



CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
INTERIM SECRETARY

LEGISLATIVE BUDGET REQUEST

Agency for Health Care Administration

Tallahassee

October 15, 2010

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 Councils
221 Capitol
Tallahassee, Florida 32399-1300

Mr. David Coburn, 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 2011-12 Fiscal Year. This submission has been approved by Elizabeth Dudek, Interim Secretary.

Sincerely,


Karen Zeiler
Deputy Secretary, Operations



BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 10 1 000298 68200000 GEN REV--AGENCY FOR HEALTH CARE ADMINISTRATION

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
13100 000000	UNEXPENDED GENERAL REVENUE RELEASES BALANCE BROUGHT FORWARD	409,066.28
31100	ACCOUNTS PAYABLE	
010000	SALARIES AND BENEFITS	46,369.87
010000 CF	SALARIES AND BENEFITS	95,813.93-
030000	OTHER PERSONAL SERVICES	0.00
030000 CF	OTHER PERSONAL SERVICES	1,069.18-
040000	EXPENSES	0.00
040000 CF	EXPENSES	8,246.96-
060000	OPERATING CAPITAL OUTLAY	0.00
060000 CF	OPERATING CAPITAL OUTLAY	45,180.05-
100777	CONTRACTED SERVICES	54.55-
100777 CF	CONTRACTED SERVICES	256,734.97-
	** GL 31100 TOTAL	360,729.77-
35300	DUE TO OTHER DEPARTMENTS	
040000	EXPENSES	0.00
040000 CF	EXPENSES	511.26-
100777	CONTRACTED SERVICES	0.00
100777 CF	CONTRACTED SERVICES	5,694.13-
	** GL 35300 TOTAL	6,205.39-
38600	CURRENT COMPENSATED ABSENCES LIABILITY	
010000	SALARIES AND BENEFITS	46,369.87-
54900	FUND BALANCE UNRESERVED	
000000	BALANCE BROUGHT FORWARD	4,238.75
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 10 1 000298 68500100 GEN REV--AGENCY FOR HEALTH CARE ADMINISTRATION

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
13100 000000	UNEXPENDED GENERAL REVENUE RELEASES BALANCE BROUGHT FORWARD	2,471,756.25
31100	ACCOUNTS PAYABLE	
100777	CONTRACTED SERVICES	0.00
100777 CF	CONTRACTED SERVICES	279,330.17-
102340	MEDIKIDS	0.00
102340 CF	MEDIKIDS	1,861,983.83-
102342	CHILDRENS MED SVCS NETWORK	0.00
102342 CF	CHILDRENS MED SVCS NETWORK	331,442.25-
	** GL 31100 TOTAL	2,472,756.25-
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	1,000.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
10 1 000298 68500200 GEN REV--AGENCY FOR HEALTH CARE ADMINISTRATION

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100	CASH ON HAND	
000000	BALANCE BROUGHT FORWARD	669.99
001800		0.00
	** GL 11100 TOTAL	669.99
13100	UNEXPENDED GENERAL REVENUE RELEASES	
000000	BALANCE BROUGHT FORWARD	2,804,827.66
15100	ACCOUNTS RECEIVABLE	
001801		231,424,721.00
15900	ALLOWANCE FOR UNCOLLECTIBLES	
001801		15,701,798.70-
31100	ACCOUNTS PAYABLE	
010000	SALARIES AND BENEFITS	10,387.85
010000	CF SALARIES AND BENEFITS	87,025.28-
030000	OTHER PERSONAL SERVICES	0.00
030000	CF OTHER PERSONAL SERVICES	267,453.80-
040000	EXPENSES	0.00
040000	CF EXPENSES	29,776.44-
100693	CONT NRSNG HOME AUD PRG	131,786.00-
100693	CF CONT NRSNG HOME AUD PRG	124,338.70-
100777	CONTRACTED SERVICES	1,091,818.13-
100777	CF CONTRACTED SERVICES	1,864,137.91-
102093	MEDICAID PEER REVIEW	0.00
102093	CF MEDICAID PEER REVIEW	419,783.05-
	** GL 31100 TOTAL	4,005,731.46-
32100	ACCRUED SALARIES AND WAGES	
010000	SALARIES AND BENEFITS	0.00
35300	DUE TO OTHER DEPARTMENTS	
010000	SALARIES AND BENEFITS	0.00
010000	CF SALARIES AND BENEFITS	3,384.20-
040000	EXPENSES	0.00
040000	CF EXPENSES	8,896.06-
100777	CONTRACTED SERVICES	0.00
100777	CF CONTRACTED SERVICES	32.22-
	** GL 35300 TOTAL	12,312.48-
35600	DUE TO GENERAL REVENUE	
001800		0.00

BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 10 1 000298 68500200 GEN REV--AGENCY FOR HEALTH CARE ADMINISTRATION

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
38600 010000	CURRENT COMPENSATED ABSENCES LIABILITY SALARIES AND BENEFITS	10,953.25-
38900 001801	DEFERRED REVENUES	187,161,001.25-
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	27,338,421.51-
55100 000000	FUND BALANCE RESERVED FOR ENCUMBRANCES BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
10 1 000298 68501400 GEN REV--AGENCY FOR HEALTH CARE ADMINISTRATION

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100	CASH ON HAND	
000000	BALANCE BROUGHT FORWARD	7,838.87
000500		0.00
001800		0.00
	** GL 11100 TOTAL	7,838.87
13100	UNEXPENDED GENERAL REVENUE RELEASES	
000000	BALANCE BROUGHT FORWARD	249,789,798.78
15100	ACCOUNTS RECEIVABLE	
000500		749.64
001800		22,124,595.64
	** GL 15100 TOTAL	22,125,345.28
15900	ALLOWANCE FOR UNCOLLECTIBLES	
000500		67.47-
001800		888,467.07-
	** GL 15900 TOTAL	888,534.54-
25400	OTHER LOANS AND NOTES RECEIVABLE	
001800		5,671,869.01
25900	ALLOWANCE FOR UNCOLLECTIBLES	
001800		170,156.88-
31100	ACCOUNTS PAYABLE	
101321	G/A-SHANDS TEACHING HOSP	0.00
101321 CF	G/A-SHANDS TEACHING HOSP	9,673,569.00-
101582	HOSPITAL INPATIENT SERVICE	0.00
101582 CF	HOSPITAL INPATIENT SERVICE	86,961,496.00-
101596	HOSPITAL OUTPATIENT SVCS	0.00
101596 CF	HOSPITAL OUTPATIENT SVCS	28,136,513.16-
102387	PATIENT TRANSPORTATION	0.00
102387 CF	PATIENT TRANSPORTATION	7,234,337.86-
102683	MEDICARE PART D PAYMENT	0.00
102683 CF	MEDICARE PART D PAYMENT	117,633,882.76-
	** GL 31100 TOTAL	249,639,798.78-
35600	DUE TO GENERAL REVENUE	
000500		360.77-
001800		20,668,827.57-
	** GL 35600 TOTAL	20,669,188.34-

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
10 1 000298 68501400 GEN REV--AGENCY FOR HEALTH CARE ADMINISTRATION

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
38900	DEFERRED REVENUES	
000500		321.40-
001800		387,149.78-
	** GL 38900 TOTAL	387,471.18-
48900	DEFERRED REVENUE - LONG TERM	
001800		5,501,712.13-
54900	FUND BALANCE UNRESERVED	
000000	BALANCE BROUGHT FORWARD	337,990.09-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 10 1 000298 68501500 GEN REV--AGENCY FOR HEALTH CARE ADMINISTRATION

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
13100 000000	UNEXPENDED GENERAL REVENUE RELEASES BALANCE BROUGHT FORWARD	205,720,285.59
31100	ACCOUNTS PAYABLE	
101554	HOME & COMMUNITY BASED SVC	0.00
101554 CF	HOME & COMMUNITY BASED SVC	596,191.00-
102233	NURSING HOME CARE	0.00
102233 CF	NURSING HOME CARE	205,124,094.59-
	** GL 31100 TOTAL	205,720,285.59-
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
10 1 000298 68501600 GEN REV--AGENCY FOR HEALTH CARE ADMINISTRATION

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
13100 000000	UNEXPENDED GENERAL REVENUE RELEASES BALANCE BROUGHT FORWARD	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 10 1 000298 68700700 GEN REV--AGENCY FOR HEALTH CARE ADMINISTRATION

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
13100 000000	UNEXPENDED GENERAL REVENUE RELEASES BALANCE BROUGHT FORWARD	834,364.05
38600 010000	CURRENT COMPENSATED ABSENCES LIABILITY SALARIES AND BENEFITS	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	834,364.05-
55100 000000	FUND BALANCE RESERVED FOR ENCUMBRANCES BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 15 8 100031 68500100 FLA HEALTHY KIDS CORPORATION

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11200 000000	CASH IN BANK BALANCE BROUGHT FORWARD	8,466,211.29
14100 000000	POOLED INVESTMENTS WITH STATE TREASURY BALANCE BROUGHT FORWARD	38,614,957.71
15300 000000	INTEREST AND DIVIDENDS RECEIVABLE BALANCE BROUGHT FORWARD	6,526,285.00
15500 000000	CONTRACTS AND GRANTS RECEIVABLE BALANCE BROUGHT FORWARD	500,000.00
16500 000000	DUE FROM OTHER GOVERNMENTAL UNITS BALANCE BROUGHT FORWARD	36,455,289.00
19100 000000	PREPAID ITEMS BALANCE BROUGHT FORWARD	114,728.00
27400 000000	INFRASTRUCTURE AND OTHER IMPROVEMENTS BALANCE BROUGHT FORWARD	27,725.00
27600 000000	FURNITURE AND EQUIPMENT BALANCE BROUGHT FORWARD	0.00
27700 000000	ACC DEPR - FURNITURE & EQUIPMENT BALANCE BROUGHT FORWARD	0.00
31100 000000	ACCOUNTS PAYABLE BALANCE BROUGHT FORWARD	64,404,826.00-
31500 000000	CURRENT INSURANCE LIABILITY BALANCE BROUGHT FORWARD	1,673.00-
32100 000000	ACCRUED SALARIES AND WAGES BALANCE BROUGHT FORWARD	0.00
32900 000000	ACCRUED INTEREST PAYABLE BALANCE BROUGHT FORWARD	44,130.00-
33100 000000	DEPOSITS PAYABLE BALANCE BROUGHT FORWARD	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
15 8 100031 68500100 FLA HEALTHY KIDS CORPORATION

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
35700 000000	DUE TO COMPONENT UNIT/PRIMARY BALANCE BROUGHT FORWARD	0.00
38600 000000	CURRENT COMPENSATED ABSENCES LIABILITY BALANCE BROUGHT FORWARD	218,646.00-
38900 000000	DEFERRED REVENUES BALANCE BROUGHT FORWARD	12,737,511.00-
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	13,298,410.00-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 003001 68200000 HEALTH CARE TRUST FUND/AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	0.00
35400 000700	DUE TO FEDERAL GOVERNMENT	0.00
38600 010000	CURRENT COMPENSATED ABSENCES LIABILITY SALARIES AND BENEFITS	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
55100 000000	FUND BALANCE RESERVED FOR ENCUMBRANCES BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 003001 68500200 HEALTH CARE TRUST FUND/AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 003001 68501400 HEALTH CARE TRUST FUND/AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	305,986,160.90
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	305,986,160.90-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 003001 68501500 HEALTH CARE TRUST FUND/AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	232,155,607.85-
31100	ACCOUNTS PAYABLE	
102233	NURSING HOME CARE	0.00
102233 CF	NURSING HOME CARE	37,844,392.15-
	** GL 31100 TOTAL	37,844,392.15-
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	270,000,000.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 003001 68700700 HEALTH CARE TRUST FUND/AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100 000000	CASH ON HAND BALANCE BROUGHT FORWARD	267,176.01
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	59,273,407.04
15100 000300 001200	ACCOUNTS RECEIVABLE	1,702,185.00
	** GL 15100 TOTAL	5,710,381.61
		7,412,566.61
15700 000100	FEES RECEIVABLE	561,745.99
15900 000100 000300 001200	ALLOWANCE FOR UNCOLLECTIBLES	46,786.75-
	** GL 15900 TOTAL	391,599.42-
		3,899,019.73-
		4,337,405.90-
16200 001500	DUE FROM STATE FUNDS, WITHIN DEPART.	0.00
16400 000700	DUE FROM FEDERAL GOVERNMENT	369,618.99
25700 000000	ADVANCES TO OTHER FUNDS WITHIN DEPARTM BALANCE BROUGHT FORWARD	20,000.00
31100	ACCOUNTS PAYABLE	
010000	SALARIES AND BENEFITS	64,044.64
010000 CF	SALARIES AND BENEFITS	592,806.05-
030000	OTHER PERSONAL SERVICES	0.00
030000 CF	OTHER PERSONAL SERVICES	2,502.06-
040000	EXPENSES	0.00
040000 CF	EXPENSES	229,075.66-
100777	CONTRACTED SERVICES	0.00
100777 CF	CONTRACTED SERVICES	487,667.43-
102100	MEDICAID SURVEILLANCE	0.00
102100 CF	MEDICAID SURVEILLANCE	5,970.24-
	** GL 31100 TOTAL	1,253,976.80-

BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 20 2 003001 68700700 HEALTH CARE TRUST FUND/AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
35300	DUE TO OTHER DEPARTMENTS	
040000	EXPENSES	0.00
040000	CF EXPENSES	41,697.22-
	** GL 35300 TOTAL	41,697.22-
35400	DUE TO FEDERAL GOVERNMENT	
000700		588,325.24-
35600	DUE TO GENERAL REVENUE	
310322	SERVICE CHARGE TO GEN REV	1,244,313.32-
38600	CURRENT COMPENSATED ABSENCES LIABILITY	
010000	SALARIES AND BENEFITS	66,181.64-
38900	DEFERRED REVENUES	
000100		25,747.96-
000300		222,958.40-
001200		1,301,024.88-
	** GL 38900 TOTAL	1,549,731.24-
54900	FUND BALANCE UNRESERVED	
000000	BALANCE BROUGHT FORWARD	58,822,883.28-
55100	FUND BALANCE RESERVED FOR ENCUMBRANCES	
000000	BALANCE BROUGHT FORWARD	0.00
55900	OTHER FUND BALANCE RESERVED	
000100		0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 021010 68200000 ADMINISTRATIVE TRUST FUND--AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	4,985,515.08
16400 000700	DUE FROM FEDERAL GOVERNMENT	108,313.49
31100	ACCOUNTS PAYABLE	
010000	SALARIES AND BENEFITS	5,985.17
010000 CF	SALARIES AND BENEFITS	234,642.52-
030000	OTHER PERSONAL SERVICES	0.00
030000 CF	OTHER PERSONAL SERVICES	19,834.77-
040000	EXPENSES	0.00
040000 CF	EXPENSES	192,830.35-
060000	OPERATING CAPITAL OUTLAY	0.00
060000 CF	OPERATING CAPITAL OUTLAY	51,115.05-
100777	CONTRACTED SERVICES	319,828.28-
100777 CF	CONTRACTED SERVICES	54,844.25-
109910	STATE OPERATIONS-ARRA 2009	0.00
109910 CF	STATE OPERATIONS-ARRA 2009	18,261.42-
109911	G/A-CONTRAC SVCS-ARRA 2009	0.00
109911 CF	G/A-CONTRAC SVCS-ARRA 2009	48,000.00-
	** GL 31100 TOTAL	933,371.47-
35200 181011	DUE TO STATE FUNDS, WITHIN DEPARTMENT TR/AGY/PUB HLTH-SOC WLF AG	2,000,000.00-
35300	DUE TO OTHER DEPARTMENTS	
040000	EXPENSES	0.00
040000 CF	EXPENSES	14,429.45-
100777	CONTRACTED SERVICES	8,314.28-
100777 CF	CONTRACTED SERVICES	2,989.35-
210010	TRC - DMS	0.00
210010 CF	TRC - DMS	35,248.47-
	** GL 35300 TOTAL	60,981.55-
35400 000700	DUE TO FEDERAL GOVERNMENT	191,188.71-
35600 310322	DUE TO GENERAL REVENUE SERVICE CHARGE TO GEN REV	2,632.03-
38600 010000	CURRENT COMPENSATED ABSENCES LIABILITY SALARIES AND BENEFITS	19,103.43-

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 021010 68200000 ADMINISTRATIVE TRUST FUND--AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
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54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	1,886,551.38-
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	*** FUND TOTAL	0.00
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BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 20 2 021010 68500200 ADMINISTRATIVE TRUST FUND--AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	0.00
16400 000700	DUE FROM FEDERAL GOVERNMENT	0.00
31100	ACCOUNTS PAYABLE	
010000	SALARIES AND BENEFITS	0.00
040000	EXPENSES	0.00
040000	CF EXPENSES	0.00
	** GL 31100 TOTAL	0.00
38600 010000	CURRENT COMPENSATED ABSENCES LIABILITY SALARIES AND BENEFITS	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 021010 68700700 ADMINISTRATIVE TRUST FUND--AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	0.00
31100 040000 040000	ACCOUNTS PAYABLE EXPENSES CF EXPENSES	0.00 0.00
	** GL 31100 TOTAL	0.00
38600 010000	CURRENT COMPENSATED ABSENCES LIABILITY SALARIES AND BENEFITS	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 122018 68200000 AHCA TOBACCO SETTLEMENT TRUST FUND

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 20 2 122018 68500100 AHCA TOBACCO SETTLEMENT TRUST FUND

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	62,646,331.34
31100	ACCOUNTS PAYABLE	
100777	CONTRACTED SERVICES	0.00
100777 CF	CONTRACTED SERVICES	164,292.35-
102340	MEDIKIDS	0.00
102340 CF	MEDIKIDS	707,928.50-
102342 CF	CHILDRENS MED SVCS NETWORK	0.00
	** GL 31100 TOTAL	872,220.85-
35300	DUE TO OTHER DEPARTMENTS	
102342 CF	CHILDRENS MED SVCS NETWORK	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	61,774,110.49-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 122018 68500200 AHCA TOBACCO SETTLEMENT TRUST FUND

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 122018 68501400 AHCA TOBACCO SETTLEMENT TRUST FUND

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	54,474,110.49-
35300 181007	DUE TO OTHER DEPARTMENTS TR/DFS/TOBACCO CLEARING TF	7,299,999.15-
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	61,774,109.64
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 122018 68501500 AHCA TOBACCO SETTLEMENT TRUST FUND

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 122018 68501600 AHCA TOBACCO SETTLEMENT TRUST FUND

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 20 2 126001 68700700 QUALITY OF LONG-TERM CARE FACILITY IMPROVEMT TF

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	3,688,580.66
31100	ACCOUNTS PAYABLE	
100777	CONTRACTED SERVICES	0.00
100777 CF	CONTRACTED SERVICES	41,800.00-
	** GL 31100 TOTAL	41,800.00-
35600 310322	DUE TO GENERAL REVENUE SERVICE CHARGE TO GEN REV	8,978.62-
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	3,637,802.04-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 20 2 339094 68500100 GRANTS AND DONATION TRUST FUND DEA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100 000000	CASH ON HAND BALANCE BROUGHT FORWARD	907,055.75
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	1,065,842.24-
31100 000000	ACCOUNTS PAYABLE BALANCE BROUGHT FORWARD	0.00
100777	CONTRACTED SERVICES	0.00
100777 CF	CONTRACTED SERVICES	115,008.10-
102340	MEDIKIDS	0.00
102340 CF	MEDIKIDS	1,716,371.57-
102342	CHILDRENS MED SVCS NETWORK	0.00
102342 CF	CHILDRENS MED SVCS NETWORK	66,283.80-
	** GL 31100 TOTAL	1,897,663.47-
35300 102340	DUE TO OTHER DEPARTMENTS MEDIKIDS	0.00
102342	CHILDRENS MED SVCS NETWORK	0.00
102342 CF	CHILDRENS MED SVCS NETWORK	0.00
	** GL 35300 TOTAL	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	2,056,449.96
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 20 2 339094 68500200 GRANTS AND DONATION TRUST FUND DEA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	328,855.89-
15100 000100	ACCOUNTS RECEIVABLE	0.00
16400 000700	DUE FROM FEDERAL GOVERNMENT	11,571.48
31100 100777	ACCOUNTS PAYABLE CONTRACTED SERVICES	0.00
100777 CF	CONTRACTED SERVICES	29,889.60-
	** GL 31100 TOTAL	29,889.60-
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	347,174.01
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 339094 68501400 GRANTS AND DONATION TRUST FUND DEA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100 000000	CASH ON HAND BALANCE BROUGHT FORWARD	8,099,206.02
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	133,629,580.03
15100	ACCOUNTS RECEIVABLE	
000100		0.00
000500		204,930.51
001200		163,471.79
001800		40,114,562.39
	** GL 15100 TOTAL	40,482,964.69
15700 000100	FEES RECEIVABLE	127,104,588.25
15900	ALLOWANCE FOR UNCOLLECTIBLES	
000100		128,274.82-
000500		18,443.75-
001200		14,712.46-
001800		2,221,959.00-
	** GL 15900 TOTAL	2,383,390.03-
16300 001500	DUE FROM OTHER DEPARTMENTS	19,459.25
25400 001800	OTHER LOANS AND NOTES RECEIVABLE	603,473.84
25900 001800	ALLOWANCE FOR UNCOLLECTIBLES	180,104.22-
31100	ACCOUNTS PAYABLE	
101240	G/A-RURAL HOSP FIN ASST	0.00
101240 CF	G/A-RURAL HOSP FIN ASST	1,731,791.40-
101582	HOSPITAL INPATIENT SERVICE	0.00
101582 CF	HOSPITAL INPATIENT SERVICE	90,639,147.00-
101583	REGULAR DISPROP SHARE	0.00
101583 CF	REGULAR DISPROP SHARE	29,417,784.41-
101584	LOW INCOME POOL	0.00
101584 CF	LOW INCOME POOL	59,860,159.09-
101596	HOSPITAL OUTPATIENT SVCS	0.00
101596 CF	HOSPITAL OUTPATIENT SVCS	23,718,301.00-
102541	PHYSICIAN SERVICES	0.00
102541 CF	PHYSICIAN SERVICES	215,912.76-

