while checking P-Card purchases for approval. Route unapproved purchases through IT for review and notify individuals when they have made an inappropriate purchase.	<ul><li>1.1 Reminders will be sent to P-Card holders reminding them of the policies regarding the purchase of IT resources.</li><li>1.2 Finance and Accounting (F&amp;A) will revise procedures to include this review and oversight activity.</li></ul>	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Finding 08-05-02		
			The Agency needs more comprehensive training and		
			periodic refresher training in all aspects of Agency		
			purchasing.		
			Recommendation		
			2.1 Verify training has been completed prior to	2.1 My Florida Market Place (MFMP)	
			authorizing use of the systems.	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.	
			22 Can best assisting to initial assistance and	2.2 The December Office when	
			· ·	2.2 The Procurement Office plans to	
			followed.	develop a system of quarterly reminders for	
			followed.	purchasing liaisons and MFMP users.	
			2.3 Evaluate the training program and look for ways to	2.3 All training programs and methods will	
				be evaluated for possible improvements.	
			mano impro termentos	positive in positive improvements.	
			Finding 08-05-03		
			A number of P-Card approvals were not approved		
			within the contractually required 10 calendar day		
			timeframe.		
			Recommendation		
			· · ·	3.1 F&A processes were modified so that	
			to approve the charges when the tenth day approaches	delinquent approvals are escalated up the	
			and elevate the issue to the cardholder's supervisor if	chain of command timely. We have updated	
				the P-Card Procedures to document this	
				modification.	
				3.2 F&A processes were modified so that	
				delinquent approvals are sent to the	
			consistently exceed the 10 days.	appropriate supervisor. F&A has begun to	
				keep a tracking list.	
			3.3 Conduct periodic training reviews to ensure the	3.3 F&A will send out reminders that the P-	
			requirement is followed.	Card training is on-line and should be	
				periodically reviewed.	
1	ı		Dogg 172 of 201		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Finding 08-05-04 MFMP, P-Card, and FLAIR users who no longer need access to the systems are still listed as active.		
			Recommendation 4.1 Coordinate with Human Resources (HR) to receive a list of recently terminated employees and contact the employee's supervisor regarding the termination of MFMP account access.	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.	
			4.2 Conduct periodic training reviews regarding the termination process.	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.	
08-08	9/19/07-2/13/08	Information Technology	Finding 08-08-01 There is no strategic plan or control framework in place in the Bureau of Information Technology (IT).		
				The Technical Advisory Group (TAG) has met since Feb 2009 to have input and assist	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Finding 08-08-02 Controls over the process of identifying, evaluating, and developing or acquiring new technology solutions within the Agency need to be strengthened.		
			Recommendation Develop, implement and document controls for the process of identifying, evaluating, and developing or acquiring new technology solutions within the Agency.	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.	
			Finding 08-08-03 IT does not have a process in place for defining relevant performance indicators, monitoring and measuring itself against those identified indicators, and implementing corrective action when performance is deficient.		
			Recommendation  Develop a monitoring and measurement process that defines relevant performance indicators and compliance requirements, ensures systematic and timely reporting of performance and compliance, and promptly acts upon identified deviations.	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.	
				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.	
			Page 175 of 281		

REPORT	PERIOD	1	SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Finding 08-08-04 We noted a lack of documented policies and procedures for many controls the bureau has in place.		
			Recommendation Develop, implement, review, and update written information technology policies and procedures to ensure achievement of IT business objectives and awareness and understanding of management direction.	IT 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.	
OAG #2008-027	7/2005-2/2007	Administrative Services	Finding 2008-027-01 The Agency needs to enhance tangible personal property (TPP) policies and procedures to ensure that the annual physical inventory is timely and accurately reconciled with property records and that all potential record errors and losses of equipment are timely investigated.		
			Recommendation Improve documentation to document that inventory results have been reconciled to the property records in a timely manner and that all potential record errors and losses of equipment have been timely investigated. We also recommend that the Property Manual be updated to require supervisory review and approval of the completed inventory and related reconciliations and adjustments.	All recommendations were followed and procedures updated.	
			Finding 2008-027-02 Improve procedures to ensure Tangible Personal Property (TPP) is timely and accurately recorded.  Page 176 of 281		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			Recommendation In order to effectively safeguard Agency assets, we recommend the Agency increase efforts to ensure that property records are accurately and timely updated.	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.	
			Finding 2008-027-03 Insurance coverage purchased for Agency building contents significantly exceeded the amount required.		
			Recommendation  We recommend the Agency ensure that insurance calculations are effectively verified.	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.	
			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.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Recommendation		
			To ensure that the Medicaid nursing home	Complete. Funds from this account will be	
			overpayment Account is properly utilized, we	withdrawn as a last resort should a lessee	
			recommend the Agency establish rules for	operator terminate its lease and the Agency	
			administration and management of the Account. The	subsequently determines there is an	
			Agency should also implement annual reviews of the	uncollectible overpayment due. This type of	
			Account balance to determine whether recommended	situation would probably only occur after	
			changes in fee collection rates should be submitted for	bankruptcy has been declared and there are	
			legislative consideration.	no assets for the Agency to recover.	
				Fortunately, the incident that prompted the	
				legislature to enact this provision has not	
				occurred since the adoption of this	
				provision in 2002. The Agency General	
				Counsel's office determined that a rule for	
				administration and management of the	
				Account was not necessary in order to	
				access or manage the fund.	
				Procedures were developed to track	
				overpayments made to leasehold operators	
				in conjunction with the Lease Bond Trust	
				Fund Reconciliation process. We will not	
				be able to actuarially determine if the fund	
				balance is adequate to cover all potential	
				liabilities. We calculate the balance of	
				outstanding overpayments to leasehold	
				operators and the ratio of the fund to current	
				overpayments.	
				The current fund balance appears to be	
				adequate to cover reasonably potential	
				uncollectible overpayment liabilities of	
				currently leased facilities.	
			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.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			•	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.	
			Finding 2008-027-06 It was not clear from Agency records that all required employee background screenings had been performed.		
			Also, when applicable, the Agency should ensure that documentation is maintained of the consideration of the effect on employment of any significant convictions.	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.	
			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.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Recommendation Enhance hospital assessment invoicing procedures to facilitate hospital payment of assessments by no later than the first day of each calendar quarter.  Finding 2008-027-08	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.	
			The Agency did not follow policies and procedures established to reasonably ensure that State-owned cellular telephones were used for an authorized public purpose and that any incidental personal use was identified and reimbursed.		
			Recommendation  We recommend the Agency enforce established policies by requiring the submission of users' certifications. The certifications should be reviewed to ensure that all charges serve an authorized public purpose and, as applicable, personal calls are reimbursed.	The Agency sent out confirmation requests that cell phones were used for business, and any personal calls were to be reimbursed. The follow-up process has been changed to require additional action to ensure all responses are received. 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.	
			Finding 2008-027-09 The Agency needs to continue efforts to implement rules for the Florida KidCare Program.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
NUMBER	ENDING	UNII/AREA	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.	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.	CODE
OAG #2008-033	7/2005-2/2007	Medicaid Services	Finding 2008-033-01 Agency files did not include a price or cost analysis showing that the contract rate of payment did not exceed the competitive prevailing rate.  Recommendation To reasonably ensure that Non Emergency Transportation (NET) contract rates are competitive and supported in the manner required by Florida law and Agency procedure, we recommend the Agency utilize the trip encounter information provided under the contract to perform periodic cost analyses of NET services.	The Agency 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.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
T.C.T.D.Z.X			Finding 2008-033-02 Our tests of the Agency's monitoring of the CTD contract disclosed that, based on available documentation, the level of monitoring was not sufficient for the Agency to evaluate performance of the contractor and its subcontractors.  Recommendation To ensure that Medicaid non-emergency transportation services are only provided to eligible beneficiaries and the most cost-effective method is used, we recommend the Agency enhance contract monitoring procedures and document monitoring efforts in sufficient detail.	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.	
OAG #2008-035	7/2005-2/2007	Third Party Liability	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.  Recommendation We recommend the Agency develop checklists or similar documentation in support of estate and insurance recovery monitoring.	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.	