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 339094 68501400 GRANTS AND DONATION TRUST FUND DEA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
102681	PRESCRIBED MEDICINE/DRUGS	0.00
102681 CF	PRESCRIBED MEDICINE/DRUGS	82,039,307.26-
103742	CLINIC SERVICES	0.00
103742 CF	CLINIC SERVICES	935,784.00-
	** GL 31100 TOTAL	288,558,186.92-
38900	DEFERRED REVENUES	
000500		186,486.76-
001200		148,759.33-
001800		15,845,854.76-
	** GL 38900 TOTAL	16,181,100.85-
48900	DEFERRED REVENUE - LONG TERM	
001800		423,369.62-
54900	FUND BALANCE UNRESERVED	
000000	BALANCE BROUGHT FORWARD	2,213,120.44-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 339094 68501500 GRANTS AND DONATION TRUST FUND DEA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	17,118,332.95
15100 000100 000300	ACCOUNTS RECEIVABLE	0.00
	** GL 15100 TOTAL	1,150,374.08 1,150,374.08
15900 000300	ALLOWANCE FOR UNCOLLECTIBLES	503,490.31-
31100 101649 101649 102233 102233	ACCOUNTS PAYABLE	
	ICF/DD COMMUNITY	0.00
	CF ICF/DD COMMUNITY	1,918,598.50-
	NURSING HOME CARE	0.00
	CF NURSING HOME CARE	32,729,078.56-
	** GL 31100 TOTAL	34,647,677.06-
48800 000100	UNEARNED REVENUE - LONG TERM	27,286,673.53-
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	44,169,133.87
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 20 2 474001 68500100 MEDICAL CARE TRUST FUND AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	4,570,361.19-
16400 000700	DUE FROM FEDERAL GOVERNMENT	9,942,312.91
31100	ACCOUNTS PAYABLE	
100031	G/A-FL HEALTHY KIDS CORP	0.00
100031 CF	G/A-FL HEALTHY KIDS CORP	8,827,300.10-
100777	CONTRACTED SERVICES	0.00
100777 CF	CONTRACTED SERVICES	1,080,091.44-
100784	G/A-CONTRACT SVCS-FHK ADMN	0.00
100784 CF	G/A-CONTRACT SVCS-FHK ADMN	425,965.03-
102336	G/A FLORIDA HEALTHY KIDS DENTAL	0.00
102336 CF	G/A FLORIDA HEALTHY KIDS DENTAL	3,035,443.17-
102340	MEDIKIDS	0.00
102340 CF	MEDIKIDS	7,154,017.66-
	** GL 31100 TOTAL	20,522,817.40-
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	15,150,865.68
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 474001 68500200 MEDICAL CARE TRUST FUND AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100 000000	CASH ON HAND BALANCE BROUGHT FORWARD	435.00
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	22,254,055.30
16400 000700	DUE FROM FEDERAL GOVERNMENT	80,551,070.62
31100	ACCOUNTS PAYABLE	
010000	SALARIES AND BENEFITS	94,122.73
010000 CF	SALARIES AND BENEFITS	557,215.02-
030000	OTHER PERSONAL SERVICES	0.00
030000 CF	OTHER PERSONAL SERVICES	9,329,518.35-
040000	EXPENSES	0.00
040000 CF	EXPENSES	79,726.39-
060000	OPERATING CAPITAL OUTLAY	0.00
060000 CF	OPERATING CAPITAL OUTLAY	14,640.87-
100693	CONT NRSNG HOME AUD PRG	0.00
100693 CF	CONT NRSNG HOME AUD PRG	190,335.67-
100777	CONTRACTED SERVICES	453,743.12-
100777 CF	CONTRACTED SERVICES	7,974,919.76-
102086	MEDICAID FISCAL CONTRACT	0.00
102086 CF	MEDICAID FISCAL CONTRACT	29,636,412.50-
102093	MEDICAID PEER REVIEW	0.00
102093 CF	MEDICAID PEER REVIEW	1,640,092.37-
	** GL 31100 TOTAL	49,782,481.32-
35300	DUE TO OTHER DEPARTMENTS	
010000	SALARIES AND BENEFITS	0.00
010000 CF	SALARIES AND BENEFITS	29.73-
040000	EXPENSES	0.00
040000 CF	EXPENSES	35,783.37-
	** GL 35300 TOTAL	35,813.10-
38600	CURRENT COMPENSATED ABSENCES LIABILITY	
010000	SALARIES AND BENEFITS	97,445.63-
54900	FUND BALANCE UNRESERVED	
000000	BALANCE BROUGHT FORWARD	52,889,820.87-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 474001 68501400 MEDICAL CARE TRUST FUND AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100 000000	CASH ON HAND BALANCE BROUGHT FORWARD	430,757.23
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	3,112,409,422.23
14300 000000	SPECIAL INVESTMENTS W/STATE TREASURY BALANCE BROUGHT FORWARD	469,422,238.39
15100 000000 001800	ACCOUNTS RECEIVABLE BALANCE BROUGHT FORWARD	186,828.76 72,062,121.06
	** GL 15100 TOTAL	72,248,949.82
15900 001800	ALLOWANCE FOR UNCOLLECTIBLES	4,180,589.59-
16200 001500	DUE FROM STATE FUNDS, WITHIN DEPART.	2,000,000.00
16300 001500	DUE FROM OTHER DEPARTMENTS	490,754.74
16400 000700	DUE FROM FEDERAL GOVERNMENT	1,877,192,842.60
25400 001800	OTHER LOANS AND NOTES RECEIVABLE	8,996,704.21
25900 001800	ALLOWANCE FOR UNCOLLECTIBLES	269,901.13-
31100 000000 100062 100062 100311 100311 100436 100436 100919 100919 101029 101029 101240	ACCOUNTS PAYABLE BALANCE BROUGHT FORWARD ADULT VISION/HEARING SVCS ADULT VISION/HEARING SVCS CASE MANAGEMENT CASE MANAGEMENT THERAPEUTIC SVCS - CHILD THERAPEUTIC SVCS - CHILD DEVEL EVAL & INTERV/PART C DEVEL EVAL & INTERV/PART C EARLY/PERIOD SCREEN/CHILD EARLY/PERIOD SCREEN/CHILD G/A-RURAL HOSP FIN ASST	469,429,690.17- 0.00 9,119,468.00- 0.00 1,155,700.39- 0.00 3,237,864.31- 0.00 1,697,988.49- 0.00 19,152,324.41- 0.00

BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 20 2 474001 68501400 MEDICAL CARE TRUST FUND AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
101240 CF	G/A-RURAL HOSP FIN ASST	2,240,725.59-
101405	HEALTHY START SERVICES	0.00
101405 CF	HEALTHY START SERVICES	11,471,157.60-
101561	HOME HEALTH SERVICES	0.00
101561 CF	HOME HEALTH SERVICES	45,871,143.40-
101575	HOSPICE SERVICES	0.00
101575 CF	HOSPICE SERVICES	43,173,873.33-
101582	HOSPITAL INPATIENT SERVICE	0.00
101582 CF	HOSPITAL INPATIENT SERVICE	283,914,431.65-
101583	REGULAR DISPROP SHARE	0.00
101583 CF	REGULAR DISPROP SHARE	36,434,804.83-
101584	LOW INCOME POOL	0.00
101584 CF	LOW INCOME POOL	160,004,400.73-
101585	FREESTANDING DIALYSIS CTRS	0.00
101585 CF	FREESTANDING DIALYSIS CTRS	140,857.70-
101589	HOSPITAL INSURANCE BENEFIT	0.00
101589 CF	HOSPITAL INSURANCE BENEFIT	24,369,346.48-
101596	HOSPITAL OUTPATIENT SVCS	0.00
101596 CF	HOSPITAL OUTPATIENT SVCS	125,796,456.54-
101938	RESPIRATORY THERAPY SVCS	0.00
101938 CF	RESPIRATORY THERAPY SVCS	5,655,639.67-
102212	NURSE PRACTITIONER SERVICE	0.00
102212 CF	NURSE PRACTITIONER SERVICE	3,454,058.09-
102234	BIRTHING CENTER SERVICES	0.00
102234 CF	BIRTHING CENTER SERVICES	655,042.86-
102387	PATIENT TRANSPORTATION	0.00
102387 CF	PATIENT TRANSPORTATION	4,091,225.29-
102538	PERSONAL CARE SERVICES	0.00
102538 CF	PERSONAL CARE SERVICES	13,345,096.70-
102540	PHYSICAL REHAB THERAPY	0.00
102540 CF	PHYSICAL REHAB THERAPY	2,131,519.85-
102541	PHYSICIAN SERVICES	0.00
102541 CF	PHYSICIAN SERVICES	24,986,396.11-
102685	PRIVATE DUTY NURSING SVCS	0.00
102685 CF	PRIVATE DUTY NURSING SVCS	28,684,385.78-
103276	RURAL HEALTH SERVICES	0.00
103276 CF	RURAL HEALTH SERVICES	1,706,975.83-
103529	SPEECH THERAPY SERVICES	0.00
103529 CF	SPEECH THERAPY SERVICES	84,819.96-
103558	MEDIPASS SERVICES	0.00
103558 CF	MEDIPASS SERVICES	535,275.23-
103724	SUPPLEMENTAL MEDICAL INS	0.00
103724 CF	SUPPLEMENTAL MEDICAL INS	24,470,671.88-
103740	OCCUPATIONAL THERAPY SVCS	0.00
103740 CF	OCCUPATIONAL THERAPY SVCS	75,937.61-
103742	CLINIC SERVICES	0.00

BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 20 2 474001 68501400 MEDICAL CARE TRUST FUND AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
103742	CF CLINIC SERVICES	6,331,405.07-
105445	MEDICAID SCHOOL REFINANCE	0.00
105445	CF MEDICAID SCHOOL REFINANCE	59,649,380.91-
310018	DIST OF DONATE ORG-PASS IT ON LIC PLATE FUN	0.00
	** GL 31100 TOTAL	1,413,068,064.46-
35300	DUE TO OTHER DEPARTMENTS	
102387	PATIENT TRANSPORTATION	0.00
102387	CF PATIENT TRANSPORTATION	4,693,146.91-
	** GL 35300 TOTAL	4,693,146.91-
38900	DEFERRED REVENUES	
001800		23,729,472.76-
48900	DEFERRED REVENUE - LONG TERM	
001800		8,726,803.08-
54900	FUND BALANCE UNRESERVED	
000000	BALANCE BROUGHT FORWARD	4,088,523,691.29-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 474001 68501500 MEDICAL CARE TRUST FUND AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100 000000	CASH ON HAND BALANCE BROUGHT FORWARD	4,705.24
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	3,018,448,461.64-
16300 001000 001500	DUE FROM OTHER DEPARTMENTS	0.00
	** GL 16300 TOTAL	483,563.27 483,563.27
31100 101557 101557 CF 101644 101644 CF 101649 101649 CF 102233 102233 CF 103556 103556 CF	ACCOUNTS PAYABLE ALF WAIVER ALF WAIVER ICF/MR - SUNLAND CENTER ICF/MR - SUNLAND CENTER ICF/DD COMMUNITY ICF/DD COMMUNITY NURSING HOME CARE NURSING HOME CARE ST MENTAL HEALTH HOSP PRG ST MENTAL HEALTH HOSP PRG	0.00 6,680,691.98- 0.00 6,139,884.97- 0.00 4,507,786.03- 0.00 335,806,400.97- 0.00 2,986,089.17-
	** GL 31100 TOTAL	356,120,853.12-
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	3,374,081,046.25
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 474001 68501600 MEDICAL CARE TRUST FUND AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 509001 68700700 FLA ORGAN & TISSUE DONOR, ED & PROCUREMENT TF

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	0.00
38600 010000	CURRENT COMPENSATED ABSENCES LIABILITY SALARIES AND BENEFITS	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 522001 68700700 RESIDENT PROTECTION TRUST FUND AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	0.00
35200 181023	DUE TO STATE FUNDS, WITHIN DEPARTMENT TR/HCTF/EXCESS OF \$800,000	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 20 2 565006 68501400 PUBLIC MEDICAL ASSISTANCE TRUST FUND AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100 000000	CASH ON HAND BALANCE BROUGHT FORWARD	6,129,957.00
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	72,235,910.09
15100 000300 001200	ACCOUNTS RECEIVABLE	32,807,435.17 3,589.01
	** GL 15100 TOTAL	32,811,024.18
15900 000300 001200	ALLOWANCE FOR UNCOLLECTIBLES	2,342,364.73- 375.00-
	** GL 15900 TOTAL	2,342,739.73-
38900 000300 001200	DEFERRED REVENUES	1,523,253.52- 3,214.01-
	** GL 38900 TOTAL	1,526,467.53-
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	107,307,684.01-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 579001 68500200 REFUGEE ASSISTANCE TRUST FUND C&F, & AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 579001 68501400 REFUGEE ASSISTANCE TRUST FUND C&F, & AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	0.00
16300 001510	DUE FROM OTHER DEPARTMENTS	3,784,101.03
31100	ACCOUNTS PAYABLE	
102541	PHYSICIAN SERVICES	0.00
102541 CF	PHYSICIAN SERVICES	3,784,101.03-
	** GL 31100 TOTAL	3,784,101.03-
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
20 2 579001 68501600 REFUGEE ASSISTANCE TRUST FUND C&F, & AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	0.00
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
74 8 680001 00000000 AHCA REVOLVING FUND

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11200 000000	CASH IN BANK BALANCE BROUGHT FORWARD	188,588.50
16800 000000	DUE FROM STATE FUNDS - REVOLVING FUND BALANCE BROUGHT FORWARD	168,588.50-
45100 000000	ADVANCES FROM OTHER FUNDS BETWEEN DEPA BALANCE BROUGHT FORWARD	0.00
45700 000000	ADVANCES FROM OTHER FUNDS WITHIN DEPAR BALANCE BROUGHT FORWARD	20,000.00-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 80 9 003001 00000000 ADMINISTRATION & HEALTH OWNERSHIP FUND

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
27600	FURNITURE AND EQUIPMENT	
000000	BALANCE BROUGHT FORWARD	9,613,347.01
040000	EXPENSES	340,625.56-
060000	OPERATING CAPITAL OUTLAY	2,836,356.97-
100021	ACQUISITION/MOTOR VEHICLES	213,874.00-
210008	DCF DATA CENTER	60,433.00-
	** GL 27600 TOTAL	6,162,057.48
27700	ACC DEPR - FURNITURE & EQUIPMENT	
000000	BALANCE BROUGHT FORWARD	42,024.96-
040000	EXPENSES	9,977.79-
060000	OPERATING CAPITAL OUTLAY	4,820,415.43-
100021	ACQUISITION/MOTOR VEHICLES	15,737.00-
210008	DCF DATA CENTER	4,613.33-
	** GL 27700 TOTAL	4,892,768.51-
54900	FUND BALANCE UNRESERVED	
000000	BALANCE BROUGHT FORWARD	1,269,288.97-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
80 9 003001 68700700 ADMINISTRATION & HEALTH OWNERSHIP FUND

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
80 9 021010 00000000 MEDICAID PROPERTY OWNERSHIP FUND

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
27600 040000	FURNITURE AND EQUIPMENT EXPENSES	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND
 JULY 01, 2010

680000 AGENCY FOR HEALTH CARE ADMINISTRATION
 90 9 680007 00000000 GENERAL LONG TERM DEBT ASSET GROUP

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
31500 000000	CURRENT INSURANCE LIABILITY BALANCE BROUGHT FORWARD	473,258,746.07-
38600 000000	CURRENT COMPENSATED ABSENCES LIABILITY BALANCE BROUGHT FORWARD	5,188,501.47-
48500 000000	INSTALLMENT PURCHASE CONTRACTS BALANCE BROUGHT FORWARD	0.00
48600 000000	COMPENSATED ABSENCES LIABILITY BALANCE BROUGHT FORWARD	14,816,157.80-
49900 000000	OTHER LONG-TERM LIABILITIES BALANCE BROUGHT FORWARD	40,273,716.00-
54900 000000	FUND BALANCE UNRESERVED BALANCE BROUGHT FORWARD	533,537,121.34
	*** FUND TOTAL	0.00 E

Fund: 2003 Health Care Trust Fund

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

Cigarette taxes to fund Medicaid expenditures. These funds are exempt from the 5% reserve.

Revenue:

Total Revenue for FY 10-11	70,686,286	
Gross Revenue		70,686,286
Less Revenue Exemptions		
Federal Funds:		
CLIA	1,000,000	
CLIA Indirect	150,000	
Title XVIII	8,000,000	
Title XVIII indirect	1,000,000	
Title XIX	6,000,000	
Title XIX indirect	800,000	
Total Federal Funds		16,950,000
General Revenue Service Charge 8%		4,241,863
Non Operating Transfer:		
FDLE Level 2 Screening	2,200,000	
DOH Cert Nursing Asst.	105,000	
DOH Local Health Council	1,165,000	
Total Nonoperating Transfers		3,470,000
Total Revenue Exemptions		24,661,863
Total Revenue Subject to 5% Reserve		46,024,423
Total 5% reserve for Health Care Trust Fund		2,301,221

Section III Adjustments Narrative:

September reversions \$212,478 are the result of unexpended certified forward appropriations.

Current Year Adjustments of \$4,819,564 are due tos, due froms, and reductions to payables identified after closing.

Current Year Adjustments of \$(265,104,688) are due tos, due froms, and reductions to payables identified after closing.

Prior Year Adjustments of \$7,335 are necessary to record prior year FLAIR adjustments required

by the Department of Financial Services.

Revenue Estimating Methodology Narrative:

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

The revenue estimates are based on the estimating conference.

Fund: 2021 Administrative Trust Fund

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

Section III Adjustments Narrative:

Current Year Adjustments of \$2,214,678 are payables not certified forward and due tos, due froms, and transfer identified after closing.

Prior Year Adjustments of \$1,279,107 are necessary to record prior year FLAIR adjustments required by the Department of Financial Services. Due to the trust fund realignment.

Revenue Estimating Methodology Narrative:

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

Fund: 2122 Tobacco Settlement Trust Fund

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

Section III Adjustments Narrative:

September reversions \$756,919 are the result of unexpended certified forward appropriations.

Current Year Adjustments of \$61,774,110 are due tos, due froms, and reductions to payables identified after closing.

Current year adjustment is a tranfser from 68500100 of cash to cover expenditures.

Revenue Estimating Methodology Narrative:

Revenue is based on estimating conference.

Fund: 2126 Quality Long-Term Care Trust Fund

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

Revenue:

Total Revenue for FY 10-11	875,000	
Gross Revenue		875,000
Less Revenue Exemptions		
General Revenue Service Charge 8%		70,000
Non Operating Transfer: Transfer Section 215	3,000,000	
Total Nonperating Transfers		3,000,000
Total Revenue Exemptions		3,070,000
Total Revenue Subject to 5% Reserve		(2,195,000)
Total 5% reserve for Quality Long-Term Care Trust Fund		(109,750)

Section III Adjustments Narrative:

Revenue Estimating Methodology Narrative:

Calculations were based on historical collections.

Fund: 2339 Grants and Donations Trust Fund

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

Revenue:

Total Revenue for FY 10-11	<u>2,311,650,981</u>
Gross Revenue	
Less Revenue Exemptions	
Federal Funds:	
Title XIX	363,849
Title XXI	<u>0</u>
Total Federal Funds	486,706,730
County contributions	
Transfer in From DOH GR	3,673,291
Transfer to MCTF	67,798,970
Transfer to ATF	740,000
Non Operating Transfer:	0
	0
	<u>0</u>
Total Nonperating Transfers	
Total Revenue Exemptions	
Total Revenue Subject to 5% Reserve	
Total 5% reserve for Grants and Donations Trust Fund	

Section III Adjustments Narrative:

September reversions of \$121,605,715 are the result of unexpended certified forward

Current Year Adjustments of \$32,746,743 are due from, transfer cash to 68500200 and accrual reversal.

Current year adjustment of \$2,056,450 is to record AR for premiums.

Current Year Adjustments of \$347,174 are transfer to MCTF and reversing a due to identified after closing.

Current Year Adjustments of \$9,411,423 are reduction to AP and recording of due from

Prior Year Adjustments of \$(24,046,140) are necessary to record prior year FLAIR adj by the Department of Financial Services. Due to the trust fund realignment.

Revenue Estimating Methodology Narrative:

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

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2,311,650,981

363,849

1,537,078,909

558,918,991

0

2,096,361,749

215,289,232

10,764,462

appropriations.

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ustments required

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revenue estimate for
nues.