REPORT	PERIOD	LINUT/A DE A	SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	document whether estate funds are available for recovery to allow the Agency to determine whether the TPL contractor's actions were sufficient under the circumstances. Finally, we recommend that the monitoring report contain conclusions regarding whether the assessment of liquidated damages should be pursued by the Agency.	The Agency shall ensure it summarizes repetitive, substantial or significant procedural errors in a cover letter submitted with each monitoring report. In addition, the Agency will include conclusions regarding whether the assessment of liquidated damages will be pursued as a result of the monitoring report findings. The Agency will require the contractor to pursue recovery after a legal deadline has passed if possible (e.g. the court has not ordered disbursement of funds). The Agency will determine whether or not the contractor's actions were sufficient and impose sanctions as appropriate in accordance with the contract. Recommendations are pending implementation of the new TPL contract.	CODE
			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.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Recommendation  We recommend the Agency request a waiver from the Federal Government in regards to modified procedures related to the identification of liable third-parties. We also recommend that the Agency periodically review the TPL contractor's insurance carrier list to evaluate its sufficiency. Steps to evaluate the list might include comparisons of the carriers shown by the list to Statelicensed providers.	The Agency will evaluate the effectiveness of the data matches and consider a revision to the Medicaid State Plan. The Agency will require the contractor to submit supporting documentation indicating data matches were conducted. The Agency will continue to monitor collections received from carriers and cost avoidance savings to ensure the contractor is conducting the required data matches. Recommendations are pending implementation of the new TPL contract.	
			Finding 2008-035-04  To ensure that amounts collected by TPL are timely deposited and accurately recorded in accounting and other management records, TPL should reconcile amounts collected to the amounts recorded.		
			Recommendation  We recommend the Agency implement procedures to reconcile TPL receipts with deposits shown by the accounting records.	TPL maintains a database in order to reconcile amounts deposited and subsequently invoiced by the contractor. TPL posts an event in the TPL case tracking system (EAGLE) as an additional measure to ensure amounts deposited balance to amounts invoiced.	
				Prior to approving invoices for the contractor, TPL ensures funds have been deposited. In order to eliminate processing of TPL funds through F&A, TPL is working towards the TPL contractor depositing all TPL related payments to ensure complete reconciliation of all amounts.  Recommendations are pending implementation of the new TPL contract.	
			Page 184 of 281	TPL related payments to ensure complete reconciliation of all amounts.  Recommendations are pending	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF	SUMMARY OF	ISSUE CODE
NUMBER	ENDING		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	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.	СОДЕ
			Finding 2008-035-06 The Agency should continue to monitor the impact on TPL activities of a recent United States Supreme Court ruling.  Recommendation The Agency should continue to monitor the impact on TPL activities of the Supreme Court ruling.	The Agency will continue to monitor the impact of the Supreme Court ruling.	
OAG #2008-091	7/2005-2/2007	Contract Administration	Finding 2008-091-01  The Agency should enhance its contract monitoring policies and procedures to ensure that contract monitoring is adequately conducted and the written policies and procedures are updated to reflect current practices.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			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	Contract Monitoring Plan submission is now required prior to contract execution.  Agency Procurement Policies and Procedures will be revised to indicate this new requirement. Additionally, the existing Contract Monitoring Plan form will be revised to include a requirement for contract manager supervisor signature.	
			Finding 2008-091-02 The Agency needed to significantly improve oversight of Health Maintenance Organization (HMO) contracts.		
			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.  Finding 2008-091-03	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.	
			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.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			and procedures to ensure that all documentation supporting monitoring activities is maintained in the contract manager's files.	The Agency will continue to enhance existing policies and procedures. Additionally, Contract Administration will develop new forms and guides to assist Contract Managers in documenting monitoring activities.	
			Finding 2008-091-04 The Agency needs to enhance its contract management policies and procedures by requiring individuals taking part in the contract award or contract monitoring processes to attest in writing that they are independent of, and have no conflicts of interest with respect to, entities selected or monitored.		
			interest for employees involved in the award of contracts. Due to the importance of the contract manager's involvement in the management of	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	
OAG #2008-141	FYE 6-30-07	Federal Awards Audit	Finding #FA 07-059 The Agency expended administrative costs at a rate higher than the established threshold.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
NUMBER	ENDING	UNIT/AREA	Recommendation 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 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	CODE
			2007-08 fiscal year.	same time, the DOH was approved for random moment sampling, which allowed them a higher level of administrative	
			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.	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.	
				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.	

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			Finding #FA 07-060 The Agency's procedures did not effectively ensure the timely recoupment of overpayments made to Health Maintenance Organizations (HMOs) on behalf of deceased clients.		
			that all capitation overpayments are timely recouped.	The Agency continues to make every effort to recoup erroneous capitation payments on a timely basis. The TPL Vendor continues	
				to conduct the date of death project on a quarterly basis.project on a quarterly basis.  A new Third Party Liability contract is scheduled to begin November 1, 2008.	
				After execution of the new contract, the Agency will work with the TPL Vendor to review the above procedure to determine if there is a method to identify and recoup the capitation payments in a timelier manner.	
				The Agency will continue to monitor the recoupment process through the MMIS to ensure claims are identified by the TPL Vendor and recouped from providers.	
			Finding #FA 07-062 The Agency did not review and release certain audits of Intermediate Care Facilities for the Developmentally Disabled (ICF-DD) cost reports on a timely basis. Additionally, the Agency had not resolved issues relating to ICF-DD facilities for which the independent auditors disclaimed an opinion on the cost reports.		

REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
			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.	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.	
			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.  Recommendation We recommend that State agencies follow Department of Financial Services (DFS) instructions and prepare reconciliations between total expenditures reported on the SEFA data form and the agencies' financial statements. Further, we recommend that DFS revise the certification to require agencies to certify that a reconciliation between the SEFA data form and the agencies' financial statements has been prepared.	The Agency has formulated procedures to comply with the requirement of reconciling the SEFA to the financial statements. This reconciliation will be completed by the next time the SEFA is due.	

Office of Policy and Budget - July 2009

## Fiscal Year 2010-11 LBR Technical Review Checklist

Budget Officer/OPB Analyst Name:				
· · · · · · · · · · · · · · · · · · ·	re further explanati	ion/justification (ad		
n be used as necessary), and "TIPS" are other areas to consider.				
Action		Vice (Budget Entity C		
Action	68200000			
ERAL				
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			
Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Yes			
S:		-		
Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. ( <b>EXBR, EXBA</b> )	Yes			
Has security been set correctly? (CSDR, CSA)	Yes			
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.				
IBIT A (EADR, EXA)				
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			
Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Yes			
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			
Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?	Yes			
IBIT B (EXBR, EXB)				
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			
	icates "YES" and is acceptable, an "N/I" indicates "NO/Justification Provided" - these requine be used as necessary), and "TIPS" are other areas to consider.  Action  ERAL  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)  Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)  S:  Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)  Has security been set correctly? (CSDR, CSA)  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.  IBIT A (EADR, EXA)  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?  Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?  Are the issue codes and titles consistent with Section 3 of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?  Have the coding guidelines in Section 3 of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?  Have the coding guidelines in Section 3 of the LBR Instructions (pages 15 through 27) been followed?  BITB (EXBR, EXB)  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	icates "YES" and is acceptable, an "NJ" indicates "NOJInstification Provided" - these require further explanant in be used as necessary), and "TIPS" are other areas to consider.  Program or Ser  Action  Action  Real.  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  Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)  Yes  Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)  Yes  Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)  Has security been set correctly? (CSDR, CSA)  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.  IBIT A (EADR, EXA)  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?  Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?  Are the issue codes and titles consistent with Section 3 of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?  Have the coding guidelines in Section 3 of the LBR Instructions (pages 15 through 27) been followed?  BIT B (EXBR, EXB)  Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXXO - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR pashibit.		

		Progra	m or Servi	ce (Budge	t 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. EXHI	BIT D (EADR, EXD)				
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 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. EXHI	BIT D-1 (ED1R, EXD1)				
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Yes			
AUDITS:					
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Yes			
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)				
	Please note that the LBR Instructions reference the wrong B column.	Yes			

		Progra	m or Serv	ice (Budge	et Entity Co
	Action	68200000			
5.4	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.)  Please note that the LBR Instructions reference the wrong B column.	Yes			
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				_

			Progra	m or Sei	rvice (Bud	get Entity C
		Action	68200000			
	TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				
	TIP	Exhibit B - A01 less than 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.	EXHI	BIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only	.)			
	6.1	Are issues appropriately aligned with appropriation categories?	Yes			
	TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.				
7.	EXHI	BIT D-3A (EADR, ED3A)				
	7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 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.		res			
	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			

		Progra	m or Serv	ice (Budge	et Entity Co
	Action	68200000			
7.9	Does the issue narrative reference the specific county(ies) where applicable?				
		Yes			

		Program o	r Service (Budget Entit	ty C
	Action	68200000		
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #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. ( <b>PLRR</b> , <b>PLMO</b> )	N/A		
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A		
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A		
7.14	Do the amounts reflect appropriate FSI assignments?	Yes		
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 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 major audit findings and recommendations 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		

		Progra	m or Servi	ce (Budge	t Entity C
	Action	68200000			
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run <b>OADA/OADR</b> from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.				
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 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. SCHI	EDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level $\mathit{or}$ SC1R	, SC1D - I	Departme	ent Level	)
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Yes			
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?	Yes			
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?	Yes			
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	N/A			
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Yes			
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Yes			

	Progra	m or Servi	ice (Budge	t Entity C
Action	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			

		Program	m or Serv	ice (Budge	t Entity C
	Action	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</i> 215.32(2)(b), Florida Statutes - 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			

		Program or	Service (Budget Entity Co
	Action	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	

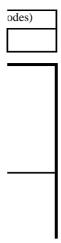
		Program or	r Service (Budget Entity Co
	Action	68200000	
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Yes	
AUDITS	S:		,
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Yes	
8.30	Is the June 30 Adjusted Unreserved 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. SCHI	EDULE II (PSCR, SC2)		
AUDIT			
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)	Yes	
10 SCF	IEDULE 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 <b>OADI</b> or <b>OADR</b> to identify agency other salary amounts requested.	N/A	
11. SCH	IEDULE IV (EADR, SC4)		
11.1	Are the correct Information Technology (IT) issue codes used?		
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.		
12. SCH	IEDULE VIIIA (EADR, SC8A)		

		Prograi	m or Service (	Budget Entity C
	Action	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. SCH	HEDULE VIIIB-1			
13.1	This schedule is not required in the October 15, 2009 LBR submittal.			
14. SCH	HEDULE 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?	N/A		
15. SCF	HEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed	instructi	ons)	
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)</i> (b), Florida Statutes, 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	S INCLUDED IN THE SCHEDULE XI REPORT:			•
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? ( <b>GENR, ACT1</b> )	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 should appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Yes		
15.7	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.		<u>'</u>	•