Fund: 2474 Medical Care Trust Fund

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

Revenue:

Total Revenue for FY 10-11	11,912,637,774	
Gross Revenue		11,912,637,774
Less Revenue Exemptions		
Federal Funds:		
Title XIX	11,067,219,417	
Title XXI	2,348,388	
Total Federal Funds		11,069,567,805
Transfer in From DCF		38,802,260
Transfer in From DOH		27,551,874
Transfer APD		293,747,557
Transfer DOEA		175,459,308
Non Operating Transfer:		
Transfer to APD	70,500,000	
Transfer to DCF	74,538,481	
FDLE Level 2 Screening	155,000	
Transfer to Adm	2,500,000	
Total Nonperating Transfers		147,693,481
Total Revenue Exemptions		11,752,822,285
Total Revenue Subject to 5% Reserve		159,815,489
Total 5% reserve for Medical Care Trust Fund		7,990,774

Section III Adjustments Narrative:

September reversions of \$341,828,309 are the result of unexpended certified forward appropriations.

Prior Year Adjustment of \$7,147,197 are necessary to record prior year FLAIR adjustments required by the Department of Financial Services.

Current Year Adjustments of \$(3,683,803,184) are recording a due to 68501500, reduce due from federal government, reduction to payables and accrual reversals.

Current Year Adjustments of \$(54,554,281) are posting federal draw that was in wrong fund and recording of due tos.

Current Year Adjustments of \$3,407,298,084 are recording a due from 68501400 and

due from other agencies.

Revenue Estimating Methodology Narrative:

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

Fund: 2565 Public Medical Assistance Trust Fund

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

Section III Adjustments Narrative:

Current Year Adjustments of \$412,577 is recording a due from DBPR.

Revenue Estimating Methodology Narrative:

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

Fund: 2579 Refugee Assistance Trust Fund

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

Section III Adjustments Narrative: No Adjustments

Revenue Estimating Methodology Narrative:

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

Listing of Agency IT Systems

FY 2011-12 Schedule IV-C
Worksheet SC-1

Dept/Agency: **Agency for Health Care Administration**
 Prepared by: **Scott Ward**
 Phone: **(850) 412-4844**
 Date Completed: **10/15/10**

#	Name of IT System	Description of IT System	Agency Program or Function Supported	Notes
1	Capitation	Summarize fiscal year's paid claims history to form the basis of HMO payment rates.	Medicaid & Regulatory Financial Strategic Service	
2	COR	County Billing System- Part of FLMMIS that calculates the counties' participation related to Medicaid payment, in accordance with Section 409.915, Florida Statutes. (See SC-2 for additional details)	Medicaid & Regulatory Financial Strategic Service	
3	Drug_Reb	Drug Rebate Accounts/Receivable System	Medicaid & Regulatory Financial Strategic Service	
4	FoxPro Financial Application & Reporting systems	Various State accounting applications to handle budgetary/fiscal requirements and special Federal reporting requirements	Medicaid & Regulatory Financial Strategic Service	
5	Hospital Accounts Receivables (HAR)	Accounting System (FoxPro) for assessments and administrative fine final orders that includes modules for accounts receivables, billing, late fee and cash receipts. Provides funds accounting for Facility/Provider and Medicaid strategic initiative, and administrative support. (See SC-2 for additional details)	Medicaid & Regulatory Financial Strategic Service	

Listing of Agency IT Systems

FY 2011-12 Schedule IV-C
Worksheet SC-1

#	Name of IT System	Description of IT System	Agency Program or Function Supported	Notes
6	Leases	Building Lease System	Medicaid & Regulatory Financial Strategic Service	
7	Medicaid Accounts Receivables (MAR)	System (FoxPro) for Medicaid Accounts Receivables and tracking Medicaid overpayments due and received.	Medicaid & Regulatory Financial Strategic Service	
8	Revenue and Accounts Receivable (RA-RA)	System (.Net) for accounts receivable and cash receipts system for Nursing Home and Intermediate Care Facility for the Developmentally Disabled monthly assessments per F.S. 409.083 and F.S 409.082	Medicaid & Regulatory Financial Strategic Service	
9	Survey and Certification Time Validation System	The system accounts for time spent by surveyors in the various facilities. It allocates direct expenditures and generates Total Salary Dollars by Grant for report to CMS.	Medicaid & Regulatory Financial Strategic Service	
10	Laserfiche	AHCA based system that electronically stores document images of cash receipts and related documents.	Medicaid & Regulatory Financial Strategic Service	
11	Check Log	AHCA developed web-based system to record cash receipts received in Finance and Accounting and provides search and reporting capabilities.	Medicaid & Regulatory Financial Strategic Service	
12	Background Screening System (BGS)	System (.Net) used to manage criminal background checks for certain employees of licensed health care providers as a	Facility/Provider Regulatory Strategic Service	

Listing of Agency IT Systems

FY 2011-12 Schedule IV-C
Worksheet SC-1

#	Name of IT System	Description of IT System	Agency Program or Function Supported	Notes
		condition of employment. This system includes electronic workflow and data sharing with Florida Department of Law Enforcement and Department of Health. External users (providers) access results online		
13	Budget Forecasting	Predicts Medicaid expenditures and Medicaid Caseloads	Facility/Provider Regulatory Strategic Service	
14	Background Screening Contact Center	All provider contact with the Agency use this strategic Voice-over-Internet-Protocol (VOIP) application.		
15	CertNeed	System (.Net) used by staff to process applications for certificate of need (CON) to establish new health care facilities. Provider types include hospitals, nursing homes, ambulatory surgery centers, and intermediate care facilities for the developmentally disabled.	Facility/Provider Regulatory Strategic Service	
16	Crosswalk – Privacy and Security Resource Center	Under a Grant from Office of National Coordinator for HIT provide crosswalk for providers	Facility/Provider Regulatory Strategic Service	
17	Emergency Status System (ESS)	System for Agency and Providers to enter emergency status information for facilities during an emergency, such as a hurricane.	Facility/Provider Regulatory Strategic Service	
18	Hospital Financial Data (Compass)	Data collection system for hospitals to submit financial information each year for analysis	Facility/Provider Regulatory Strategic Service	

Listing of Agency IT Systems

FY 2011-12 Schedule IV-C
Worksheet SC-1

#	Name of IT System	Description of IT System	Agency Program or Function Supported	Notes
		and billing		
19	Intermediate Care Facilities for the Developmentally Disabled (ICFDD) Assessment Fee Tracking	Fee mandated by Legislature in 2009. This system allows ICFDD facilities to submit monthly patient bed day data online to AHCA and generate an invoice to use when they mail in fee payment	Facility/Provider Regulatory Strategic Service	
20	Nursing Facility Quality Assessment Fee Tracking (NFQA)	Fee mandated by Legislature effective April 1, 2009. Nursing facilities submit monthly patient bed day data online to AHCA and generate an invoice to use when they mail in fee payment.	Facility/Provider Regulatory Strategic Service	
21	Nursing Home Guide Data Load	Nursing home data is loaded from Access systems to Oracle database used by Nursing Home Guide application.	Facility/Provider Regulatory Strategic Service	
22	OPC Track	System (.Net) manages construction plan review and approval inspections conducted by AHCA architects and engineers for all medical facilities built and/or modified. Facilities are billed for inspector's time monitoring and inspecting. This system generates invoices, records cash receipts, produces reports, and interfaces with Versa Regulation	Facility/Provider Regulatory Strategic Service	
23	Statewide Enforcement Tracking (SET)	System (.Net) allows AHCA regulatory staff to view data from Versa Regulation and ASPEN (federal regulatory system) in a consolidated view. Tool is used to	Facility/Provider Regulatory Strategic Service	

Listing of Agency IT Systems

FY 2011-12 Schedule IV-C
Worksheet SC-1

#	Name of IT System	Description of IT System	Agency Program or Function Supported	Notes
		monitor compliance with state and federal regulatory standards, provides longitudinal chronology of health care provider compliance		
24	Versa Regulation (VR)	Florida Regulatory and Enforcement System. Maintains licensure, inspections, and enforcement information about Florida's Health Care providers regulated by the Agency	Facility/Provider Regulatory Strategic Service	
25	Adverse Incident Data Collection	Hospitals, Ambulatory Surgery Centers and HMOs are required to report Code 15 Adverse Incidents within 15 days of the occurrence	Statistical Reporting and Transparency Strategic IT Service	
26	Agency Dashboard	Presents Agency dashboard of performance metrics for Division and Organizational entities for the public.	Statistical Reporting and Transparency Strategic IT Service	
27	Executive Direction Contact Center	All contact for Agency executives use this strategic Voice-over-Internet-Protocol (VOIP) application.	Statistical Reporting and Transparency Strategic IT Service	
28	Continuity of Care	Phase I of Health Information Exchange (HIE) Availability Project	Statistical Reporting and Transparency Strategic IT Service	
29	Corr-Flow	System (COTS – Commercial Off the Shelf System) that manages correspondence and requests sent to the Agency for response, including requests for information, public record requests, and legislative requests for bill	Statistical Reporting and Transparency Strategic IT Service	

Listing of Agency IT Systems

FY 2011-12 Schedule IV-C
Worksheet SC-1

#	Name of IT System	Description of IT System	Agency Program or Function Supported	Notes
		analysis.		
30	Data Collection System/PD Upload	The system assists staff in assessing data collection needs. (include more detail or list as a subset of the bigger system it supports)	Statistical Reporting and Transparency Strategic IT Service	
31	Data Collection Tracking	This system tracks historical information regarding a particular facility, reporting period, and reporting type	Statistical Reporting and Transparency Strategic IT Service	
32	FHS Tracking (PD2)	Patient Data Tracking allows AHCA Fla Center users to track the patient data process for ambulatory and hospital data from initial due to load completed.	Statistical Reporting and Transparency Strategic IT Service	
33	FHS Tracking AHCA Inpatient Upload	This is for facilities to upload their detailed patient data to AHCA Florida Center for processing.	Statistical Reporting and Transparency Strategic IT Service	
34	FHS Tracking Inpatient Upload Test	This is for facilities to use as a test site to test formatting before submitting to production	Statistical Reporting and Transparency Strategic IT Service	
35	Florida Health Finder.com	This is a web resource for comprehensive consumer healthcare information from Florida government health and human services agencies	Statistical Reporting and Transparency Strategic IT Service	
36	Laserfiche Web	AHCA developed web-based system that automates manual administrative support tasks for Laserfiche. Also, it provides additional reporting.	Statistical Reporting and Transparency Strategic IT Service	

Listing of Agency IT Systems

FY 2011-12 Schedule IV-C
Worksheet SC-1

#	Name of IT System	Description of IT System	Agency Program or Function Supported	Notes
37	Nursing Home Guide	Online guide to Nursing Homes in state of Florida	Statistical Reporting and Transparency Strategic IT Service	
38	Web DM	System (web application) that publishes documents to the Agency's website for public display, including inspection reports of regulated facilities/providers and legal Final Orders of agency cases such as licensure fines and denial actions, and Medicaid sanctions and terminations	Statistical Reporting and Transparency Strategic IT Service	
39	Choice Counseling	Florida Medicaid maintains two separate choice counseling systems, one is a component of the System maintained by the Medicaid Fiscal Agent (FA) contractor for what is referred to as Medicaid Options brokerage services. This is the choice counseling services for the 65 non Medicaid Reform counties. Florida also has a contract for brokerage and choice counseling services with the entity Automated Health Systems, which has its own "System" and AHS's IT services cover 5 Medicaid Reform counties. Each System or subsystem houses and tracks all data regarding beneficiary choices and all beneficiary correspondence and all phone calls.	Medicaid Strategic IT Service	

Listing of Agency IT Systems

FY 2011-12 Schedule IV-C
Worksheet SC-1

#	Name of IT System	Description of IT System	Agency Program or Function Supported	Notes
	Medicaid Contact Center	All beneficiary and provider contact with the Agency will use this strategic Voice-over-Internet-Protocol (VOIP) application.	Medicaid Strategic IT Service	
40	Claims Tracking System (CTS)	Track claims submitted to AHCA for reconsideration after denial from the fiscal agent.	Medicaid Strategic IT Service	
41	Cost Reimbursement - Hospitals	Calculates Medicaid Inpatient and Outpatient rates for hospitals. Also determines ceilings during the initial rate setting periods.	Medicaid Strategic IT Service	
42	Cost Reimbursement – Nursing Homes	Calculates Medicaid Inpatient and Outpatient rates for nursing homes. Also determines ceilings during the initial rate setting periods	Medicaid Strategic IT Service	
43	Cost Reimbursement – County Public Health Units (CPHU)	Calculates Medicaid Inpatient and Outpatient rates for county public health units. Also determines ceilings during the initial rate setting periods	Medicaid Strategic IT Service	
44	Cost Reimbursement – (DSH)	Calculates Medicaid Inpatient and Outpatient rates for disproportionate share programs. Also determines ceilings during the initial rate setting periods	Medicaid Strategic IT Service	
45	Cost Reimbursement – (FQHC)	Calculates Medicaid Inpatient and Outpatient rates for FQHCs. Also determines ceilings during the initial rate setting periods	Medicaid Strategic IT Service	
46	Cost Reimbursement –	Calculates Medicaid Inpatient and Outpatient rates for ICFMRs. Also	Medicaid Strategic IT Service	

Listing of Agency IT Systems

FY 2011-12 Schedule IV-C
Worksheet SC-1

#	Name of IT System	Description of IT System	Agency Program or Function Supported	Notes
	(ICFMR)	determines ceilings during the initial rate setting periods		
47	Cost Reimbursement – Non-Inst Providers	Calculates Medicaid Inpatient and Outpatient rates for non-institutional providers. Also determines ceilings during the initial rate setting periods	Medicaid Strategic IT Service	
48	Cost Reimbursement – (RHC)	Calculates Medicaid Inpatient and Outpatient rates for RHCs. Also determines ceilings during the initial rate setting periods	Medicaid Strategic IT Service	
49	Decision Support System (DSS) Data Warehouse	A data warehouse of Medicaid billing and utilization information	Medicaid Strategic IT Service	
50	Durable Medical Equipment (DME)	Track DME prior authorization requests statewide	Medicaid Strategic IT Service	
51	Final Orders	Senate Bill 1986 – Health Services Agency Data Sharing	Medicaid Strategic IT Service	
52	Fraud and Abuse Case Tracking System (FACTS)	The Office of the Inspector General and Medicaid Program Integrity (MPI) track all Medicaid cases of possible overpayment from initial identification through final stage of collection or prosecution pursuant to Section 409.913 FS	Medicaid Strategic IT Service	
53	FLMMIS – Florida Medicaid Management System	The FMMIS, presently known as “interChange”, collects and retains all beneficiary data, provider enrollment and reenrollment data, claims adjudication processing functionality, financial processing functionality, all Medicaid	Medicaid Strategic IT Service	

Listing of Agency IT Systems

FY 2011-12 Schedule IV-C
Worksheet SC-1

#	Name of IT System	Description of IT System	Agency Program or Function Supported	Notes
		"reference" data (i.e. procedure code fee schedules, facility rates, etc), reporting functionality, Choice Counseling functionality, and thru a subcontractor to the current fiscal agent for the FMMIS, Medicaid's Pharmacy Benefit Management and pharmacy claims adjudication functionality. With all of these component functionalities, the FMMIS generates annually approximately \$18 billion in provider service payments.		
54	Low Income Pool	System to receive Low Income Pool Cost Limits and milestone documents electronically from participating providers	Medicaid Strategic IT Service	
55	MARS	System stores Medicaid cost reports and calculates reimbursement rates	Medicaid Strategic IT Service	
56	MCO Quarterly Reporting System (QFAR)	Managed Care Organization Quarterly Reporting System for reporting required information	Medicaid Strategic IT Service	
57	Medicaid Budget Forecasting	System uses input from FMMS to project future budget requirements and monitor expenditures	Medicaid Strategic IT Service	
58	Medicaid Complaint Tracking	Replacement of existing Bureau of Managed Care complaint tracking.	Medicaid Strategic IT Service	
59	Medicaid County Health Department System	system stores Medicaid county health department cost reports and calculates reimbursement rates	Medicaid Strategic IT Service	

Listing of Agency IT Systems

FY 2011-12 Schedule IV-C
Worksheet SC-1

#	Name of IT System	Description of IT System	Agency Program or Function Supported	Notes
60	Medicaid E-mail Alert Archive	System allows review of all messages released by AHCA Medicaid with categorization, sorting and searching capabilities.	Medicaid Strategic IT Service	
61	Medicaid Hospital Rates	System stores Medicaid hospital cost reports and calculates reimbursement rates	Medicaid Strategic IT Service	
62	Medicaid Nursing Home Rates	System stores Medicaid nursing home cost reports and calculates reimbursement rates	Medicaid Strategic IT Service	
63	Medicaid PA DME-Prior Authorization for Durable Medical Equipment	Tracking system for durable medical equipment.	Medicaid Strategic IT Service	
64	Medicaid Provider Termination Process Tracking	System tracks the termination approval process, storing signed forms and emails.	Medicaid Strategic IT Service	
65	Sextant	System (Excel) used by Nursing Homes in the Florida Medicaid program to submit their Medicaid Cost Reports. Florida Nursing Homes participating in Medicaid are required to submit their Medicaid Cost Reports electronically. Sextant files and other related files are available on AHCA's internet site	Medicaid Strategic IT Service	
66	Hyperion	System (VB 6 Windows Form application) used by Agency internal staff to import, test, and approve nursing home cost reports.	Medicaid Strategic IT Service	

Listing of Agency IT Systems

FY 2011-12 Schedule IV-C
Worksheet SC-1

#	Name of IT System	Description of IT System	Agency Program or Function Supported	Notes

(Insert as many rows into table as needed.)

Listing of Strategic IT Services

(FY 2011-12 Schedule IV-C

Worksheet SC-2)

Dept/Agency: **Agency for Health Care Administration**
Prepared by: **Scott Ward**
Phone: **412-4844**
Date Completed: **10/15/2010**

1. Medicaid and Regulatory Financial Strategic IT Service

The Agency manages financial transactions, funding, and expenditures relating to Medicaid programs and regulatory procedures.

The following IT Systems are constituent elements of this Strategic IT Service.

1.a. Capitation – Summarize fiscal year's paid claims history to form the basis of HMO payment rates.

1.b. COR – County Billing System- Part of FLMMIS that calculates the counties' participation related to Medicaid payment, in accordance with Section 409.915, Florida Statutes. See FLMMIS at 4o and 4cc.

1.c. Drug_Reb – Drug Rebate Accounts/Receivable System

1.d. FoxPro Financial Application & Reporting systems – various State accounting applications to handle budgetary/fiscal requirements and special Federal reporting requirements.

1.d.a. Transaction History (TRHIST) – A query system of all FLAIR (State Accounting System) transactions. Allows custom searches and ability to download specific financial data.

1.d.b. Expansion Option Lookup – Query system of active FLAIR expansion sets, including organizational codes, expansion options, OCA's (other cost accumulators), grants numbers, and set indicators.

1.d.c. Daily Cash Report – Comptroller fund balances by FLAIR account code. Includes expenditures, revenues and cash balances.

1.d.d. Cash Reconciliation – A reconciliation system of Departmental and Comptroller financial records.

Listing of Strategic IT Services

(FY 2011-12 Schedule IV-C

Worksheet SC-2)

- 1.d.e. Payroll – A system to used to post departmental payroll records into FLAIR as provided by DFS Bureau of State Payrolls. Allocates DFS records to various funds and funding sources. Also includes an inquiry function of posted records.*
- 1.d.f. Automated Journal Transaction (AJT) – Allocates expenditures to multiple funding sources based on OCA (other cost accumulator).*
- 1.d.g. Colocated Journal Transaction (CJT) Allocates operating expenditures to multiple funds based on FTE (full time employee) count for the agency.*
- 1.d.h. FLAIR Uploads – Various types of FLAIR accounting transactions sent to DFS through Entire Connection.*
- 1.d.i. PCARD – Purchasing Card System used to enter agency cardholder's status of outstanding reconciliation reports.*
- 1.d.j. FLAIR File Transfer – FTP downloads via DFS for various accounting data files. This is run on daily, weekly, monthly, and special cycles.*
- 1.d.k. Lease Payment System – Generates monthly invoices for payment to AHCA vendors for facility rentals.*
- 1.d.l. SunCom Telephone Charges – Allocates long distance telephone expenditures agency wide based on DMS (Dept. of Mgmt. Services) billing.*
- 1.d.m. Financial Statements - provides working trial balances, by fund by budget entity, creates subsidiary workpapers and provides final financial statement reports.*
- 1.e. Hospital Accounts Receivables (HAR)** – Accounting System (FoxPro) for assessments and administrative fine final orders that includes modules for accounts receivables, billing, and late fee and cash receipts. Provides funds accounting for Facility/Provider and Medicaid strategic initiative, and administrative support.

Listing of Strategic IT Services

(FY 2011-12 Schedule IV-C

Worksheet SC-2)

1.e.a. *Public Medical Assistance Trust Fund Inpatient and Outpatient assessments support the Medicaid strategic effort F.S. 395.701*

1.e.b. *Annual Health Care Facility Assessments are sent to Dept of Health for support the Local Health Planning Council F.S. 408.033*

1.e.c. *Hospital Data Collection and Analysis assessments supports AHCA Health Quality Assurance and the State Center for Facility/Provider strategic initiatives F.S. 408.20*

1.e.d. *Final Order and fines provide administrative support.*

1.f. Leases – Building Lease System

1.g. Medicaid Accounts Receivables (MAR) – System (FoxPro) for Medicaid Accounts Receivables and tracking Medicaid overpayments due and received.

1.h. Revenue and Accounts Receivable (RA-RA) – System (.Net) for accounts receivable and cash receipts system for Nursing Home and Intermediate Care Facility for the Developmentally Disabled monthly assessments per F.S. 409.083 and F.S 409.082 See 2.i and 2.k.

1.i. Survey and Certification Time Validation System – The system accounts for time spent by surveyors in the various facilities. It allocates direct expenditures and generates Total Salary Dollars by Grant for report to CMS.