		Program o	r Service (Budget Entity	C
	Action	68200000		
16. MAI	NUALLY 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. CAP	PITAL IMPROVEMENTS PROGRAM (CIP)			_
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Yes		
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A		
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Yes		
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Yes		
17.5	Are the appropriate counties identified in the narrative?	N/A		
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.	·		

	_
litional	
odes)	
,	

odes)
-
<u> </u>
1
1



odes)
$\vdash$

odes)	

odes)

odes)

odes)	

odes)

odes)
i

odes)

odes)

odes)	

## 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 (Bud	lget Entity C	Codes)
	Action	68500100			
1. GEN	ERAL				
1.1	Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (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	S:		•		
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. EXH	IBIT A (EADR, EXA)				
2.1	Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 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. EXH	IBIT B (EXBR, EXB)	<u> </u>			
3.1	Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	N/A			

		Progra	am or Serv	vice (Budge	et Entity C	odes)
	Action	68500100				
AUDITS:						
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	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. EXHI	BIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 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. EXHI	BIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)					
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.)					
	Please note that the LBR Instructions reference the wrong B column.	Yes				

		Program or Service (Budget Entity Codes)				
	Action	68500100				
5.4	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.)  Please note that the LBR Instructions reference the wrong B column.	Yes				
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.					

			Progra	ım or Serv	ice (Budge	et Entity C	odes)
		Action	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.	EXHI	BIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only	.)				
	6.1	Are issues appropriately aligned with appropriation categories?	Yes				
	TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
7.	EXHI	BIT D-3A (EADR, ED3A)					
	7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 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				

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

		Program	n or Service (Bud	get Entity Codes)
	Action	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. ( <b>PLRR</b> , <b>PLMO</b> )	N/A		
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A		
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A		
7.14	Do the amounts reflect appropriate FSI assignments?	Yes		
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 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		

		Progra	m or Serv	ice (Budge	t Entity C	odes)
	Action	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 <b>OADA/OADR</b> from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.					
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 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. SCH	EDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level $or$ SC1R	, SC1D - 1	Departm	ent Level	l)	
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				

	Program or Service (Budget Entity Codes)				Codes)
Action	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				

				Program or Service (Budget Entity Code			
	Action	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</i> 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	N/A					
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?	Yes					

		Progra	am or Service (I	Budget Entity	Codes)
	Action	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			

		Progra	m or Serv	vice (Budg	et Entity C	Codes)
	Action	68500100				
8.28	Door Line Let Column A01 (Schodule Degual Line V of the Schodule IC9	Yes				
8.28 AUDITS	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	103				
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to	T 1				l
0.29	eliminate the deficit).					
	eminiate the dericity.	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.					
	EDULE II (PSCR, SC2)					
AUDIT:		Г Т		1		1
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				
	IEDULE III (PSCR, SC3)				1	
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR	NY / A				
	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 <b>OADI</b> or <b>OADR</b> to identify agency other salary amounts requested.					
	OADI of OADIR to identify agency other salary amounts requested.	N/A				
11 SCP	IEDULE IV (EADR, SC4)	1 1/11				
11. SCH 11.1	Are the correct Information Technology (IT) issue codes used?	N/A			I	
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear	- "		<u> </u>	<u> </u>	<u> </u>
111	in the Schedule IV.					
12. SCH	IEDULE VIIIA (EADR, SC8A)					

		Progra	m or Servi	ce (Budget	Entity Co	des)
	Action	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. SCH	IEDULE VIIIB-1					
13.1	This schedule is not required in the October 15, 2009 LBR submittal.					
14. SCH	HEDULE 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. SCH	IEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed	instructi	ons)			
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)</i> (b), Florida Statutes, 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? ( <b>GENR, ACT1</b> )	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 should appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Vas				
		Yes	<b></b>			
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 (Bud	get Entity	Codes)
	Action	68500100			
16. MA	NUALLY 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	S - GENERAL INFORMATION				
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.				
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				
17. CAF	PITAL IMPROVEMENTS PROGRAM (CIP)				
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Yes			
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A			
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Yes			
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Yes			
17.5	Are the appropriate counties identified in the narrative?	N/A			
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.				

## 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 (Bud	dget Entity C	Codes)
	Action	68500200			
1. GEN	FRAL				
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	S:				
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. ( <b>EXBR, EXBA</b> )	Yes			
1.4	Has security been set correctly? (CSDR, CSA)	Yes			
TIP	The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.				
2. EXH	IBIT A (EADR, EXA)				
2.1	Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 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. EXH	IBIT B (EXBR, EXB)		<u> </u>		
3.1	Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	N/A			

		Progra	am or Serv	rice (Budge	et Entity C	odes)
	Action	68500200				
AUDITS:						
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	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. EXHI	BIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 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. EXHI	BIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)					
AUDITS:			ı			ī
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.)					
	Please note that the LBR Instructions reference the wrong B column.	Yes				

		Prograr	n or Serv	ice (Budge	et Entity C	odes)
	Action	68500200				
5.4	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.)  Please note that the LBR Instructions reference the wrong B column.	Yes				
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.					