1.j. Laserfiche – AHCA based system that electronically stores document images of cash receipts and related documents. (*Added – should this be included???*)

1.k. Check Log – AHCA developed web-based system to record cash receipts received in Finance and Accounting and provides search and reporting capabilities.

(If a Strategic IT Service has more IT Systems, simply continue the list and follow the paragraph format with automatic numbering sequence.)

2. Facility/Provider Regulatory Strategic IT Service

The Agency for Health Care Administration through the Division of Health Quality Assurance oversees the regulation of hospitals, ambulatory surgical centers, home health agencies, hospices, clinical laboratories, and over 20 other types of health care providers. The Agency also oversees the regulation of long-term provider programs, including nursing homes, assisted living facilities, and six other long-term care provider programs. In addition, the Agency also includes the certificate of need (CON) and hospital financial analysis programs as well as the hospital/ambulatory surgical center risk management program. The Agency ensures that hospitals, nursing homes, and ambulatory surgical centers are safe, functional, and provide safety-to-life for the patients and residents. The regulation of health care providers and facilities plays an important role in AHCA's mission to champion accessible, affordable, quality health care for all Floridians through the oversight and monitoring of a wide variety of programs.

The following IT Systems are constituent elements of this Strategic IT Service.

- 2.a. Background Screening System (BGS)** – System (.Net) used to manage criminal background checks for certain employees of licensed health care providers as a condition of employment. This system includes electronic workflow and data sharing with Florida Department of Law Enforcement and Department of Health. External users (providers) access results online.
- 2.b. Budget Forecasting** – Predicts Medicaid expenditures and Medicaid Caseloads
- 2.c. Background Screening Contact Center** – All provider contact with the Agency use this strategic Voice-over-Internet-Protocol (VOIP) application.
- 2.d. CertNeed** – System (.Net) used by staff to process applications for certificate of need (CON) to establish new health care facilities. Provider types include hospitals, nursing homes, ambulatory surgery centers, and intermediate care facilities for the developmentally disabled.
- 2.e. Crosswalk – Privacy and Security Resource Center**– Under a Grant from Office of National Coordinator for HIT provide crosswalk for providers.
- 2.f. Emergency Status System (ESS)** – System for Agency and Providers to enter emergency status information for facilities during an emergency, such as a hurricane.

-
- 2.g. Hospital Financial Data (Compass)** – Data collection system for hospitals to submit financial information each year for analysis and billing.
- 2.h. Intermediate Care Facilities for the Developmentally Disabled (ICFDD) Assessment Fee Tracking** – Fee mandated by Legislature in 2009. This system allows ICFDD facilities to submit monthly patient bed day data online to AHCA and generate an invoice to use when they mail in fee payment.
- 2.i. Nursing Facility Quality Assessment Fee Tracking (NFQA)** – Fee mandated by Legislature effective April 1, 2009. Nursing facilities submit monthly patient bed day data online to AHCA and generate an invoice to use when they mail in fee payment. See also 1.h
- 2.j. Nursing Home Guide Data Load** – Nursing home data is loaded from Access systems to Oracle database used by Nursing Home Guide application.
- 2.k. OPC Track** – System (.Net) manages construction plan review and approval inspections conducted by AHCA architects and engineers for all medical facilities built and/or modified. Facilities are billed for inspector's time monitoring and inspecting. This system generates invoices; records cash receipts, produces reports, and interfaces with Versa Regulation.
- 2.l. Statewide Enforcement Tracking (SET)** – System (.Net) allows AHCA regulatory staff to view data from Versa Regulation and ASPEN (federal regulatory system) in a consolidated view. Tool is used to monitor compliance with state and federal regulatory standards, provides longitudinal chronology of health care provider compliance.
- 2.m. Versa Regulation (VR)** – Florida Regulatory and Enforcement System. Maintains licensure, inspections, and enforcement information about Florida's Health Care providers regulated by the Agency.

3. Statistical Reporting and Transparency Strategic IT Service

The Agency provides health care data and consumer information to assist the public in making well-informed health care decisions.

With a staff of researchers, analysts and writers, work includes the collection and dissemination of patient data, along with technical assistance to interested parties. Patient data includes hospital inpatient and ambulatory

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outpatient/emergency department. In addition, short term psychiatric, comprehensive rehabilitation, and long-term psychiatric hospital databases are also maintained.

The data is used to create detailed reports that examine health care trends and outcomes of specific diagnoses in the Health Outcome Series. In addition, the Agency produces a variety of publications within the Consumer Awareness Series and the Florida HMO Report.

The following IT Systems are constituent elements of this Strategic IT Service.

- 3.a. Adverse Incident Data Collection** – *Hospitals, Ambulatory Surgery Centers and HMOs are required to report Code 15 Adverse Incidents within 15 days of the occurrence.*
- 3.b. Agency Dashboard** – *Presents Agency dashboard of performance metrics for Division and Organizational entities for the public.*
- 3.c. Executive Direction Contact Center** – *All contact for Agency executives use this strategic Voice-over-Internet-Protocol (VOIP) application.*
- 3.d. Continuity of Care** – *Phase I of Health Information Exchange (HIE) the agency partnered with a company called Availity. The Project 2008-2009; allowed for electronic claims information from the FL Medicaid program to be relayed to the Federal HIE system.*
- 3.e. Corr-Flow** – *System (COTS – Commercial Off the Shelf System) that manages correspondence and requests sent to the Agency for response, including requests for information, public record requests, and legislative requests for bill analysis.*
- 3.f. Data Collection System/PD Upload** – *The system assists staff in assessing data collection needs. (include more detail or list as a subset of the bigger system it supports)*
- 3.g. Data Collection Tracking** – *This system tracks historical information regarding a particular facility, reporting period, and reporting type (include more detail or list as a subset of the bigger system it supports)*
- 3.h. FHS Tracking (PD2)** – *Patient Data Tracking allows AHCA Fla Center users to track the patient data process for ambulatory and hospital data*

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from initial due to load completed. (include more detail or list as a subset of the bigger system it supports)

3.i. FHS Tracking AHCA Inpatient Upload – This is for facilities to upload their detailed patient data to AHCA Florida Center for processing. *(include more detail or list as a subset of the bigger system it supports)*

3.j. FHS Tracking Inpatient Upload Test – This is for facilities to use as a test site to test formatting before submitting to production. *(include more detail or list as a subset of the bigger system it supports)*

3.k. Florida Health Finder.com – This is a web resource for comprehensive consumer healthcare information from Florida government health and human services agencies. *(need more detail)*

3.l. Laserfiche Web – AHCA developed web-based system that automates manual administrative support tasks for Laserfiche. Also, it provides additional reporting.

3.m. Nursing Home Guide – Online guide to Nursing Homes in state of Florida.

3.n. Web DM – System (web application) that publishes documents to the Agency's website for public display, including inspection reports of regulated facilities/providers and legal Final Orders of agency cases such as licensure fines and denial actions, and Medicaid sanctions and terminations.

4. Medicaid Strategic IT Service

The Agency for Health Care Administration develops and carries out policies related to the Medicaid program.

Medicaid is the state and federal partnership that provides health coverage for selected categories of people with low incomes. Its purpose is to improve the health of people who might otherwise go without medical care for themselves and their children.

Over the years, the Florida Legislature has authorized Medicaid reimbursement for additional services. A major expansion occurred in 1989, when the United States Congress mandated that states provide all Medicaid services allowable under the Social Security Act to children under the age of 21.

The Medicaid program is funded through federal and state participation with Florida's counties contributing to inpatient hospital and nursing home services.

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Matching federal funds are contingent upon the state's continued compliance with Title XIX of the Social Security Act and regulations in Title 42 of the Code of Federal Regulations. Estimated Medicaid spending for fiscal year 2009-2010 is approximately \$18.8 billion.

The following IT Systems are constituent elements of this Strategic IT Service.

- 4.a. Choice Counseling** – *Florida Medicaid maintains two separate choice counseling systems, one is a component of the System maintained by the Medicaid Fiscal Agent (FA) contractor for what is referred to as Medicaid Options brokerage services. This is the choice counseling services for the 65 non Medicaid Reform counties. Florida also has a contract for brokerage and choice counseling services with the entity Automated Health Systems, which has its own "System" and AHS's IT services, cover 5 Medicaid Reform counties. Each System or subsystem houses and tracks all data regarding beneficiary choices and all beneficiary correspondence and all phone calls.*
- 4.b. Medicaid Contact Center** – *All beneficiary and provider contact with the Agency will use this strategic Voice-over-Internet-Protocol (VOIP) application.*
- 4.c. Claims Tracking System (CTS)** – *Track claims submitted to AHCA for reconsideration after denial from the fiscal agent.*
- 4.d. Cost Reimbursement - Hospitals** – *Calculates Medicaid Inpatient and Outpatient rates for hospitals. Also determines ceilings during the initial rate setting periods.*
- 4.e. Cost Reimbursement – Nursing Homes** – *Calculates Medicaid Inpatient and Outpatient rates for nursing homes. Also determines ceilings during the initial rate setting periods.*
- 4.f. Cost Reimbursement – County Public Health Units (CPHU)** – *Calculates Medicaid Inpatient and Outpatient rates for county public health units. Also determines ceilings during the initial rate setting periods*
- 4.g. Cost Reimbursement – (DSH)** – *Calculates Medicaid Inpatient and Outpatient rates for disproportionate share programs. Also determines ceilings during the initial rate setting periods*

Listing of Strategic IT Services

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- 4.h. **Cost Reimbursement – (FQHC)** – *Calculates Medicaid Inpatient and Outpatient rates for FQHCs. Also determines ceilings during the initial rate setting periods*
 - 4.i. **Cost Reimbursement – (ICFMR)** – *Calculates Medicaid Inpatient and Outpatient rates for ICFMRs. Also determines ceilings during the initial rate setting periods*
 - 4.j. **Cost Reimbursement – Non-Inst Providers** – *Calculates Medicaid Inpatient and Outpatient rates for non-institutional providers. Also determines ceilings during the initial rate setting periods*
 - 4.k. **Cost Reimbursement – (RHC)** – *Calculates Medicaid Inpatient and Outpatient rates for RHCs. Also determines ceilings during the initial rate setting periods*
 - 4.l. **Decision Support System (DSS) Data Warehouse** – *A data warehouse of Medicaid billing and utilization information.*
 - 4.m. **Durable Medical Equipment (DME)** – *Track Medicaid recipient needed DME prior authorization requests statewide.*
 - 4.n. **Final Orders** – *Senate Bill 1986 – Health Services Agency Data Sharing*
 - 4.o. **Fraud and Abuse Case Tracking System (FACTS)** – *The Office of the Inspector General and Medicaid Program Integrity (MPI) track all Medicaid cases of possible overpayment from initial identification through final stage of collection or prosecution pursuant to Section 409.913 FS*
 - 4.p. **FLMMIS – Florida Medicaid Management System** – *The FMMIS, presently known as “interChange”, collects and retains all beneficiary data, provider enrollment and reenrollment data, claims adjudication processing functionality, financial processing functionality, all Medicaid “reference” data (i.e. procedure code fee schedules, facility rates, etc), reporting functionality, Choice Counseling functionality, and thru a subcontractor to the current fiscal agent for the FMMIS, Medicaid’s Pharmacy Benefit Management and pharmacy claims adjudication functionality. With all of these component functionalities, the FMMIS generates annually approximately \$18 billion in provider service payments.*

Listing of Strategic IT Services

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- 4.q. **Low Income Pool** – System to receive Low Income Pool Cost Limits and milestone documents electronically from participating Medicaid providers.
- 4.r. **MARS** – System stores Medicaid cost reports and calculates reimbursement rates
- 4.s. **MCO Quarterly Reporting System (QFAR)** – Managed Care Organization Quarterly Reporting System for reporting required information.
- 4.t. **Medicaid Budget Forecasting** – System uses input from FMMS to project future budget requirements and monitor expenditures.
- 4.u. **Medicaid Complaint Tracking** – Replacement of existing Bureau of Managed Care complaint tracking.
- 4.v. **Medicaid County Health Department System** – system stores Medicaid county health department cost reports and calculates reimbursement rates.
- 4.w. **Medicaid E-mail Alert Archive** – System allows review of all messages released by AHCA Medicaid with categorization, sorting and searching capabilities.
- 4.x. **Medicaid Hospital Rates** – System stores Medicaid hospital cost reports and calculates reimbursement rates.
- 4.y. **Medicaid Nursing Home Rates** – System stores Medicaid nursing home cost reports and calculates reimbursement rates.
- 4.z. **Medicaid PA DME- Prior Authorization for Durable Medical Equipment** – Tracking system for durable medical equipment.
- 4.aa. **Medicaid Provider Termination Process Tracking** – system tracks the termination approval process, storing signed forms and emails.
- 4.bb. **Sextant** - System (Excel) used by Nursing Homes in the Florida Medicaid program to submit their Medicaid Cost Reports. Florida Nursing Homes participating in Medicaid are required to submit their Medicaid Cost Reports electronically. Sextant files and other related files are available on AHCA's internet site.

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4.cc. Hyperion – System (VB 6 Windows Form application) used by Agency internal staff to import, test, and approve nursing home cost reports.

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Data Center Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Scott Ward**
 Phone: **(850) 412-4844**
 Date submitted: **10/15/10**

Network Service

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

Identify the major hardware and commercial software associated with this service:			
1	Windows Server	9	Oracle RAC
2	VMware	10	Microsoft SQL, SharePoint, ForeFront, ISA, Team Foundation,
3	Cisco Switches/Routers/Firewalls/Wireless	11	.Net
4	HP Servers	12	HP SAN
5	IBM BladeCenter	13	Dell ML6000 Tape Library
6	Dell Servers	14	APC UPS
7	SUN Servers, Storage & Tape Library	15	Ironport
8	Cisco VOIP	16	Symantec Backup Exec
		17	Data Domain

1. IT Service Definition

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

- Central IT staff
- Program staff
- Other state agency *(non-primary data center)*
- Other External Service Provider *(specify)* _____
- Southwood Shared Resource Center
- Northwood Shared Resource Center
- Northwest Regional Data Center

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

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

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

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.3)

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

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

1.6. How many locations currently use WAN services? **24**

IT Service Requirements Worksheet: Data Center Service

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

- | | | |
|--|--|--|
| <input type="checkbox"/> ATM | <input type="checkbox"/> Frame Relay | <input checked="" type="checkbox"/> Cellular Network |
| <input type="checkbox"/> SUNCOM RTS | <input checked="" type="checkbox"/> Internet | <input checked="" type="checkbox"/> Dedicated Wired connection |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Satellite | <input checked="" type="checkbox"/> Dial-up connection |
| <input checked="" type="checkbox"/> Other <u>MFN, Air Cards, VPN</u> | | |

2. Service Unique to Agency

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

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

- Yes No

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

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

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

3. IT Service Levels Required to Support Business Functions

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

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

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

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

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

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

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

Between AHCA and DMS – Formal

3.3. Timing and Service Delivery Requirements

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

3.3.1.1. Online availability 24/7

IT Service Requirements Worksheet: Data Center Service

3.3.1.2. Offline and availability for maintenance Only if schedule with users in advance – typically 1-2 hours per month

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

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

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

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

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

Medicaid Regulations
HIPAA information
Federal Health Information Exchange
Log monitoring, integrated access requirements, many others

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

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

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

Yes No

3.3.6.1. If yes, please specify and describe:

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

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

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

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Data Center Service

4. User/customer satisfaction

- 4.1. Are service level metrics reported to business stakeholders or agency management?
 Yes No

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

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

- 4.2. Are currently defined IT service levels adequate to support the business needs?
 Yes No

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

- 4.2.2. List any significant projects that are underway or planned to upgrade or enhance any system, resource, or process associated with this IT service. *Please indicate the D3-A issue number in the Description for any projects that require funds in a legislative budget request for FY 2011-12.*

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, that is used to provide this service, and describe any anticipated adjustments to the funding source(s) or funding level for FY 2011-12

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. Please indicate whether there is a cost recovery or cost allocation plan for this service, and describe any anticipated adjustments or needed changes in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.)

- 5.3. Other pertinent information related to this service

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Data Center Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Scott Ward**
 Phone: **(850) 412-4844**
 Date submitted: **10/15/10**

E-Mail, Messaging, and Calendaring Service

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

Identify the major hardware and commercial software associated with the E-Mail Service:			
1	VMware	6	ProofPoint Anti-Spam Appliance
2	Microsoft Exchange 2007	7	IronPort
3	Outlook for Web Access	8	ForeFront
4	Symantec Enterprise Vault	9	
5	Blackberry Enterprise Server Gateway	10	

1. IT Service Definition

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Central IT staff | <input type="checkbox"/> Southwood Shared Resource Center |
| <input type="checkbox"/> Program staff | <input type="checkbox"/> Northwood Shared Resource Center |
| <input type="checkbox"/> Other state agency <i>(non-primary data center)</i> | <input type="checkbox"/> Northwest Regional Data Center |
| <input type="checkbox"/> Other External Service Provider <i>(specify)</i> | |

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

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.3)

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

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

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

2. Service Unique to Agency

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

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: E-Mail, Messaging, and Calendaring Service

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

- Yes No

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

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

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

3. IT Service Levels Required to Support Business Functions

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

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

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

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

3.2. Timing and Service Delivery Requirements

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

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

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

Email services, including the delivery of email communications to mobile devices/platforms have become business critical communications functions. AHCA depends on this service for time sensitive communication to meet the needs and expectation of the Governor, AHCA's constituents, the Secretary, and other key AHCA staff. On a daily basis effective email communications and portal data applications are at the center of AHCA's capability to meet its statutory functions and even temporary loss of this capability can result in significant negative business impacts, including potentially putting health of consumers at risk; interruptions in business communications between nursing homes and 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? 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.

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: E-Mail, Messaging, and Calendaring Service

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

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

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

- Yes
- No

3.2.5.1. If yes, please specify and describe:

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

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

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

4. User/customer satisfaction

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

- Yes
- No

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

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

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

- Yes
- No

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

4.2.2. List any significant projects that are underway or planned to upgrade or enhance any system, resource, or process associated with this IT service. *Please indicate the D3-A issue number in the Description for any projects that require funds in a legislative budget request for FY 2011-12.*

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

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: E-Mail, Messaging, and Calendaring Service

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, that is used to provide this service, and describe any anticipated adjustments to the funding source(s) or funding level for FY 2011-12

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. Please indicate whether there is a cost recovery or cost allocation plan for this service, and describe any anticipated adjustments or needed changes in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.)

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.

5.3. Other pertinent information related to this service

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Data Center Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Scott Ward**
 Phone: **(850) 412-4844**
 Date submitted: **10/15/10**

Desktop Computing Service

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

Identify the major hardware and commercial software associated with the Desktop Computer Service:			
1	Microsoft Operating Systems (Including Windows XP, Vista, and Windows 7)	5	Internet Explorer
2	Desktop PCs (Intel)	6	Ghost
3	Microsoft Office 2007	7	KillDisk
4	McAfee and Forefront Anti-Virus software	8	

1. IT Service Definition

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Central IT staff | <input type="checkbox"/> Southwood Shared Resource Center |
| <input type="checkbox"/> Program staff | <input type="checkbox"/> Northwood Shared Resource Center |
| <input type="checkbox"/> Other state agency <i>(non-primary data center)</i> | <input type="checkbox"/> Northwest Regional Data Center |
| <input type="checkbox"/> Other External Service Provider <i>(specify)</i> _____ | |

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

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.3)

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

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

2. Service Unique to Agency

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

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

The collective staff has a high level of experience with and knowledge of the many agency-specific business processes and related information system. Based on everyone's tenure in Customer Service, we have an average AHCA IT experience of 9.38 years per tech. (Total of 225 years AHCA IT experience.)

IT Service Requirements Worksheet: Desktop Computing Service

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 user satisfaction; within the first half of 2010 these services received user satisfaction ratings of 98% 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.

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

Yes No

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

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

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

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

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

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)

IT Service Requirements Worksheet: Desktop Computing Service

- 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 / Enterprise High	As Soon As Possible
High	2 business hours
Medium	8 business hours
Low	27 business hours
N/A	None

3.2. Timing and Service Delivery Requirements

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

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

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

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

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

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

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

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

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

- Yes
- No

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

IT Service Requirements Worksheet: Desktop Computing Service

found in 45 CFR Parts 160 and 164. The Agency has a HIPAA Privacy Law and Procedures Handbook that all employees receive and are required to read upon hire.

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

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

4. User/customer satisfaction

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

Yes No

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

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

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

Yes No

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

4.2.2. List any significant projects that are underway or planned to upgrade or enhance any system, resource, or process associated with this IT service. *Please indicate the D3-A issue number in the Description for any projects that require funds in a legislative budget request for FY 2011-12.*

Project Name	Description	Start Date	End Date	Estimated Total Cost of Completion
Agency Desktop / Laptop / Tablet Replacement	Annual equipment replacement. ¼ laptop / tablet inventory; 1/5 desktop inventory.	Jan 01, 2012	Jun 30, 2012	\$800,000

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, that is used to provide this service, and describe any anticipated adjustments to the funding source(s) or funding level for FY 2011-12

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. Please indicate whether there is a cost recovery or cost allocation plan for this service, and describe any anticipated adjustments or needed changes in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.)

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Desktop Computing Service

5.3. Other pertinent information related to this service

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Data Center Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Scott Ward**
 Phone: **(850) 412-4844**
 Date submitted: **10/15/10**

Helpdesk Service

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

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

1. IT Service Definition

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Central IT staff | <input type="checkbox"/> Southwood Shared Resource Center |
| <input type="checkbox"/> Program staff | <input type="checkbox"/> Northwood Shared Resource Center |
| <input type="checkbox"/> Other state agency <i>(non-primary data center)</i> | <input type="checkbox"/> Northwest Regional Data Center |
| <input type="checkbox"/> Other External Service Provider <i>(specify)</i> | |

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

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.3)

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

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

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

- | | |
|---|--|
| <input type="checkbox"/> On-line self-serve | <input type="checkbox"/> On-line interactive |
| <input checked="" type="checkbox"/> Telephone/IVR | <input checked="" type="checkbox"/> Face-to-face |
| <input checked="" type="checkbox"/> Remote desktop (e.g., PC Anywhere) | |
| <input checked="" type="checkbox"/> Other <u>Email, Instant Messaging Chat sessions</u> | |

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

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

IT Service Requirements Worksheet: Helpdesk Service

Resolving/closing	X	X	X
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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)	32	Sprint Smart View
2	Microsoft Office application suite including Visio, Office Communicator, Live Meeting and Project	33	Cisco's VPN Client
3	Adobe Reader	34	Vantive Best
4	Adobe Professional	35	Chameleon
5	WinZip	36	Crystal Reports
6	Secure Zip	37	FoxPro
7	TrueCrypt	38	Survey Monkey
8	Impromptu	39	QE8
9	Business Objects	40	CD and DVD authoring software
10	McAfee Malware Protection	41	SAS
11	ForeFront Malware Protection	42	SPSS
12	Oracle	43	Toad
13	Java	44	West Law
14	Internet Explorer	45	Hardware (including desktop, laptop tablet and BlackBerry components)
15	Windows Media Player	46	Check-out systems (laptops)
16	CMS applications (Aspen, ACO, QIS)	47	printers (including local, networked and multi-function)
17	CorrFlow	48	Scanners (including local and networked)
18	Enterprise Vault	49	LicenseEase (FRAES)
19	FTP clients (including Core and Cute),	50	Dreamweaver
20	People First	51	KēPRO
21	Microsoft SharePoint	52	Proxy
22	iBlaze	53	IDEA
23	Surf Control	54	Audit Leverage
24	Waltz Certified Mailer	55	.NET Framework
25	DNA Fusion	56	Magic BMC Service Desk Express
26	FACTS	57	CrossMatch
27	Virtual PC	58	Network shares and databases
28	AHCA IT in-house developed custom applications (currently numbering 54)	59	
29	AHCA's Intranet	60	
30	Safe Guard Easy	61	
31	IronPort	62	

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 23% of AHCA's current helpdesk tickets, and would likely route half of those back to AHCA IT

staff for final resolution. The routing and resolution of the remaining 77% 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 by approximately 23% Yes

Non Generic (unique) tickets could not be sourced to another provider by approximately 77% No

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

23% 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 77% of AHCA's specialized tickets, and would damage the cohesive, stream-lined routing/resolution process AHCA currently maintains, resulting in an overall decline in helpdesk services to AHCA. Splitting out a small portion of AHCA's comprehensive helpdesk function does not make practical or economic sense.

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

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

3. IT Service Levels Required to Support Business Functions

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

Yes; formal Service Level Agreement(s)

Yes; informal agreement(s)

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

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

AHCA requires a full-service helpdesk as follows:

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

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

Prompt service is required in all cases.

IT Service Requirements Worksheet: Helpdesk Service

Executive Direction and agency leadership tickets require immediate response and priority resolution.

User tickets for hardware / software / system failure or virus attack require immediate to next-in-line response.

Other calls are ranked by the Help Desk based on the substance of the call itself, agency unit production requirements, potential public impact, and call volume in the technician's queue.

Network Access Forms (NAFs) are used to authorize user/resource/group administration work. NAFs are entered into Magic.

High urgency tickets without resolution or resolution plan escalate to second notification 1 hour after initial notification.

Calls classified as	Target Resolution Time
Critical / Enterprise High	As Soon As Possible
High	2 business hours
Medium	8 business hours
Low	27 business hours
N/A	None

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?

3000

We have a monthly average of 1200 Incidents and 1800 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: 3000 average total tickets managed monthly.

3.2.4. Are there any agency-unique service requirements?

Yes No

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

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

IT Service Requirements Worksheet: Helpdesk Service

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

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

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

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

- Yes
- No

3.2.6.1. If yes, please specify and describe:

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

4. User/customer satisfaction

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

- Yes
- No

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

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

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

- Yes
- No

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

4.2.2. List any significant projects that are underway or planned to upgrade or enhance any system, resource, or process associated with this IT service. *Please indicate the D3-A issue number in the Description for any projects that require funds in a legislative budget request for FY 2011-12.*

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, that is used to provide this service, and describe any anticipated adjustments to the funding source(s) or funding level for FY 2011-12

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. Please indicate whether there is a cost recovery or cost allocation plan for this service, and describe any anticipated adjustments or needed changes in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.)

5.3. Other pertinent information related to this 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.

Dept/Agency: **Agency for Health Care Administration**
Submitted by: **Scott Ward**
Phone: **(850) 412-4844**
Date submitted: **10/15/10**

IT Security/Risk Mitigation Service

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

1. IT Service Definition

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Central IT staff | <input type="checkbox"/> Southwood Shared Resource Center |
| <input type="checkbox"/> Program staff | <input type="checkbox"/> Northwood Shared Resource Center |
| <input type="checkbox"/> Other state agency (<i>non-primary data center</i>) | <input type="checkbox"/> Northwest Regional Data Center |
| <input checked="" type="checkbox"/> Other External Service Provider (<i>specify</i>) <u>Sungard</u> | |

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

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.3)

2. Service Unique to Agency

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

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

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

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

- Yes No

IT Service Requirements Worksheet: Data Center Service

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

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

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

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

3. IT Service Levels Required to Support Business Functions

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

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

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

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

3.2. Timing and Service Delivery Requirements

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

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

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

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

IT Service Requirements Worksheet: Data Center Service

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

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

- Yes
- No

If yes, please specify and describe:

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

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

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

4. User/customer satisfaction

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

- Yes
- No

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

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

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

- Yes
- No

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

4.2.2. List any significant projects that are underway or planned to upgrade or enhance any system, resource, or process associated with this IT service. *Please indicate the D3-A issue number in the Description for any projects that require funds in a legislative budget request for FY 2011-12.*

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

IT Service Requirements Worksheet: Data Center Service

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, that is used to provide this service, and describe any anticipated adjustments to the funding source(s) or funding level for FY 2011-12

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. Please indicate whether there is a cost recovery or cost allocation plan for this service, and describe any anticipated adjustments or needed changes in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.)

5.3. Other pertinent information related to this service

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Data Center Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Scott Ward**
 Phone: **(850) 412-4844**
 Date submitted: **10/15/10**

Agency Financial and Administrative Systems Support Service

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

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

1. IT Service Definition

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

- Central IT staff
- Program staff
- Other state agency *(non-primary data center)*
- Other External Service Provider *(specify)* _____
- Southwood Shared Resource Center
- Northwood Shared Resource Center
- Northwest Regional Data Center

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

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.3)

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

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

2. Service Unique to Agency

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

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

- Yes
- No

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

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

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

3. IT Service Levels Required to Support Business Functions

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

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

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

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

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

3.2. Timing and Service Delivery Requirements

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

3.2.1.1. User-facing components of this IT service (online) 7-6 M-F

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

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

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

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

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

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

HIPAA
CMS
Medicaid Regulations

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

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

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

- Yes No

3.2.5.1. If yes, please specify and describe:

HIPAA
CMS
Medicaid Regulations

4. User/customer satisfaction

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

- Yes No

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

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

- Yes No

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

4.2.2. List any significant projects that are underway or planned to upgrade or enhance any system, resource, or process associated with this IT service. *Please indicate the D3-A issue number in the Description for any projects that require funds in a legislative budget request for FY 2011-12.*

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, that is used to provide this service, and describe any anticipated adjustments to the funding source(s) or funding level for FY 2011-12

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. Please indicate whether there is a cost recovery or cost allocation plan for this service, and describe any anticipated adjustments or needed changes in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.)

5.3. Other pertinent information related to this service

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: IT Administration and Management Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Scott Ward**
 Phone: **(850) 412-4844**
 Date submitted: **10/15/10**

IT Administration and Management Service

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

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

1. IT Service Definition

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Central IT staff | <input type="checkbox"/> Southwood Shared Resource Center |
| <input type="checkbox"/> Program staff | <input type="checkbox"/> Northwood Shared Resource Center |
| <input type="checkbox"/> Other state agency <i>(non-primary data center)</i> | <input type="checkbox"/> Northwest Regional Data Center |
| <input type="checkbox"/> Other External Service Provider <i>(specify)</i> _____ | |

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

2. Service Unique to Agency

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

- Yes No

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

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

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

3. IT Service Levels Required to Support Business Functions

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

- Yes; formal Service Level Agreement(s)
 Yes; informal agreement(s)

IT Service Requirements Worksheet: Data Center Service

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 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 identified herein and on the associated cost worksheet. Similar planning, management and administration for the Agency's Strategic IT Services are associated directly with those systems/services and not included in this non-strategic service.

3.2. Timing and Service Delivery Requirements

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

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

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

Yes No

If yes, please specify and describe:

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

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

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

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

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

Extensive federal coordination required for reimbursement of IT expenses.

4. User/customer satisfaction

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

Yes No

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

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

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

IT Service Requirements Worksheet: Data Center Service

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

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

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

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

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

Yes No

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

4.2.1. List any significant projects that are underway or planned to upgrade or enhance any system, resource, or process associated with this IT service. *Please indicate the D3-A issue number in the Description for any projects that require funds in a legislative budget request for FY 2011-12.*

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, that is used to provide this service, and describe any anticipated adjustments to the funding source(s) or funding level for FY 2011-12

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. Please indicate whether there is a cost recovery or cost allocation plan for this service, and describe any anticipated adjustments or needed changes in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.)

5.3. Other pertinent information related to this service

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Portal/Web Management Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Scott Ward, Interim CIO**
 Phone: **(850) 412-4844**
 Date submitted: **(insert date submitted)**

Portal/Web Management Service

The Portal/Web Management service enables the publishing of the agency's standard, mission-critical information with its employees and the public. Please consult the Guidelines for Schedule IV-C: IT Costs and Service Requirements for the complete definition of this IT Service and specific direction on how to complete this document.

Identify the major hardware and commercial software associated with this service:			
1	Windows Server 2008	5	
2	SharePoint 2010	6	
3	SQL Server	7	
4		8	

1. IT Service Definition

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

- Central IT staff
- Program staff
- Other state agency *(non-primary data center)*
- Other External Service Provider *(specify)* _____
- Northwood Shared Resource Center
- Southwood Shared Resource Center
- Northwest Regional Data Center

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

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.3)

1.3. Please identify the number of Internet users of this service. 250000 mo

1.4. Please identify the number of intranet users of this service. 29000 mo

1.5. How many locations currently host IT assets and resources used to provide this service? 1

2. Service Unique to Agency

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

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

- Yes
- No

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

Purchase off-site hosting and data services. The current service levels and costs would need to be base lined using a uniform cost model. The alternate service provider would need to agree to provide the same (or better) level of service for the same (or less) cost. The service would need to be seamless for AHCA users.

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Portal/Web Management Service

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

3. IT Service Levels Required to Support Business Functions

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

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

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

Informal – Static Web (24hr guarantee / 3hr actual). Performance on these verbal standards are reported to Agency Leadership on a monthly basis.

3.2. Timing and Service Delivery Requirements

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

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

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

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

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

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

BGS Web
Medicaid Regulations
HIPAA information
Federal Health Information Exchange
Log monitoring, integrated access requirements, many others

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

- User ID/Password
- Access through internal network only
- Other _____
- Access through Internet or external network
- 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?

- Yes
- No

3.2.5.1. 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.

508 Compliance

FDLE

4. User/customer satisfaction

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

Yes No

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

Weekly, Bi-Weekly, Monthly, and Ad-hoc

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

Yes No

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

4.2.2. List any significant projects that are underway or planned to upgrade or enhance any system, resource, or process associated with this IT service. *Please indicate the D3-A issue number in the Description for any projects that require funds in a legislative budget request for FY 2011-12.*

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

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, that is used to provide this service, and describe any anticipated adjustments to the funding source(s) or funding level for FY 2011-12

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

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Portal/Web Management Service

5.2. Please indicate whether there is a cost recovery or cost allocation plan for this service, and describe any anticipated adjustments or needed changes in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.)

There is no cost recovery or cost allocation plan for this service.

5.3. Other pertinent information related to this service

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Data Center Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Scott Ward**
 Phone: **(850) 412-4844**
 Date submitted: **10/15/10**

Data Center Service

This service provides the centralized operation and management of data center services through (a) data centers and computing facilities as defined in s. 282.0041, F.S., and (b) single logical-server installations. It includes all resources required to perform data center functions identified in s. 282.201(2)(d)1.e., F.S. for agency strategic and non-strategic IT services.

Statutory definitions from s. 282.0041, F.S., are provided here for convenience:

- **"Primary data center"** means a state or non-state agency data center that is a recipient entity for consolidation of non-primary data centers and computing facilities. A primary data center may be authorized in law or designated by the Agency for Enterprise Information Technology pursuant to s. [282.201](#).
- **"Data center"** means agency space containing 10 or more physical or logical servers any of which supports a strategic or nonstrategic information technology service, as described in budget instructions developed pursuant to s. [216.023](#).
- **"Computing facility"** means agency space containing fewer than a total of 10 physical or logical servers, any of which supports a strategic or nonstrategic information technology service, as described in budget instructions developed pursuant to s. [216.023](#), but excluding single, logical-server installations that exclusively perform a utility function such as file and print servers.

Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

Identify the non-strategic and strategic IT services that are supported (in whole or part) by data center services offered at the following data centers and computing facilities.		
1	Northwood Shared Resource Center	
2	Southwood Shared Resource Center	Redundant server for the Emergency Support Services (ESS) is currently located at the Southwood Shared Resource Center.
3	Northwest Regional Data Center	
4	Agency (non-primary) Data Center	All Non-Strategic & Strategic IT Services
5	Agency Computing Facilities	
6	Other External Data Center(s)	

1. IT Service Definition

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Central IT staff | <input type="checkbox"/> Northwood Shared Resource Center |
| <input type="checkbox"/> Program staff | <input checked="" type="checkbox"/> Southwood Shared Resource Center |
| <input type="checkbox"/> Other state agency <i>(non-primary data center)</i> | <input type="checkbox"/> Northwest Regional Data Center |
| <input type="checkbox"/> Other External Service Provider <i>(specify)</i> _____ | |

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

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.3)

IT Service Requirements Worksheet: Data Center Service

1.3. Provide the following information regarding agency data centers included in this service:

1.3.1. Number of agency data center(s)

2

1.3.2. List the major IT application systems¹ hosted at each of these facilities:

Name of Agency Data Center	Major IT Application Systems Supported	External Agency Supported <i>(if applicable)</i>
CRC (3 rd Floor Building 3)		
CRC (3 rd Floor Building 3)	Cisco VoIP/Contact Center	
CRC (3 rd Floor Building 3)	Capitation	
CRC (3 rd Floor Building 3)	COR	
CRC (3 rd Floor Building 3)	Drug_Reb	
CRC (3 rd Floor Building 3)	FoxPro Financial Application & Reporting systems	
CRC (3 rd Floor Building 3)	Hospital Accounts Receivables (HAR)	
CRC (3 rd Floor Building 3)	Leases	
CRC (3 rd Floor Building 3)	Medicaid Accounts Receivables (MAR)	
CRC (3 rd Floor Building 3)	Revenue and Accounts Receivable (RA-RA)	
CRC (3 rd Floor Building 3)	Survey and Certification Time Validation System	
CRC (3 rd Floor Building 3)	Laserfiche	
CRC (3 rd Floor Building 3)	Check Log	
CRC (3 rd Floor Building 3)	Background Screening System (BGS)	
CRC (3 rd Floor Building 3)	Budget Forecasting	
CRC (3 rd Floor Building 3)	CertNeed	
CRC (3 rd Floor Building 3)	Crosswalk – Privacy and Security Resource Center	
CRC (3 rd Floor Building 3)	Emergency Status System (ESS)	
CRC (3 rd Floor Building 3)	Hospital Financial Data (Compass)	
CRC (3 rd Floor Building 3)	Intermediate Care Facilities for the Developmentally Disabled (ICFDD) Assessment Fee Tracking	
CRC (3 rd Floor Building 3)	Nursing Facility Quality Assessment Fee Tracking (NFQA)	
CRC (3 rd Floor Building 3)	Nursing Home Guide Data Load	
CRC (3 rd Floor Building 3)	OPC Track	

¹ Any custom developed system, commercially acquired, or open- source software product that is included in the definition of non- strategic or strategic IT service. *Note: Strategic IT Services and their constituent systems are defined in Worksheets SC- 1 & SC- 2.*

IT Service Requirements Worksheet: Data Center Service

CRC (3 rd Floor Building 3)	Statewide Enforcement Tracking (SET)	
CRC (3 rd Floor Building 3)	Versa Regulation (VR)	
CRC (3 rd Floor Building 3)	Adverse Incident Data Collection	
CRC (3 rd Floor Building 3)	Agency Dashboard	
CRC (3 rd Floor Building 3)	Continuity of Care	
CRC (3 rd Floor Building 3)	Corr-Flow	
CRC (3 rd Floor Building 3)	Data Collection System/PD Upload	
CRC (3 rd Floor Building 3)	Data Collection Tracking	
CRC (3 rd Floor Building 3)	FHS Tracking (PD2)	
CRC (3 rd Floor Building 3)	FHS Tracking AHCA Inpatient Upload	
CRC (3 rd Floor Building 3)	FHS Tracking Inpatient Upload Test	
CRC (3 rd Floor Building 3)	Florida Health Finder.com	
CRC (3 rd Floor Building 3)	Laserfiche Web	
CRC (3 rd Floor Building 3)	Nursing Home Guide	
CRC (3 rd Floor Building 3)	Web DM	
CRC (3 rd Floor Building 3)	Choice Counseling	
CRC (3 rd Floor Building 3)	Claims Tracking System (CTS)	
CRC (3 rd Floor Building 3)	Cost Reimbursement - Hospitals	
CRC (3 rd Floor Building 3)	Cost Reimbursement – Nursing Homes	
CRC (3 rd Floor Building 3)	Cost Reimbursement – County Public Health Units (CPHU)	
CRC (3 rd Floor Building 3)	Cost Reimbursement – (DSH)	
CRC (3 rd Floor Building 3)	Cost Reimbursement – (FQHC)	
CRC (3 rd Floor Building 3)	Cost Reimbursement – (ICFMR)	
CRC (3 rd Floor Building 3)	Cost Reimbursement – Non-Inst Providers	
CRC (3 rd Floor Building 3)	Cost Reimbursement – (RHC)	
CRC (3 rd Floor Building 3)	Decision Support System (DSS) Data Warehouse	
CRC (3 rd Floor Building 3)	Durable Medical Equipment (DME)	
CRC (3 rd Floor Building 3)	Final Orders	
CRC (3 rd Floor Building 3)	Fraud and Abuse Case Tracking System (FACTS)	
CRC (3 rd Floor Building 3)	FLMMIS – Florida Medicaid Management System	
CRC (3 rd Floor Building 3)	Low Income Pool	

IT Service Requirements Worksheet: Data Center Service

CRC (3 rd Floor Building 3)	MARS	
CRC (3 rd Floor Building 3)	MCO Quarterly Reporting System (QFAR)	
CRC (3 rd Floor Building 3)	Medicaid Budget Forecasting	
CRC (3 rd Floor Building 3)	Medicaid Complaint Tracking	
CRC (3 rd Floor Building 3)	Medicaid County Health Department System	
CRC (3 rd Floor Building 3)	Medicaid E-mail Alert Archive	
CRC (3 rd Floor Building 3)	Medicaid Hospital Rates	
CRC (3 rd Floor Building 3)	Medicaid Nursing Home Rates	
CRC (3 rd Floor Building 3)	Medicaid PA DME- Prior Authorization for Durable Medical Equipment	
CRC (3 rd Floor Building 3)	Medicaid Provider Termination Process Tracking	
CRC (3 rd Floor Building 3)	Sextant	
CRC (3 rd Floor Building 3)	Hyperion	
CRC (3 rd Floor Building 3)	MedTelTrack	

1.4. Provide the following information regarding agency computing facilities included in this service:

1.4.1. Number of agency computing facilities 1

1.4.2. List the major IT application systems¹ hosted at each of these facilities:

Name of Computing Facility	Major IT Application Systems Supported	External Agency Supported <i>(if applicable)</i>
MPA	Medicaid Rate Setting	

1.5. Provide the following information regarding single logical-server installations included in this service:

1.5.1. Total number of logical servers not housed in an agency data center, agency computing facility, or primary data center 12

1.5.2. Total number of single logical-server installations 12

1.5.3. List all major IT application systems¹ supported by these servers in 1.5.1 and 1.5.2:

File/Print, Area Office DC and Oracle instances (all run on a single box with VMWare)

2. Data Center Consolidation

IT Service Requirements Worksheet: Data Center Service

2.1. When are your agency data center and computing facilities scheduled for consolidation into a primary data center? *If not yet scheduled, indicate "Not Available."*

July 2012

2.2. Has your agency specified service level requirements for this IT service in a service level agreement (SLA) executed with a primary data center in compliance with s. 282.203, F.S.?

Yes No

2.2.1. If no, please explain the specific issues preventing execution, and describe your plan and schedule for resolving those issues.