			Progra	ım or Serv	ice (Budge	et Entity C	odes)
		Action	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.	EXHI	BIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only	.)				
	6.1	Are issues appropriately aligned with appropriation categories?	Yes				
	TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
7.	EXHI	BIT D-3A (EADR, ED3A)					
	7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 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				

		Progra	am or Serv	rice (Budge	et Entity C	odes)
	Action	68500200				
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Yes				

		Program	n or Service (Bu	dget Entity C	odes)
	Action	68500200			
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #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. ( <b>PLRR</b> , <b>PLMO</b> )	N/A			
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A			
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A			
7.14	Do the amounts reflect appropriate FSI assignments?	Yes			
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 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			

		Progra	ım or Serv	ice (Budge	et Entity C	odes)
	Action	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 <b>OADA/OADR</b> from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.					
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 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. SCHE	DULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R	, SC1D - 1	Departm	ent Level	l)	
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				

	Progra	m or Service (	Budget Enti	ty Codes)
Action	68500200			
8.7 If the agency is scheduled for the annual trust fund review this year, have Schedule ID and applicable draft legislation been included for recreation modification or termination of existing trust funds?				

		Progra	ım or Serv	rice (Budge	et Entity C	odes)
	Action	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</i> 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	N/A				
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?	Yes				

		Progra	m or Service (B	Budget Entity (	Codes)
	Action	68500200			
8.10	Are the statutory authority references correct?	Yes			Τ
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 (B	udget 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	T	I		I
eliminate the deficit).				
, and the second	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				
<b>Request'')</b> Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 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 <b>OADI</b> or <b>OADR</b> to identify agency other salary amounts requested.				
OADI OF OADK to identify agency other safary amounts requested.	N/A			
11. SCHEDULE IV (EADD SCA)	11//1			
11. SCHEDULE IV (EADR, SC4)	N/A			
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)				

		Progra	m or Servi	ce (Budget l	Entity Co	les)
	Action	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. SCH	IEDULE VIIIB-1					
13.1	This schedule is not required in the October 15, 2009 LBR submittal.					
14. SCH	IEDULE VIIIB-2 (EADR, S8B2)		<u> </u>	<u>'</u>		
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. SCH	IEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed	instructi	ons)			
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)</i> (b), Florida Statutes, 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				
<b>AUDITS</b>	INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? ( <b>GENR, ACT1</b> )	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 should appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Yes				
15 7	Door Section I (Final Pudget for Agency) and Section III (Total Pudget for	105				
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.					

	Ţ.	Program or	Service (Budg	get Entity C	Codes)
	Action	68500200			
16. MA	NUALLY 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	S - GENERAL INFORMATION				
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.				
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				
17. CAP	PITAL IMPROVEMENTS PROGRAM (CIP)				
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Yes			
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A			
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Yes			
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Yes			
17.5	Are the appropriate counties identified in the narrative?	N/A		1	
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	r Service (Bud	get Entity C	lodes)
	Action	68501400			
1. GEN	ERAL				
1.1	Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (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	S:				
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. ( <b>EXBR, EXBA</b> )	Yes			
1.4	Has security been set correctly? (CSDR, CSA)	Yes			
TIP	The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.				
2. EXH	IBIT A (EADR, EXA)				
2.1	Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 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. EXH	IBIT 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			

		Progra	am or Serv	vice (Budge	et Entity C	odes)
	Action	68501400				
AUDITS:						
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	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. EXHI	BIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 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. EXHI	BIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)					
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.)					
	Please note that the LBR Instructions reference the wrong B column.	Yes				

		Program or Service (Budget Entity Codes)				
	Action	68501400				
5.4	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.)  Please note that the LBR Instructions reference the wrong B column.	Yes				
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.					

			Progra	am or Serv	vice (Budge	et Entity C	Codes)
		Action	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.	EXHI	BIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only	.)				
	6.1	Are issues appropriately aligned with appropriation categories?	Yes				
	TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
7.	EXHI	BIT D-3A (EADR, ED3A)					
	7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 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 Codes)				
Action	68501400				
7.9 Does the issue narrative reference the specific county(ies) where applicable?	Yes				

		Program	or Service (Bud	get Entity Codes)
	Action	68501400		
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #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. ( <b>PLRR</b> , <b>PLMO</b> )	N/A		
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A		
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A		
7.14	Do the amounts reflect appropriate FSI assignments?	Yes		
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 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		