AHCA was assigned to their PDC in late September 2010, now that the PDC has been identified SLA execution will begin.

2.2.2. If yes, please provide an electronic copy of the executed service level agreement with your Schedule IV-C submission.

3. IT Service Levels Required to Support Business Functions

3.1. Timing and Service Delivery Requirements

3.1.1. Hours/Days that service is required (*e.g., 0600-2400 M-F, 24/7*) 24/7

3.1.2. 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

3.1.3. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?
 Yes No

If yes, please specify and describe:

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

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

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

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

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

Medicaid Regulations

HIPAA information

Federal Health Information Exchange

Log monitoring, integrated access requirements, many others

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

IT Service Requirements Worksheet: Data Center Service

- Restricted system administration rights
- Systems access through internal network only
- Criminal background check for data center staff
- Secured entrance to facility
- Systems access through secure encryption
- Other _____

4. User/customer satisfaction

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

- Yes No

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

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

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

- Yes No

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

Formal SLA development is required. This change is in process currently.

4.2.2. List any significant projects that are underway or planned to upgrade or enhance any system, resource, or process associated with this IT service. *Please indicate the D3-A issue number in the Description for any projects that require funds in a legislative budget request for FY 2011-12.*

Project Name	Description	Start Date	End Date	Estimated Total Cost of Completion
Data Center Consolidation for AHCA	Moving to NSRC. LBR placeholder filed.	10/1/2009	06/30/2012	TBD

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, that is used to provide this service, and describe any anticipated adjustments to the funding source(s) or funding level for FY 2011-12

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. Please indicate whether there is a cost recovery or cost allocation plan for this service, and describe any anticipated adjustments or needed changes in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.)

5.3. Other pertinent information related to this service

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Data Center Service

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Medicaid & Regulatory Financial Strategic IT Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Scott Ward, CIO**
 Phone: **850-412-4844**
 Date submitted: **10/15/10**

Medicaid and Regulatory Financial Strategic IT Service

Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for specific direction on how to complete this document.

Identify all major IT application systems (custom developed or commercial software) that are included (in whole or part) in this IT Service:			
1	Capitation	7	Laserfiche – AHCA Cash Receipts, etc.
2	COR- County Billing System	8	Leases
3	Drug Rebate Accounts /Receivable System	9	Medicaid Accounts Receivables (MAR)
4	FoxPro Financial Application & Reporting systems	10	Revenue and Accounts Receivable (RA-RA)
5	Survey and Certification Time Validation System	11	
6	Check Log	12	
7	Hospital Accounts Receivables (HAR)	13	

1. IT Service Definition

1.1.1. Provide the definition of this service as identified on Form SC2 (Strategic IT Service Catalog).

The Agency manages financial transactions, funding, and expenditures relating to Medicaid programs and regulatory procedures. A number of the normal State accounting systems are customized for the Federal Medicaid program and Federal Health Facility compliance.

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Central IT staff | <input type="checkbox"/> Northwood Shared Resource Center |
| <input checked="" type="checkbox"/> Program staff | <input type="checkbox"/> Southwood Shared Resource Center |
| <input type="checkbox"/> Other state agency <i>(non-primary data center)</i> | <input type="checkbox"/> Northwest Regional Data Center |
| <input type="checkbox"/> Other External Service Provider <i>(specify)</i> | |

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

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.3)

1.4. Please identify the number of users of this service.

300-500

1.5. How many locations currently host this service?

1

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Medicaid & Regulatory Financial Strategic IT Service

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)* Some
accounting systems at other agencies would be similar, but the Medicaid program has caused specific strategic customization.

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

Yes No

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

Compliance with the Federal Center for Medicare and Medicaid Services (CMS) guidelines.

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

Compliance with the Federal Medicaid Program.

3. IT Service Levels Required to Support Business Functions

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

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

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

SLAs will be needed for the upcoming Data Center Consolidation effort – AHCA by June 30th 2012.

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) 24/7

3.2.1.2. Back-office-facing components of this IT service (batch and maintenance) Only if schedule with users in advance – typically 1-2 hours per month

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*)? less than 5 minutes

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

Critical monetary and accounting lapses; also with down-time, cash management problems as well.

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

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

Interfacing with the large outsourced Florida Medicaid Management Information System (FMMIS), Federal Statutes

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

User ID/Password Access through Internet or external network

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Medicaid & Regulatory Financial Strategic IT Service

- Access through internal network only Access through Internet with secure encryption
 Other _____

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

- Yes No

3.2.5.1. If yes, please specify and describe:

With the Federal Center for Medicare and Medicaid Services (CMS).

4. User/customer satisfaction

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

- Yes No

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

Bi-Monthly performance dashboards are submitted and presented to the Agency Management Team including the Agency Secretary.

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

- Yes No

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

4.2.2. List any significant projects that are underway or planned to upgrade or enhance any system, resource, or process associated with this IT service. *Please indicate the D3-A issue number in the Description for any projects that require funds in a legislative budget request for FY 2011-12.*

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete
FoxPro Rewrite	Rewriting older FoxPro Applications into the .Net platform. FoxPro software is no longer supported.	March 2010	January 2012	Estimated \$200,000 in Staff Augmentation.

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, that is used to provide this service, and describe any anticipated adjustments to the funding source(s) or funding level for FY 2011-12

These services are funded with various regulatory fees and licenses that are statutorily required to be expended on the programs that generate the revenue. These services are also funded with indirect cost earnings and assessments against trust funds. These services are also funded with matching federal dollars and a change in the sourcing of this service might result in a recalculation of the available federal match, which is currently 50% Federal to 18.9% Federal.

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Medicaid & Regulatory Financial Strategic IT Service

5.2. Please indicate whether there is a cost recovery or cost allocation plan for this service, and describe any anticipated adjustments or needed changes in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.)

None.

5.3. Other pertinent information related to this service

None.

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Facility/Provider Regulatory Strategic IT Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Scott Ward**
 Phone: **850-412-4844**
 Date submitted: **10/15/10**

Facility/Provider Regulatory Strategic IT Service

Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for specific direction on how to complete this document.

Identify all major IT application systems (custom developed or commercial software) that are included (in whole or part) in this IT Service:			
1	Background Screening System (BGS)	9	Nursing Facility Quality Assessment Fee Tracking (NFQA)
2	Budget Forecasting	10	Nursing Home Guide Data Load
3	Background Screening Contact Center: Voice-over-Internet-Protocol	11	Office of Plans & Construction (OPC) Track
4	CertNeed- certificate of need application processing	12	Statewide Enforcement Tracking (SET)
5	Crosswalk – Privacy and Security Resource Center	13	Versa Regulation (VR)
6	Emergency Status System (ESS)	14	
7	Hospital Financial Data (Compass)	15	
8	Intermediate Care Facilities for the Developmentally Disabled (ICFDD) Assessment Fee Tracking	16	

1. IT Service Definition

1.1.1. Provide the definition of this service as identified on Form SC2 (Strategic IT Service Catalog).

The Agency for Health Care Administration through the Division of Health Quality Assurance oversees the regulation of hospitals, ambulatory surgical centers, home health agencies, hospices, clinical laboratories, and over 20 other types of health care providers. The Agency also oversees the regulation of long-term provider programs, including nursing homes, assisted living facilities, and six other long-term care provider programs. In addition, the Agency also includes the certificate of need (CON) and hospital financial analysis programs as well as the hospital/ambulatory surgical center risk management program. The Agency ensures that hospitals, nursing homes, and ambulatory surgical centers are safe, functional, and provide safety-to-life for the patients and residents. The regulation of health care providers and facilities plays an important role in AHCA's mission to champion accessible, affordable, quality health care for all Floridians through the oversight and monitoring of a wide variety of programs.

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Facility/Provider Regulatory Strategic IT Service

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

- Central IT staff
- Program staff
- Other state agency *(non-primary data center)*
- Other External Service Provider *(specify)* **Federal Center for Medicare and Medicaid Services**
- Northwood Shared Resource Center
- Southwood Shared Resource Center
- Northwest Regional Data Center

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

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.3)

1.4. Please identify the number of users of this service.

800-1000

1.5. How many locations currently host this service?

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)

No

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

- Yes
- No

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

Compliance with Federal Statutes and Federal Audits. Our Versa Regulation system is already shared with the Agency for Persons with Disabilities (APD).

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

3. IT Service Levels Required to Support Business Functions

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

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

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

Formal SLA for a stand-alone redundant ESS Server in the Southwood Shared Resource Center

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)

24/7

3.2.1.2. Back-office-facing components of this IT service (batch and maintenance) **Only if schedule with users in advance – typically 1-2 hours per month**

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Facility/Provider Regulatory Strategic IT Service

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*)? less than 5 minutes

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

There will be an inability to meet Federal requirements. Public customers will experience poor service.

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

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

Compliance with Federal statutes and Federal Audits.

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

User ID/Password

Access through Internet or external network

Access through internal network only

Access through Internet with secure encryption

Other _____

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

Yes No

3.2.5.1. If yes, please specify and describe:

Federal Grant funding requirements are on a number of these services. Federal and State Audits are required.

4. User/customer satisfaction

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

Yes No

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

Executive management dashboards and metrics are presented to the Secretary and agency management team bi-monthly and the dashboards are placed on the AHCA website for public viewing.

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

Yes No

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

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Facility/Provider Regulatory Strategic IT Service

4.2.2. List any significant projects that are underway or planned to upgrade or enhance any system, resource, or process associated with this IT service. *Please indicate the D3-A issue number in the Description for any projects that require funds in a legislative budget request for FY 2011-12.*

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete
Background Screening System Enhancements and Versa Regulation enhancements	Federal grant sought to expand functionality and use. Implement public web interfacing, e-commerce elements (billing), licensing integrations with other systems.	TBD – due to Fed grant funding	TBD	Estimated at \$2 million

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, that is used to provide this service, and describe any anticipated adjustments to the funding source(s) or funding level for FY 2011-12

These services are funded with various regulatory fees licenses and assessments that are statutorily required to be expended on the programs that generate the revenue. These services are also funded with matching federal dollars and 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. Please indicate whether there is a cost recovery or cost allocation plan for this service, and describe any anticipated adjustments or needed changes in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.)

A percentage of Background Screening costs (fee-per-transaction) collected are passed to the FL Dept of Law Enforcement.

5.3. Other pertinent information related to this service

Background Screening affects Statutory compliance for providers (public) who are required to undergo fingerprinting and background checks.

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Strategic Reporting and Transparency Strategic IT Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Scott Ward**
 Phone: **(850) 412-4844**
 Date submitted: **10/15/10**

Strategic Reporting and Transparency Strategic IT Service

Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for specific direction on how to complete this document.

Identify all major IT application systems (custom developed or commercial software) that are included (in whole or part) in this IT Service:			
1	<i>Adverse Incident Data Collection System</i>	9	<i>FHS Tracking AHCA Inpatient Upload</i>
2	<i>Agency Dashboard</i>	10	<i>FHS Tracking Inpatient Upload Test</i>
3	<i>Executive Direction Contact Center- Voice-over-Internet-Protocol</i>	11	<i>Florida Health Finder.com</i>
4	<i>Continuity of Care</i>	12	<i>Laserfiche Web – AHCA</i>
5	<i>Corr-Flow</i>	13	<i>Nursing Home Guide</i>
6	<i>Data Collection System/PD Upload</i>	14	<i>Web Document Management (DM) system – Final Orders</i>
7	<i>Data Collection Tracking</i>	15	
8	<i>FHS Tracking (PD2)</i>	16	

1. IT Service Definition

1.1.1. Provide the definition of this service as identified on Form SC2 (Strategic IT Service Catalog).

The Agency provides health care data and consumer information to assist the public in making well-informed health care decisions.

With a staff of researchers, analysts and writers, work includes the collection and dissemination of patient data, along with technical assistance to interested parties. Patient data includes hospital inpatient and ambulatory outpatient/emergency department. In addition, short term psychiatric, comprehensive rehabilitation, and long-term psychiatric hospital databases are also maintained.

The data is used to create detailed reports that examine health care trends and outcomes of specific diagnoses in the Health Outcome Series. In addition, the Agency produces a variety of publications within the Consumer Awareness Series and the Florida HMO Report.

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Central IT staff | <input type="checkbox"/> Other External Service Provider <i>(specify)</i> |
| <input checked="" type="checkbox"/> Program staff | <input type="checkbox"/> Northwood Shared Resource Center |
| <input type="checkbox"/> Other state agency <i>(non-primary data center)</i> | <input type="checkbox"/> Southwood Shared Resource Center |

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Strategic Reporting and Transparency Strategic IT Service

Northwest Regional Data Center

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

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.3)

1.4. Please identify the number of users of this service.

General

Public and entire Agency.

1.5. How many locations currently host this service?

1

2. Service Unique to Agency

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

No

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

- Yes
- No

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

HIPPA and Federal Statute compliance with statutes

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

HIPPA compliance and some Federal Statute needs

3. IT Service Levels Required to Support Business Functions

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

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

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

SLAs will be needed for the AHCA's State Data Center Consolidation effort currently underway by June 30th, 2012.

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)

24/7

3.2.1.2. Back-office-facing components of this IT service (batch and maintenance)

Only if

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

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*)?

less than 5 minutes

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Strategic Reporting and Transparency Strategic IT Service

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

Public use of systems will be delayed; certified submissions from Health institutions will be tardy and risk fines to the institutions.

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

Fines are required by State law on facilities who do not report on time. Down-time could affect those medical facilities unable to submit their electronic documents.

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

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

3.2.5. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?
 Yes No

3.2.5.1. If yes, please specify and describe:

Federal and State statutes and HIPPA compliance due to medical claim information.

4. User/customer satisfaction

4.1. Are service level metrics reported to business stakeholders or agency management
 Yes No

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

Executive management dashboards and metrics are presented to the Secretary and agency management team bi-monthly and the dashboards are placed on the AHCA website for public viewing.

4.2. Are currently defined IT service levels adequate to support the business needs?
 Yes No

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

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Strategic Reporting and Transparency Strategic IT Service

4.2.2. List any significant projects that are underway or planned to upgrade or enhance any system, resource, or process associated with this IT service. *Please indicate the D3-A issue number in the Description for any projects that require funds in a legislative budget request for FY 2011-12.*

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete
Federal Health Information Exchange Initiative	Enhance current abilities with electronic health claim data to become more available in Florida	04/1/10	01/01/2012	Federal Grant Funded – ITN currently being reviewed
Data Collection System Enhancements	Build new functionality to comply with new statutory requirements of nursing homes and long-term care facility reporting requirements	01/01/2010	01/30/2011	In-house IT development

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, that is used to provide this service, and describe any anticipated adjustments to the funding source(s) or funding level for FY 2011-12

These services are funded with various regulatory fees and licenses that are statutorily required to be expended on the programs that generate the revenue. These services are also funded with indirect cost earnings and assessments against trust funds.

5.2. Please indicate whether there is a cost recovery or cost allocation plan for this service, and describe any anticipated adjustments or needed changes in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.)

Fines are recovered for late filings in data collection system statutory guidelines.

5.3. Other pertinent information related to this service

A number of the systems in this strategic service are used by the medical profession industry, academic institutions and the general public. These systems produce data on medical facilities and their operations.

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
**IT Service Requirements Worksheet: Strategic Reporting and Transparency Strategic IT
Service**

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Medicaid Strategic IT Service

Dept/Agency: **Agency for Health Care Administration**
 Submitted by: **Scott Ward**
 Phone: **850-412-4844**
 Date submitted: **10/15/10**

Medicaid Strategic IT Service

Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for specific direction on how to complete this document.

Identify all major IT application systems (custom developed or commercial software) that are included (in whole or part) in this IT Service:			
1	Choice Counseling	16	Cost Reimbursement – (ICFMR)
2	Medicaid Contact Center - Voice-over-Internet-Protocol (VOIP) application	17	Cost Reimbursement – Non-Inst Providers
3	Claims Tracking System (CTS)	18	Cost Reimbursement – (RHC)
4	Cost Reimbursement - Hospitals	19	Decision Support System (DSS) Data Warehouse
5	Cost Reimbursement – Nursing Homes	20	Durable Medical Equipment (DME)
6	Cost Reimbursement – County Public Health Units (CPHU)	21	Final Orders – Senate Bill 1986
7	Cost Reimbursement – (DSH)	22	Fraud and Abuse Case Tracking System (FACTS)
8	Cost Reimbursement – (FQHC)	23	MARS- Medicaid cost reports and calculates reimbursement rates
9	FLMMIS – Florida Medicaid Management System	24	Medicaid Budget Forecasting
10	Low Income Pool		Medicaid County Health Department System
11	MCO Quarterly Reporting System (QFAR)		Medicaid E-mail Alert Archive
12	Medicaid Complaint Tracking – MedTel Trak		Medicaid Hospital Rates
13	Medicaid Nursing Home Rates		Sextant - used by Nursing Homes in the Florida Medicaid program to submit their Medicaid Cost Reports
14	Medicaid PA DME- Prior Authorization for Durable Medical Equipment		Hyperion – import, test, and approve nursing home cost reports
15	Medicaid Provider Termination Process Tracking		

1. IT Service Definition

1.1.1. Provide the definition of this service as identified on Form SC2 (Strategic IT Service Catalog).

Medicaid is the state and federal partnership that provides health coverage for selected categories of people with low incomes. Its purpose is to improve the health of people who might otherwise go without medical care for themselves and their children.

Over the years, the Florida Legislature has authorized Medicaid reimbursement for additional services. A major expansion occurred in 1989, when the United States Congress mandated that states provide all Medicaid services allowable under the Social Security Act to children under the age of 21.

The Medicaid program is funded through federal and state participation with Florida's counties contributing to inpatient hospital and nursing home services. Matching federal funds are contingent upon the state's continued compliance with Title XIX of the Social Security Act and regulations in Title 42 of the Code of Federal Regulations. Estimated Medicaid spending for fiscal year 2009-2010 is approximately \$18.8 billion.

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Central IT staff | <input type="checkbox"/> Northwood Shared Resource Center |
| <input checked="" type="checkbox"/> Program staff | <input type="checkbox"/> Southwood Shared Resource Center |
| <input type="checkbox"/> Other state agency (<i>non-primary data center</i>) | <input type="checkbox"/> Northwest Regional Data Center |
| <input type="checkbox"/> Other External Service Provider (<i>specify</i>) | |

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

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.3)

1.4. Please identify the number of users of this service.

1200-1400 agency staff – general public.

1.5. How many locations currently host this service?

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*)

No.

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

- Yes No

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

Federal Statutes mandate that AHCA is the Agency of Record to operate the FL Medicaid program.

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

Federal Statutes mandate that AHCA is the Agency of Record to operate the FL Medicaid program.

3. IT Service Levels Required to Support Business Functions

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

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

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

The FMMIS contract is outsourced with Hewlett Packard (HP).

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) 24/7

3.2.1.2. Back-office-facing components of this IT service (batch and maintenance) Only if schedule with users in advance – typically 1-2 hours per month

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*)? less than 5 minutes

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

Medicaid claim information is at risk. Medicaid claims and approvals are mission essential to the Agency.

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

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

Due to the contract with HP for the FMMIS system, network connectivity is mission essential.

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

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

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

Yes No

3.2.5.1. If yes, please specify and describe:

Federal Statutes expressly state that the FL Medicaid program operation is to be owned by AHCA.

4. User/customer satisfaction

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

Yes No

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

FY 2011-12 Schedule IV-C: Information Technology (IT) Costs & Service Requirements
IT Service Requirements Worksheet: Medicaid Strategic IT Service

Executive management dashboards and metrics are presented to the Secretary and agency management team bi-monthly and the dashboards are placed on the AHCA website for public viewing.

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

Yes No

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

4.2.2. List any significant projects that are underway or planned to upgrade or enhance any system, resource, or process associated with this IT service. *Please indicate the D3-A issue number in the Description for any projects that require funds in a legislative budget request for FY 2011-12.*

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete
Medicaid Complaint Tracking (MEDTEL Trak)	Enhancements to the MEDTEL Trak system with more integration into the AHCA VOIP contact center strategic application	02/01/2010	12/31/2010	Estimated \$8,000 licensing cost

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, that is used to provide this service, and describe any anticipated adjustments to the funding source(s) or funding level for FY 2011-12

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. Please indicate whether there is a cost recovery or cost allocation plan for this service, and describe any anticipated adjustments or needed changes in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.)

No charge-back or cost allocation is used.

5.3. Other pertinent information related to this service

From answer 1.3 – The “Public” includes the Medicaid providers and recipients, nursing homes and Federal Government use. The Health Information Exchange initiative (through Federal grants) is also expected to be enhanced through the use of the FMMIS system.

Non-Strategic IT Service: Network Service									
Dept/Agency: Agency for Health Care Administration		Resources Apportioned to this IT Service in FY 2011-12		Combined v.2011-12					
Prepared by: Scott Ward				Estimated IT Service Costs					
Phone: (850) 412-4844				A	B	C	D		
Service Provisioning - - Assets & Resources (Cost Elements)			Footnote Number	Number used for this service	Number w/ costs in FY 2011-12	Initial Estimate for Fiscal Year 2010-11	Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Planned Increase/Decrease Use of Recurring Base Funding (Columns C - B)
A. Personnel				3.65		\$403,742	\$202,992	\$235,002	\$32,010
A-1.1	State FTE		1	2.70		\$371,732	\$170,562	\$170,562	\$0
A-2.1	OPS FTE		11	0.00		\$32,010	\$0	\$32,010	\$32,010
A-3.1	Contractor Positions (Staff Augmentation)		2	0.95		\$0	\$32,430	\$32,430	\$0
B. Hardware					0	\$373,271	\$404,710	\$404,710	-\$1
B-1	Servers		3, 4	195	0	\$220,000	\$220,000	\$220,000	\$0
B-2	Server Maintenance & Support		5	1	0	\$46,313	\$46,060	\$46,060	\$0
B-3	Network Devices & Hardware (e.g., routers, switches, hubs, cabling, etc.)		10	0	0	\$68,766	\$71,411	\$71,411	\$0
B-4	Online Storage for file and print (indicate GB of storage)			0		\$0	\$0	\$0	\$0
B-5	Archive Storage for file and print (indicate GB of storage)			0		\$0	\$0	\$0	\$0
B-6	Other Hardware Assets (Please specify in Footnote Section below)		6			\$38,192	\$67,239	\$67,239	\$0
C. Software			7			\$230,000	\$237,290	\$250,000	\$12,710
D. External Service Provider(s)						\$466,000	\$466,000	\$466,000	\$0
D-1	MyFloridaNet		8			\$466,000	\$440,000	\$440,000	\$0
D-2	Other (Please specify in Footnote Section below)		9			\$0	\$26,000	\$26,000	\$0
E. Other (Please describe in Footnotes Section below)						\$0	\$0	\$0	\$0
F. Total for IT Service						\$1,473,013	\$1,310,993	\$1,355,712	\$44,719
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.									
1	For the total count of FTE there are 14 people/positions that provide some portion of their time to this service while also shared with other IT Strategic and Non-Strategic services. Total FTEs for this service decreased from last year do to addition of Data Center Service.								
2	Reduction in OPS requires the addition of some Staff Augmentation to off-set the lower support levels.								
3	Server Cost based on a 4 year refresh cycle , includes physical and virtual/logical servers.								
4	Total server physical server count - 82 with approximately 113 virtual servers which live on 14 physical machines (part of 82 total count)								
5	Annual cost for support contract of AHCA's IT hardware located in Tallahassee and Area Offices that are no longer under warranty and require a separate contract; also includes annual Cisco Support Renewal.								
6	Includes costs for UPS's; IronPort support; CRC Environmental monitoring and fire suppression								
7	Included Software titles -- GlobalSCAPE; Symantec Backup Execute (BE); Microsoft EA (allocated across Network, Desktop and Email); Real Application Cluster; QFS; Vmware;								
8	Connectivity service costs of Dedicated Lines								
9	Wireless Air Cards for IT personnel								
10	Oracle Partitioning								
11	There is an additional OPS position that would be applicable to this service, however Agency funding does not allow the position to be filled at this time.								
12									
13									
14									
15									

Non-Strategic IT Service: E- Mail, Messaging, and Calendaring Service								
Agency: Agency for Health Care Administration		# of Assets & Resources Apportioned to this IT Service in FY 2011- 12		Form: FY 2011- 12 Schedule IV-C -				
Prepared by: Scott Ward				Estimated IT Service Costs				
Phone: (850) 412- 4844				A	B	C	D	
Service Provisioning - - Assets & Resources (Cost Elements)		Footnote Number	Number used for this service	Number w/ costs in FY 2011- 12	Initial Estimate for Fiscal Year 2010- 11	Estimated FY 2010- 11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Estimated FY 2011- 12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Planned Increase/Decrease Use of Recurring Base Funding (Columns C - B)
A. Personnel			1.75		\$70,739	\$66,454	\$66,454	\$0
A-1	State FTE	1	1.70		\$69,054	\$64,946	\$64,946	\$0
A-2	OPS FTE		0.00		\$1,685	\$0	\$0	\$0
A-3	Contractor Positions (Staff Augmentation)	2	0.05		\$0	\$1,508	\$1,508	\$0
B. Hardware					\$46,055	\$46,055	\$46,055	\$0
B-1	Servers	6	2	0	\$0	\$0	\$0	\$0
B-2	Server Maintenance & Support		0	0	\$0	\$0	\$0	\$0
B-3	Wireless Communication Devices (e.g., Blackberries, I-phones, PDAs, etc.)	5	165	165	\$30,000	\$30,000	\$30,000	\$0
B-4	Online Storage (indicate GB of storage)		0		\$0	\$0	\$0	\$0
B-5	Archive Storage (indicate GB of storage)		0		\$0	\$0	\$0	\$0
B-6	Other Hardware Assets (Please specify in Footnote Section below)	4			\$16,055	\$16,055	\$16,055	\$0
C. Software		3			\$32,260	\$33,535	\$33,535	\$0
D. External Service Provider(s)					\$0	\$0	\$0	\$0
D-1	Southwood Shared Resource Center				\$0	\$0	\$0	\$0
D-2	Northwood Shared Resource Center				\$0	\$0	\$0	\$0
D-3	Northwest Regional Data Center				\$0	\$0	\$0	\$0
D-4	Other Data Center External Service Provider (specify in Footnotes below)				\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)		9			\$7,535	\$7,535	\$7,535	\$0
F. Total for IT Service					\$156,589	\$153,579	\$153,579	\$0
G. Administrative Overhead - Percentage of Other Non- Strategic IT Service Costs Supporting Email Service								
Non- Strategic Service		Footnote	%	Cost	To determine the fully-loaded cost of the e-mail service, agencies must estimate the amount (percentage) of the other non-strategic IT services that are "consumed" by the e-mail service. For example, desktop support personnel install and configure the e-mail software on the desktop, which is used in the e-mail service, so to obtain a fully-loaded cost for the e-mail service, it is important to include the indirect workload and associated costs of the desktop service expended in support of the e-mail service. The portion of Network, IT Security & Risk Mitigation, and IT Administration & Management services will be estimated by the AEIF based on the agency Schedule IV-C submissions for these IT services. For the purposes of the Schedule IV- C analysis, the data submitted in this section will NOT be added to the cost of the e- mail service.			
OT-1	Network							
OT-2	Desktop IT Service	7	2.00%	\$ 22,228				
OT-3	Help Desk	8	1.80%	\$ 3,244				
OT-4	IT Security & Risk Mitigation							
OT-5	IT Administration & Management							
				SUBTOTAL	\$	25,472		
Fully- loaded IT Service Cost \$					179,051			
H. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.								
1	For the total count of FTE, there are 8 people/positions that provide some portion of their time to this service while also shares with other IT Strategic and Non-Strategic services.							
2	Reduction in OPS requires the addition of some Staff Augmentation to off-set the lower support levels.							
3	Microsoft Exchange; Enterprise Vault; Blackberry Support (Blackberry support costs increased from 09/10)							
4	Proofpoint Messaging Security Renewal							
5	Sprint/Nextel for integrated costs of mobile devices and the data services							
6	There are currently two physical serves for Email.							
7	Desktop Support related activity associated with Microsoft Outlook							
8	The monthly average of email related helpdesk tickets is 54; this is out of an overall ticket workload of 2,900 per month							
9	Collocation Costs - Last year noted as "Plant & Facility" Cost -							

Non-Strategic IT Service: Desktop Computing Service				Form: FY 2011-12 Schedule IV-C -				
Agency: Agency for Health Care Administration		# of Assets & Resources Apportioned to this IT Service in FY 2011-12		Estimated IT Service Costs				
Prepared by: Scott Ward		Footnote Number	Number used for this service	Number w/ costs in FY 2011-12	A	B	C	D
Phone: (850) 412-4844					Initial Estimate for Fiscal Year 2010-11	Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Planned Increase/Decrease of Recurring Base Funding (Columns C - B)
Service Provisioning - - Assets & Resources (Cost Elements)								
A. Personnel								
A-1	State FTE	1, 2	6.35		\$398,794	\$400,466	\$400,466	\$0
A-2	OPS FTE		0.00		\$397,446	\$398,958	\$398,958	\$0
A-3	Contractor Positions (Staff Augmentation)	4	0.05		\$1,348	\$0	\$0	\$0
					\$0	\$1,508	\$1,508	\$0
B. Hardware								
B-1	Servers		0	0	\$397,435	\$400,764	\$400,764	\$0
B-2	Server Maintenance & Support		0	0	\$0	\$0	\$0	\$0
B-3.1	Desktop Computers	6, 8	1415	1425	\$183,000	\$183,000	\$183,000	\$0
B-3.2	Mobile Computers (e.g., Laptop, Notebook, Handheld, Wireless Computer)	7, 8	747	755	\$207,000	\$207,000	\$207,000	\$0
B-3.3	Other Hardware Assets (Please specify in Footnote Section below)	3	1	1	\$7,435	\$10,764	\$10,764	\$0
C. Software								
		5			\$220,000	\$220,000	\$220,000	\$0
D. External Service Provider(s)								
			0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)								
		9			\$90,163	\$90,163	\$90,163	\$0
F. Total for IT Service					\$1,106,392	\$1,111,393	\$1,111,393	\$0
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.								
1	Includes field staff located in 10 area offices. There are a total of 23 positions that provide some portion of their time to this service while also shared with other IT Strategic and Non-Strategic services.							
2	The collective staff has a high level of experience with and knowledge of the many Agency-specific business processes and related information systems. Based on everyone's tenure in Customer Service, we have an average AHCA IT experience of 10.38 years per tech, or a total of 249 years of AHCA IT experience.							
3	Savin Printer/Copier Lease							
4	Reduction in OPS requires the addition of some Staff Augmentation to off-set the lower support levels.							
5	Microsoft EA License (portions of this are also identified in Network and Portal)							
6	Total number of Desktop PCs: Reflects approximately 20% PC replacement (per TRW/OPB direction, the planned replacement cycle for desktop PCs extended by 1 year to 5 year target).							
7	The figure includes 525 Laptops & Tablets for daily business operations PLUS an additional 222 laptops for COOP/DR/Pandemic. These 222 laptops are no cost items that would have been surplus, but are being retained for COOP/DR; they are also reflected in IT Security/Risk Tab.							
8	Per TRW/OPB direction, the planned replacement cycle for desktop and Laptop PCs is extended by 1 year to 5 year target for Desktops and 4 year target for Laptops. Actual replacement rates will be dependent upon available funding.							
9	Collocation Costs - Last year noted as "Plant & Facility" Cost -							
10								
11								
12								
13								
14								
15								

Non-Strategic IT Service:		Helpdesk Service			Form: FY 2011-12 Schedule IV-C -			
Agency: Agency for Health Care Administration		# of Assets & Resources Apportioned to this IT Service in FY 2011-12 Footnote Number Number used for this service Number w/ costs in FY 2011-12			A	Estimated IT Service Costs		
Prepared by: Scott Ward					Initial Estimate for Fiscal Year 2010-11	B	C	D
Phone: (850) 412-4844					Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Planned Increase/Decrease of Recurring Base Funding (Columns C - B)	
Service Provisioning - - Assets & Resources (Cost Elements)								
A. Personnel								
A-1	State FTE	1	2.20		\$125,430	\$125,673	\$147,242	\$21,569
A-2	OPS FTE	3	0.00		\$103,861	\$101,577	\$101,577	\$0
A-3	Contractor Positions (Staff Augmentation)	2	0.80		\$21,569	\$0	\$21,569	\$21,569
B. Hardware								
B-1	Servers	5	2	2	\$0	\$0	\$0	\$0
B-2	Server Maintenance & Support		0	0	\$0	\$0	\$0	\$0
B-3	Other Hardware Assets (Please specify in Footnote Section below)		0	0	\$0	\$0	\$0	\$0
C. Software								
D. External Service Provider(s)								
E. Other (Please describe in Footnotes Section below)								
F. Total for IT Service								
					\$157,869	\$158,673	\$180,242	\$21,569
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.								
1	For the total count of FTE there are 5 people/positions that provide some portion of their time to this service while also shared with other IT Strategic and Non-Strategic services.							
2	Reduction in OPS requires the addition of some Staff Augmentation to off-set the lower support levels.							
3	There is an additional OPS position that would be applicable to this service, however Agency funding does not allow the position to be filled at this time.							
4	Collocation Costs - Last year noted as "Plant & Facility" Cost							
5	Two physical servers for Magic - fully paid for - no ongoing costs							
6	Annual BMC Fast Track Support							
7								
8								
9								
10								
11								
12								
13								
14								
15								

Non-Strategic IT Service: IT Security/Risk Mitigation Service				Form: FY 2011-12 Schedule IV-C -			
Agency: Agency for Health Care Administration		# of Assets & Resources Apportioned to this IT Service in FY 2011- 12					
Prepared by: Scott Ward							
Phone: (850) 412- 4844							
Service Provisioning - - Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2011- 12	Estimated IT Service Costs			
				A Initial Estimate for Fiscal Year 2010- 11	B Estimated FY 2010- 11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011- 12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding (Columns C - B)
A. Personnel		3.38		\$79,315	\$223,628	\$223,628	\$0
A-1 State FTE	7, 8	3.38		\$78,776	\$223,628	\$223,628	\$0
A-2 OPS FTE		0.00		\$539	\$0	\$0	\$0
A-3 Contractor Positions (Staff Augmentation)		0.00		\$0	\$0	\$0	\$0
B. Hardware		1	0	\$6,000	\$6,000	\$6,000	\$0
B-1 Servers	4	1	0	\$0	\$0	\$0	\$0
B-2 Server Maintenance & Support		0	0	\$0	\$0	\$0	\$0
B-3 Other Hardware Assets (Please specify in Footnote Section below)	3, 5	0	0	\$6,000	\$6,000	\$6,000	\$0
C. Software	2			\$5,100	\$5,400	\$5,400	\$0
D. External Service Provider(s)	1	4	0	\$200,576	\$201,980	\$213,980	\$12,000
E. Other (Please describe in Footnotes Section below)	6			\$29,481	\$8,565	\$8,565	\$0
F. Total for IT Service				\$320,472	\$445,573	\$457,573	\$12,000
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.							
1	Sungard - Increase for additional services for Disaster Recovery; Cost for Archives Security & Fort Knox Storage ; Shipping of backup tapes ; DR restoration & annual testing expenses						
2	Renewal of WebStart web-based training						
3	IronPort security/encryption is already fully accounted for in "Network Service" tab; purchase of LTO4 backup tapes						
4	Camera Server						
5	COOP Laptops - Excess and repurposed laptops. These 211 laptops are no cost items that would have been surplusd, but are being retained for COOP/DR; they are also reflected in "Desktop Service" tab.						
6	Cost for Emergency Generator maintenance & fuel, supplies, training; Collocation Costs - Last year noted as "Plant & Facility" Cost						
7	For the total count of FTE there are 36 people/positions that provide some portion of their time to this service while also shared with other IT Strategic and Non-Strategic services.						
8	Changes are related to (1) significant participation in security planning required for AEFI initiatives on Email, Data Center Consolidation, and Full Service Transfer and (2) a more appropriate alignment and apportionment of security functions across both non-strategic and strategic IT services.						
9							
10							
11							
12							
13							
14							
15							

Non-Strategic IT Service: Agency Financial and Administrative Systems Support Service												
Agency: Agency for Health Care Administration Prepared by: Scott Ward Phone: (850) 412- 4844				Form: FY 2011-12 Schedule IV-C -								
Service Provisioning - - Assets & Resources (Cost Elements)			# of Assets & Resources Apportioned to this IT Service in FY 2011- 12					Estimated IT Service Costs				
	Footnote Number	Number used for this service	Number w/ costs in FY 2011- 12	A	B	C	D	Initial Estimate for Fiscal Year 2010- 11	Estimated FY 2010- 11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Estimated FY 2011- 12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Planned Increase/Decrease Use of Recurring Base Funding (Columns C - B)	
A. Personnel												
A-1		1.25		\$95,695	\$95,999	\$95,999	\$0	\$95,695	\$95,999	\$95,999	\$0	
A-1	1	1.25		\$95,695	\$95,999	\$95,999	\$0	\$95,695	\$95,999	\$95,999	\$0	
A-2		0.00		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
A-2		0.00		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
A-3		0.00		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
A-3		0.00		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
B. Hardware												
B-1		0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
B-1		0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
B-2		0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
B-2		0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
B-3		0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
B-3		0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C. Software												
				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
D. External Service Provider(s)												
		0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
E. Other (Please describe in Footnotes Section below)												
				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
F. Total for IT Service				\$95,695	\$95,999	\$95,999	\$0	\$95,695	\$95,999	\$95,999	\$0	
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.												
1	For the total count of FTE there are 4 people/positions that provide some portion of their time to this service while also shared with other IT Strategic and Non-Strategic services.											
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

Non-Strategic IT Service: IT Administration and Management Service												
Agency: Agency for Health Care Administration Prepared by: Scott Ward Phone: (850) 412-4844				Form: FY 2011-12 Schedule IV-C -								
Service Provisioning - - Assets & Resources (Cost Elements)			# of Assets & Resources Apportioned to this IT Service in FY 2011-12					Estimated IT Service Costs				
	Footnote Number	Number used for this service	Number w/ costs in FY 2011-12	A	B	C	D	Initial Estimate for Fiscal Year 2010-11	Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Planned Increase/Decrease Use of Recurring Base Funding (Columns C - B)	
A. Personnel												
A-1		4.20		\$349,575	\$345,741	\$345,741	\$0					
A-1	1	4.20		\$309,575	\$305,741	\$305,741	\$0					
A-2	3	0.00		\$0	\$0	\$0	\$0					
A-3	2	0.00		\$40,000	\$40,000	\$40,000	\$0					
B. Hardware												
B-1		0	0	\$0	\$0	\$0	\$0					
B-1		0	0	\$0	\$0	\$0	\$0					
B-2		0	0	\$0	\$0	\$0	\$0					
B-3		0	0	\$0	\$0	\$0	\$0					
C. Software												
				\$0	\$0	\$0	\$0					
D. External Service Provider(s)												
		0	0	\$0	\$0	\$0	\$0					
E. Other (Please describe in Footnotes Section below)												
	4			\$39,713	\$40,000	\$40,000	\$0					
F. Total for IT Service				\$389,288	\$385,741	\$385,741	\$0					
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.												
1	For the total count of FTE there are 23 people/positions that provide some portion of their time to this service while also shared with other IT Strategic and Non-Strategic services.											
2	Reduction in OPS requires the addition of some Staff Augmentation to off-set the lower OPS support levels.											
3	There is an additional OPS position that would be applicable to this service, however Agency funding does not allow the position to be filled at this time.											
4	Documentation destruction; Consumables/Office Supplies; Training; Collocation Costs (Last year noted as "Plant & Facility" Cost)											
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Non-Strategic IT Service: **Portal/Web Management Service**

Dept/Agency: **Agency for Health Care Administration**
 Prepared by: **Scott Ward**
 Phone: **(850) 412-4844**

of Assets & Resources
 Apportioned to this IT Service
 In FY 2011-12

Form: Schedule IV-C -Combined v.2011-12

Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources Apportioned to this IT Service In FY 2011-12		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel		0.90		\$0	\$53,937	\$53,937	\$0
A-1.1 State FTE	1	0.90		\$0	\$53,937	\$53,937	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)		0.00		\$0	\$0	\$0	\$0
B. Hardware				\$0	\$0	\$0	\$0
B-1 Servers	2	22	22	\$0	\$0	\$0	\$0
B-2 Server Maintenance & Support	4	0	0	\$0	\$0	\$0	\$0
B-3 Other Hardware Assets (Please specify in Footnotes Section below)		0	0	\$0	\$0	\$0	\$0
C. Software	3			\$0	\$77,865	\$77,865	\$0
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)	5			\$0	\$10,000	\$10,000	\$0
F. Total for IT Service				\$0	\$141,802	\$141,802	\$0