		Progra	m or Serv	ice (Budge	et Entity C	odes)
	Action	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 <b>OADA/OADR</b> from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.					
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 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. SCHE	EDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R	, SC1D - 1	Departm	ent Level	l)	
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				

	Program or Service (Budget Entity Codes)				
Action	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					
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section</i> 215.32(2)(b), <i>Florida Statutes</i> - including the Schedule ID and applicable legislation?	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				

		Program or Service (Budget Entity Codes)					
	Action	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					

		Progran	(Budget Enti	ty Codes)	
	Action	68501400			
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Yes			
AUDITS	<b>3</b> :	<u> </u>			
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. SCHI	EDULE II (PSCR, SC2)				
AUDIT:	:				
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)	N/A			
10. SCH	IEDULE 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 <b>OADI</b> or <b>OADR</b> to identify agency other salary amounts requested.	N/A			
11. SCH	IEDULE IV (EADR, SC4)				
11.1	Are the correct Information Technology (IT) issue codes used?	N/A			
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.				
12. SCH	IEDULE VIIIA (EADR, SC8A)				

		VIII-A? Are the priority narrative explanations adequate?  Ves  IIB-1  Iule is not required in the October 15, 2009 LBR submittal.  IIB-2 (EADR, S8B2)  uctions comply with the instructions provided on pages 101 and 102 of instructions regarding a 10% reduction in recurring General Revenue Funds?  (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)  thedule XI one page summary Excel file been e-mailed to OPB at CostSummary@laspbs.state.fl.us? Agencies are required to generate Isheet via the LAS/PBS Web. (Note: Pursuant to section 216.023(4) a Statutes, the Legislature can reduce the funding level for any agency to provide this information.)  Files uploaded to the Florida Fiscal Portal for the LRPP and LBR Excel file e-mailed to OPB?  DIN THE SCHEDULE XI REPORT:  Yes  ON THE SCHEDULE XI REPORT:  Yes  IN Activities (ACT0010 thru ACT0490) have output standards yet of statewide activities (ACT0010 thru ACT0490) have output standards yet Syre 5)? (Audit #1 should print "No Activities Found")  NO  Sixed Capital Outlay (FCO) statewide activity (ACT0210) only contain or 14XXXX appropriation categories? (Audit #2 should print "No (Categories Found")  NO  Categories Found")  NO  Provided the necessary demand (Record Type 5) for all activities of Pensions, Benefits and Claims' activity and Other' activities. Verify tivities should be displayed in Section III. If not, an output standard d to be added for that activity and the Schedule XI submitted again.)			
	Action	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. SCH	IEDULE VIIIB-1				
13.1	This schedule is not required in the October 15, 2009 LBR submittal.				
14. SCH	HEDULE VIIIB-2 (EADR, S8B2)		<u> </u>	<u> </u>	
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. SCH	IEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed	instructi	ons)		
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)</i> (b), Florida Statutes, 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			
<b>AUDITS</b>	INCLUDED IN THE SCHEDULE XI REPORT:				
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? ( <b>GENR, ACT1</b> )	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 should appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Vec			
15.5		168			
15.7	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.				

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

## 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 (Bud	lget Entity C	Codes)
	Action	68501500			
1. GEN	ERAL				
1.1	Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (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	S:				
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. EXH	IBIT A (EADR, EXA)				
2.1	Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 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. EXH	IBIT 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			

		Progra	am or Serv	vice (Budge	et Entity C	odes)
	Action	68501500				
AUDITS:						
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	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. EXHI	BIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 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. EXHI	BIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)					
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.)					
	Please note that the LBR Instructions reference the wrong B column.	Yes				

		Program or Service (Budget Entity Codes)				odes)
	Action	68501500				
5.4	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.)					
	Please note that the LBR Instructions reference the wrong B column.	Yes				
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.					

			Progra	am or Serv	vice (Budge	et Entity C	lodes)
		Action	68501500				
-	ГІР	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.					
	ГІР	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.					
	ГІР	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. l	EXHI	BIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only	.)				
(	6.1	Are issues appropriately aligned with appropriation categories?	Yes				
	ГІР	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. I	EXHI	BIT 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				

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

		Program	or Service (Bud	get Entity Codes)
	Action	68501500		
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #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. ( <b>PLRR</b> , <b>PLMO</b> )	N/A		
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A		
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A		
7.14	Do the amounts reflect appropriate FSI assignments?	Yes		
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 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:				L
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		

		Progra	m or Serv	ice (Budge	t Entity C	odes)
	Action	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 <b>OADA/OADR</b> from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.					
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 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. SCH	EDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R	, SC1D - 1	Departm	ent Level	l)	
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				

	Program or Service (Budget Entity Codes)				
Action	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				

		Program or Service (Budget Entity Codes)				
	Action	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</i> 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	N/A				
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?	Yes				

		Prograi	m or Service (Bu	dget Entity C	odes)
	Action	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			

		Progran	n or Service	e (Budget Enti	ty Codes)
	Action	68501500			
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Yes			
AUDITS	<u>;</u>				
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. SCHI	EDULE II (PSCR, SC2)				
AUDIT:	:				
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)	N/A			
10. SCH	IEDULE III (PSCR, SC3)	<u> </u>	<u> </u>	•	•
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 <b>OADI</b> or <b>OADR</b> to identify agency other salary amounts requested.	N/A			
11. SCH	IEDULE IV (EADR, SC4)				
11.1	Are the correct Information Technology (IT) issue codes used?	N/A			
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.		-	<u> </u>	<u>,</u>
12. SCH	IEDULE VIIIA (EADR, SC8A)				

		Progra	ım or Ser	rvice (Budg	get Entity C	Codes)
	Action	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. SCH	IEDULE VIIIB-1					
13.1	This schedule is not required in the October 15, 2009 LBR submittal.					
14. SCH	IEDULE 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. SCH	IEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed	instructi	ons)			
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)</i> (b), Florida Statutes, 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	S INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? ( <b>GENR, ACT1</b> )	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 should appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)					
		Yes				
15.7	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.			·		

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

## 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.

		Progr	am or Ser	vice (Budg	get Entity (	Lodes)
	Action	700700				
1. GEN	EDAI					
1.1	Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (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	S:					
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. EXH	IBIT A (EADR, EXA)	_				
2.1	Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 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. EXH	IBIT B (EXBR, EXB)	•	1			
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				

		Progr	am or Ser	vice (Budg	get Entity (	Codes)
	Action	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. EXHI	BIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 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. EXHI	BIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)					
AUDITS:			ı		ı	ı
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.)					
	Please note that the LBR Instructions reference the wrong B column.	Yes				

		Program or Service (Budget Entity Codes)				
	Action	700700				
5.4	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.)  Please note that the LBR Instructions reference the wrong B column.					
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.	Yes				

			Progr	am or Ser	vice (Budg	get Entity (	Codes)
		Action	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.	EXHI	BIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only	·.)				
	6.1	Are issues appropriately aligned with appropriation categories?	Yes				
	TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
7.	EXHI	BIT D-3A (EADR, ED3A)					
	7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 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 Codes)				
Action	700700				
7.9 Does the issue narrative reference the specific county(ies) where applicable?	Yes				

		Program or	Service (Budget I	Entity Codes)
	Action	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. ( <b>PLRR</b> , <b>PLMO</b> )	N/A		
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A		
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A		
7.14	Do the amounts reflect appropriate FSI assignments?	Yes		
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 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		

		Progra	ım or Serv	ice (Budg	get Entity C	Loues)
	Action	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. SCHF	EDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R	, SC1D -	Departn	nent Lev	el)	
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				

	Program or Service (Budget Entity Codes)				
Action	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				

		Program or Service (Budget Entity Codes)				
	Action	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</i> 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	N/A				
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?	Yes				

		Program or Service (Budget Entity Coc			
	Action	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 Cod				Codes)
	Action	700700				
0.20	Described Land Colours A01 (Colours Land Described Descr	Yes				
8.28 AUDITS	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	103			<u> </u>	
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to	I		1	T	l
8.29	eliminate the deficit).					
	chimitate 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		<u>L</u>	•	•	
	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.					
	EDULE II (PSCR, SC2)					
AUDIT:		1		1	1	1
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. SCH	IEDULE III (PSCR, SC3)				_	
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR					
	Instructions.)	N/A			<u> </u>	
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					
	<b>OADI</b> or <b>OADR</b> to identify agency other salary amounts requested.	N/A				
44 60-	MEDIA E M. (DADD (COA)	1 <b>N</b> /A				
	IEDULE IV (EADR, SC4)	N/A		1	1	
11.1	Are the correct Information Technology (IT) issue codes used?	1 <b>N</b> /A	<u> </u>			
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.					
10 000						
12. SCH	IEDULE VIIIA (EADR, SC8A)					

		Program or Service (Budget Ent			et Entity (	ty Codes)
	Action	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. SCH	IEDULE VIIIB-1			•		
13.1	This schedule is not required in the October 15, 2009 LBR submittal.					
14. SCH	HEDULE 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. SCH	IEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed	instructi	ons)			
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)</i> (b), Florida Statutes, 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? ( <b>GENR, ACT1</b> )	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 should appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)					
		Yes				
15.7	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.			Į.		

		Program or Service (Budget Entity Codes			Program or Service (B	Codes)
	Action	700700				
16. MA	NUALLY 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	S - GENERAL INFORMATION	•	•		<u>.</u>	
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.					
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					
17. CAI	PITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Yes				
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A				
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Yes				
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Yes				
17.5	Are the appropriate counties identified in the narrative?	N/A				
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.					