G.	Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.
1	For the total count of FTE there are 5 people/positions that provide some portion of their time to this service while also shared with other IT Strategic and Non-Strategic services.
2	22 total - 9 Production servers of which 7 are virtual and 2 are physical & 13 virtual Development servers
3	Microsoft EA License (portions of this are also identified in Network and Desktop) and Nintex
4	See Network tab for server maintenance and support costs
5	Training
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Non-Strategic IT Service:		Data Center Service		Form: Schedule IV-C -Combined v.2011-12			
Dept/Agency: Agency for Health Care Administration							
Prepared by: Scott Ward							
Phone: (850) 412-4844							
Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources Apportioned to this IT Service in FY 2011-12		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11 (if submitted)	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel (performing data center functions defined in w. 282.201(2)(d) 1.e., F.S.)		3.38		\$0	\$200,810	\$200,810	\$0
A-1.1 State FTE	8	3.28		\$0	\$197,393	\$197,393	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)		0.10		\$0	\$3,417	\$3,417	\$0
Calculated total non-mainframe servers from all IV-C services 263				\$0	\$102,043	\$102,043	\$0
Calculated total mainframes from all IV-C services 0							
B. Hardware							
B-1 Non-Mainframe Servers (including single-function logical servers not assigned to another service)	7	0	0	\$0	\$0	\$0	\$0
B-2 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0
B-3 Server Maintenance & Support	9	1	0	\$0	\$46,060	\$46,060	\$0
B-4 Online or Archival Storage Systems (indicate GB of storage)		179768		\$0	\$0	\$0	\$0
B-5 Data Center/ Computing Facility Internal Network				\$0	\$0	\$0	\$0
B-6 Other Hardware (Please specify in Footnotes Section below)	12			\$0	\$55,983	\$55,983	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)				\$0	\$0	\$0	\$0
D-1 Southwood Shared Resource Center (indicate # of Board votes)		0		\$0	\$0	\$0	\$0
D-2 Northwood Shared Resource Center (indicate # of Board votes)	5	?		\$0	\$0	\$0	\$0
D-3 Northwest Regional Data Center (indicate # of Board votes)		0		\$0	\$0	\$0	\$0
D-4 Other Data Center External Service Provider (specify in Footnotes below)	13			\$0	\$0	\$0	\$0
E. Plant & Facility		Total	Est Utilized	\$0	\$95,195	\$95,195	\$0
E-1 Agency Data Center (indicate total square feet)	3	1900	1900	\$0	\$78,000	\$78,000	\$0
E-2 Computing Facilities (indicate total square feet)	4	2050	2050	\$0	\$0	\$0	\$0
E-3 Office Space (indicate total square feet)		0	0	\$0	\$0	\$0	\$0
E-4 Backup Generator, Power Distribution Units, UPS, etc. (indicate capacity in KW)	1	0	0	\$0	\$15,380	\$15,380	\$0
E-5 Utilities (e.g., electricity and water) (estimated total annual KWH)	2	0		\$0	\$0	\$0	\$0
E-6 Environmentals (e.g., HVAC, fire control, and physical security)	11			\$0	\$1,815	\$1,815	\$0
E-7 Other (please specify in Footnotes Section below)				\$0	\$0	\$0	\$0
F. Other (Please describe in Footnotes Section below)	6			\$0	\$624,416	\$1,006,046	\$381,630
G. Total for IT Service				\$0	\$1,022,464	\$1,404,094	\$381,630
H. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.							
1	Backup generator - Maximum output 250 KW; UPS - Capacity 72 KW (3 units with 24 KW each); c. PDU - 2 x HP 4.9 kVA PDU (Total power usage according to HP: 1.2 kW), 4 x HP 4.9 kVA PDU (Total power usage according to HP: 4.5 kW), 2 x HP 4.9 kVA PDU; Cost includes						
2	Utilities are included in lease						
3	Agency Data Center is approximately 1900 square feet - lease is approximately \$78,000 per year						
4	Computing Facilities total approximately 2050 square feet - Lease total is included in the \$78,000 (Footnote #3)						
5	It is our understanding that AHCA has only a small percentage of ONE board vote						
6	Moving costs; Increased Network connectivity cost through DMS-Divtel for migration to PDC; External Services composed of Network Connectivity (also noted on Network tab) & Disaster Recovery (also noted on Risk tab)						
7	Per instructions: Server totals are automatically calculated in the green row for hardware. Only servers that are unique to the function/operation of the Data Center Service should be entered directly in this worksheet.						
8	For the total count of FTE there are 12 people/positions that provide some portion of their time to this service while also shared with other IT/Strategic and Non-Strategic services.						
9	Annual cost for support contract of AHCA's IT hardware located in Tallahassee and Area Offices that are no longer under warranty and require a separate contract; also includes annual Cisco Support Renewal. - Also noted on Network Tab						

Strategic IT Service: Medicaid & Regulatory Financial Strategic IT Service

Form: Schedule IV-C -Combined v.2011-12

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

Prepared by: **Scott Ward**

Phone: **(850) 412-4844**

Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources apportioned to this IT Service		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel		11.61		\$0	\$801,470	\$801,470	\$0
A-1.1 State FTE	1	10.86		\$0	\$698,860	\$698,860	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)	2	0.75		\$0	\$102,610	\$102,610	\$0
B. Hardware		0	0	\$0	\$0	\$0	\$0
B-1 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0
B-2 Servers - Non-Mainframe	3	0	0	\$0	\$0	\$0	\$0
B-3 Server Maintenance & Support	4			\$0	\$0	\$0	\$0
B-4 Other Hardware Assets (e.g., system mgt workstation, printers, UPS)				\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
F. Total for IT Service				\$0	\$801,470	\$801,470	\$0

G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.
1 For the total count of FTE there are 68 people/positions that provide some portion of their time to this service while also shared with other IT Strategic and Non-Strategic services.
2 For the total count of Contractor Positions there are 3 people that provide some portion of their time to this service while also shared with other IT Strategic services.
3 See Network tab for server count
4 See Network tab for server maintenance & support costs
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Strategic IT Service: Facility/Provider Regulatory Strategic IT Service

Form: Schedule IV-C -Combined v.2011-12

Dept/Agency: **Agency for Health Care Administration**
 Prepared by: **Scott Ward**
 Phone: **(850) 412-4844**

Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources apportioned to this IT Service		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel		12.44		\$0	\$886,723	\$886,723	\$0
A-1.1 State FTE	1	11.69		\$0	\$784,113	\$784,113	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)	2	0.75		\$0	\$102,610	\$102,610	\$0
B. Hardware		0	0	\$0	\$0	\$0	\$0
B-1 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0
B-2 Servers - Non-Mainframe	3	0	0	\$0	\$0	\$0	\$0
B-3 Server Maintenance & Support	4			\$0	\$0	\$0	\$0
B-4 Other Hardware Assets (e.g., system mgt workstation, printers, UPS)				\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
F. Total for IT Service				\$0	\$886,723	\$886,723	\$0
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.							
1	For the total count of FTE there are 69 people/positions that provide some portion of their time to this service while also shared with other IT Strategic and Non-Strategic services.						
2	For the total count of Contractor Positions there are 3 people that provide some portion of their time to this service while also shared with other IT Strategic services.						
3	See Network tab for server count						
4	See Network tab for server maintenance & support costs						
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Strategic IT Service: Statistical Reporting & Transparency Strategic IT Service

Dept/Agency: **Agency for Health Care Administration**
 Prepared by: **Scott Ward**
 Phone: **(850) 412-4844**

Form: Schedule IV-C -Combined v.2011-12

Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources apportioned to this IT Service		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel		13.18		\$0	\$946,016	\$946,016	\$0
A-1.1 State FTE	1	12.43		\$0	\$843,406	\$843,406	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)	2	0.75		\$0	\$102,610	\$102,610	\$0
B. Hardware		0	0	\$0	\$0	\$0	\$0
B-1 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0
B-2 Servers - Non-Mainframe	3	0	0	\$0	\$0	\$0	\$0
B-3 Server Maintenance & Support	4			\$0	\$0	\$0	\$0
B-4 Other Hardware Assets (e.g., system mgt workstation, printers, UPS)				\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
F. Total for IT Service				\$0	\$946,016	\$946,016	\$0

G.	Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.
1	For the total count of FTE there are 69 people/positions that provide some portion of their time to this service while also shared with other IT Strategic and Non-Strategic services.
2	For the total count of Contractor Positions there are 3 people that provide some portion of their time to this service while also shared with other IT Strategic services.
3	See Network tab for server count
4	See Network tab for server maintenance & support costs
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Strategic IT Service: Medicaid Strategic IT Service							
Dept/Agency: Agency for Health Care Administration		Form: Schedule IV-C -Combined v.2011-12					
Prepared by: Scott Ward							
Phone: (850) 412-4844							
Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources apportioned to this IT Service		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel		15.25		\$0	\$1,173,329	\$1,173,329	\$0
A-1.1 State FTE	1	14.50		\$0	\$1,070,719	\$1,070,719	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)	2	0.75		\$0	\$102,610	\$102,610	\$0
B. Hardware		41	0	\$0	\$0	\$0	\$0
B-1 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0
B-2 Servers - Non-Mainframe	3	41		\$0	\$0	\$0	\$0
B-3 Server Maintenance & Support	4			\$0	\$0	\$0	\$0
B-4 Other Hardware Assets (e.g., system mgt workstation, printers, UPS)				\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
F. Total for IT Service				\$0	\$1,173,329	\$1,173,329	\$0
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.							
1	For the total count of FTE there are 72 people/positions that provide some portion of their time to this service while also shared with other IT Strategic and Non-Strategic services.						
2	For the total count of Contractor Positions there are 3 people that provide some portion of their time to this service while also shared with other IT Strategic services.						
3	MPA Servers						
4	See Network tab for server maintenance & support costs						
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Strategic IT Service: Agency Strategic IT Service #5							
Dept/Agency: Agency for Health Care Administration		Form: Schedule IV-C -Combined v.2011-12					
Prepared by: Scott Ward							
Phone: (850) 412-4844							
Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources apportioned to this IT Service		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel		0.00		\$0	\$0	\$0	\$0
A-1.1 State FTE		0.00		\$0	\$0	\$0	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)		0.00		\$0	\$0	\$0	\$0
B. Hardware		0	0	\$0	\$0	\$0	\$0
B-1 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0
B-2 Servers - Non-Mainframe		0	0	\$0	\$0	\$0	\$0
B-3 Server Maintenance & Support				\$0	\$0	\$0	\$0
B-4 Other Hardware Assets (e.g., system mgt workstation, printers, UPS)				\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
F. Total for IT Service				\$0	\$0	\$0	\$0
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.							
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Strategic IT Service: Agency Strategic IT Service #6							
Dept/Agency: Agency for Health Care Administration		Form: Schedule IV-C -Combined v.2011-12					
Prepared by: Scott Ward							
Phone: (850) 412-4844							
Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources apportioned to this IT Service		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel		0.00		\$0	\$0	\$0	\$0
A-1.1 State FTE		0.00		\$0	\$0	\$0	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)		0.00		\$0	\$0	\$0	\$0
B. Hardware		0	0	\$0	\$0	\$0	\$0
B-1 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0
B-2 Servers - Non-Mainframe		0	0	\$0	\$0	\$0	\$0
B-3 Server Maintenance & Support				\$0	\$0	\$0	\$0
B-4 Other Hardware Assets (e.g., system mgt workstation, printers, UPS)				\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
F. Total for IT Service					\$0	\$0	\$0
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.							
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Strategic IT Service: Agency Strategic IT Service #7

Dept/Agency: **Agency for Health Care Administration**
 Prepared by: **Scott Ward**
 Phone: **(850) 412-4844**

Form: Schedule IV-C -Combined v.2011-12

Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources apportioned to this IT Service		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel		0.00		\$0	\$0	\$0	\$0
A-1.1 State FTE		0.00		\$0	\$0	\$0	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)		0.00		\$0	\$0	\$0	\$0
B. Hardware		0	0	\$0	\$0	\$0	\$0
B-1 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0
B-2 Servers - Non-Mainframe		0	0	\$0	\$0	\$0	\$0
B-3 Server Maintenance & Support				\$0	\$0	\$0	\$0
B-4 Other Hardware Assets (e.g., system mgt workstation, printers, UPS)				\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
F. Total for IT Service				\$0	\$0	\$0	\$0
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.							
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Strategic IT Service: Agency Strategic IT Service #8

Dept/Agency: **Agency for Health Care Administration**
 Prepared by: **Scott Ward**
 Phone: **(850) 412-4844**

Form: Schedule IV-C -Combined v.2011-12

Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources apportioned to this IT Service		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel		0.00		\$0	\$0	\$0	\$0
A-1.1 State FTE		0.00		\$0	\$0	\$0	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)		0.00		\$0	\$0	\$0	\$0
B. Hardware		0	0	\$0	\$0	\$0	\$0
B-1 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0
B-2 Servers - Non-Mainframe		0	0	\$0	\$0	\$0	\$0
B-3 Server Maintenance & Support				\$0	\$0	\$0	\$0
B-4 Other Hardware Assets (e.g., system mgt workstation, printers, UPS)				\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
F. Total for IT Service				\$0	\$0	\$0	\$0

G.	Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.
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Strategic IT Service: Agency Strategic IT Service #9

Dept/Agency: **Agency for Health Care Administration**
 Prepared by: **Scott Ward**
 Phone: **(850) 412-4844**

Form: Schedule IV-C -Combined v.2011-12

Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources apportioned to this IT Service		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel		0.00		\$0	\$0	\$0	\$0
A-1.1 State FTE		0.00		\$0	\$0	\$0	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)		0.00		\$0	\$0	\$0	\$0
B. Hardware		0	0	\$0	\$0	\$0	\$0
B-1 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0
B-2 Servers - Non-Mainframe		0	0	\$0	\$0	\$0	\$0
B-3 Server Maintenance & Support				\$0	\$0	\$0	\$0
B-4 Other Hardware Assets (e.g., system mgt workstation, printers, UPS)				\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
F. Total for IT Service				\$0	\$0	\$0	\$0
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.							
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Strategic IT Service: Agency Strategic IT Service #10

Dept/Agency: **Agency for Health Care Administration**
 Prepared by: **Scott Ward**
 Phone: **(850) 412-4844**

Form: Schedule IV-C -Combined v.2011-12

Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources apportioned to this IT Service		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel		0.00		\$0	\$0	\$0	\$0
A-1.1 State FTE		0.00		\$0	\$0	\$0	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)		0.00		\$0	\$0	\$0	\$0
B. Hardware		0	0	\$0	\$0	\$0	\$0
B-1 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0
B-2 Servers - Non-Mainframe		0	0	\$0	\$0	\$0	\$0
B-3 Server Maintenance & Support				\$0	\$0	\$0	\$0
B-4 Other Hardware Assets (e.g., system mgt workstation, printers, UPS)				\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
F. Total for IT Service				\$0	\$0	\$0	\$0
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.							
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Strategic IT Service: Agency Strategic IT Service #11							
Dept/Agency: Agency for Health Care Administration		Form: Schedule IV-C -Combined v.2011-12					
Prepared by: Scott Ward							
Phone: (850) 412-4844							
Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources apportioned to this IT Service		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel		0.00		\$0	\$0	\$0	\$0
A-1.1 State FTE		0.00		\$0	\$0	\$0	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)		0.00		\$0	\$0	\$0	\$0
B. Hardware		0	0	\$0	\$0	\$0	\$0
B-1 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0
B-2 Servers - Non-Mainframe		0	0	\$0	\$0	\$0	\$0
B-3 Server Maintenance & Support				\$0	\$0	\$0	\$0
B-4 Other Hardware Assets (e.g., system mgt workstation, printers, UPS)				\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
F. Total for IT Service				\$0	\$0	\$0	\$0
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.							
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Strategic IT Service: Agency Strategic IT Service #12

Dept/Agency: **Agency for Health Care Administration**
 Prepared by: **Scott Ward**
 Phone: **(850) 412-4844**

Form: Schedule IV-C -Combined v.2011-12

Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources apportioned to this IT Service		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel		0.00		\$0	\$0	\$0	\$0
A-1.1 State FTE		0.00		\$0	\$0	\$0	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)		0.00		\$0	\$0	\$0	\$0
B. Hardware		0	0	\$0	\$0	\$0	\$0
B-1 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0
B-2 Servers - Non-Mainframe		0	0	\$0	\$0	\$0	\$0
B-3 Server Maintenance & Support				\$0	\$0	\$0	\$0
B-4 Other Hardware Assets (e.g., system mgt workstation, printers, UPS)				\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
F. Total for IT Service				\$0	\$0	\$0	\$0
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.							
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Strategic IT Service: Agency Strategic IT Service #13					Form: Schedule IV-C -Combined v.2011-12			
Dept/Agency: Agency for Health Care Administration								
Prepared by: Scott Ward								
Phone: (850) 412-4844								
Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources apportioned to this IT Service		Estimated IT Service Costs				
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding	
A. Personnel		0.00		\$0	\$0	\$0	\$0	
A-1.1 State FTE		0.00		\$0	\$0	\$0	\$0	
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0	
A-3.1 Contractor Positions (Staff Augmentation)		0.00		\$0	\$0	\$0	\$0	
B. Hardware		0	0	\$0	\$0	\$0	\$0	
B-1 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0	
B-2 Servers - Non-Mainframe		0	0	\$0	\$0	\$0	\$0	
B-3 Server Maintenance & Support				\$0	\$0	\$0	\$0	
B-4 Other Hardware Assets (e.g., system mgt workstation, printers, UPS)				\$0	\$0	\$0	\$0	
C. Software				\$0	\$0	\$0	\$0	
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0	
E. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0	
F. Total for IT Service				\$0	\$0	\$0	\$0	
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.								
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Strategic IT Service: Agency Strategic IT Service #14

Dept/Agency: **Agency for Health Care Administration**
 Prepared by: **Scott Ward**
 Phone: **(850) 412-4844**

Form: Schedule IV-C -Combined v.2011-12

Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources apportioned to this IT Service		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel		0.00		\$0	\$0	\$0	\$0
A-1.1 State FTE		0.00		\$0	\$0	\$0	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)		0.00		\$0	\$0	\$0	\$0
B. Hardware		0	0	\$0	\$0	\$0	\$0
B-1 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0
B-2 Servers - Non-Mainframe		0	0	\$0	\$0	\$0	\$0
B-3 Server Maintenance & Support				\$0	\$0	\$0	\$0
B-4 Other Hardware Assets (e.g., system mgt workstation, printers, UPS)				\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
F. Total for IT Service				\$0	\$0	\$0	\$0
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.							
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Strategic IT Service: Agency Strategic IT Service #15							
Dept/Agency: Agency for Health Care Administration		Form: Schedule IV-C -Combined v.2011-12					
Prepared by: Scott Ward		# of Assets & Resources apportioned to this IT Service		Estimated IT Service Costs			
Phone: (850) 412-4844				A	B	C	D
Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2011-12	Initial Estimate for Fiscal Year 2010-11	Estimated FY 2010-11 Allocation of Recurring Base Budget <i>(based on Column G64 minus G65)</i>	Estimated FY 2011-12 Allocation of Recurring Base Budget <i>(based on Column G64 minus G65)</i>	Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel		0.00		\$0	\$0	\$0	\$0
A-1.1 State FTE		0.00		\$0	\$0	\$0	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)		0.00		\$0	\$0	\$0	\$0
B. Hardware		0	0	\$0	\$0	\$0	\$0
B-1 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0
B-2 Servers - Non-Mainframe		0	0	\$0	\$0	\$0	\$0
B-3 Server Maintenance & Support				\$0	\$0	\$0	\$0
B-4 Other Hardware Assets (e.g., system mgt workstation, printers, UPS)				\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
F. Total for IT Service				\$0	\$0	\$0	\$0
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.							
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Strategic IT Service: Agency Strategic IT Service #16

Dept/Agency: **Agency for Health Care Administration**
 Prepared by: **Scott Ward**
 Phone: **(850) 412-4844**

Form: Schedule IV-C -Combined v.2011-12

Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources apportioned to this IT Service		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2011-12	A Initial Estimate for Fiscal Year 2010-11	B Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2011-12 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding
A. Personnel		0.00		\$0	\$0	\$0	\$0
A-1.1 State FTE		0.00		\$0	\$0	\$0	\$0
A-2.1 OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3.1 Contractor Positions (Staff Augmentation)		0.00		\$0	\$0	\$0	\$0
B. Hardware		0	0	\$0	\$0	\$0	\$0
B-1 Servers - Mainframe		0	0	\$0	\$0	\$0	\$0
B-2 Servers - Non-Mainframe		0	0	\$0	\$0	\$0	\$0
B-3 Server Maintenance & Support				\$0	\$0	\$0	\$0
B-4 Other Hardware Assets (e.g., system mgt workstation, printers, UPS)				\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
F. Total for IT Service				\$0	\$0	\$0	\$0
G. Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.							
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	Currently Authorized Positions		OPS FTE	OPS FTE Cost	Contracted Services FTE	Contracted Services FTE Cost	Total Personnel	Total Personnel Cost	Servers - Mainframe	Servers - Non-Mainframe	Hardware	Software	External Service Provider	Other	TOTAL
	State FTE	State FTE Cost													
Non-Strategic IT Services															
IV-C Service															
Network	2.70	\$ 170,562	0.00	\$ 32,010	0.95	\$ 32,430	3.65	\$ 235,002		195	\$ 404,710	\$ 250,000	\$ 466,000	\$ -	\$ 1,355,712
Email, Messaging, @ Calendaring	1.70	\$ 64,946	0.00	\$ -	0.05	\$ 1,508	1.75	\$ 66,454		2	\$ 46,055	\$ 33,535	\$ -	\$ 7,535	\$ 153,579
Desktop Computing	6.35	\$ 398,958	0.00	\$ -	0.05	\$ 1,508	6.40	\$ 400,466		0	\$ 400,764	\$ 220,000	\$ -	\$ 90,163	\$ 1,111,393
Help Desk	2.20	\$ 101,577	0.00	\$ 21,569	0.80	\$ 24,096	3.00	\$ 147,242		2	\$ -	\$ 13,000	\$ -	\$ 20,000	\$ 180,242
IT Security/Risk Mitigation	3.38	\$ 223,628	0.00	\$ -	0.00	\$ -	3.38	\$ 223,628		1	\$ 6,000	\$ 5,400	\$ 213,980	\$ 8,565	\$ 457,573
Financial and Administrative Systems Support	1.25	\$ 95,999	0.00	\$ -	0.00	\$ -	1.25	\$ 95,999		0	\$ -	\$ -	\$ -	\$ -	\$ 95,999
IT Administration & Management	4.20	\$ 305,741	0.00	\$ -	0.00	\$ 40,000	4.20	\$ 345,741		0	\$ -	\$ -	\$ -	\$ 40,000	\$ 385,741
Portal/Web Management	0.90	\$ 53,937	0.00	\$ -	0.00	\$ -	0.90	\$ 53,937		22	\$ -	\$ 77,865	\$ -	\$ 10,000	\$ 141,802
Data Center	3.28	\$ 197,393	0.00	\$ -	0.10	\$ 3,417	3.38	\$ 200,810	0	0	\$ 102,043	\$ -	\$ -	\$ 1,006,046	\$ 1,404,094
Total	25.96	\$ 1,612,741	0.00	\$ 53,579	1.95	\$ 102,959	27.91	\$ 1,769,279	0.00	222.00	\$ 959,572	\$ 599,800	\$ 679,980	\$ 1,182,309	\$ 5,286,135

Data Center Plant & Facility: \$ 95,195 (Included in Data Center total)

	Currently Authorized Positions		OPS FTE	OPS FTE Cost	Contracted Services FTE	Contracted Services FTE Cost	Total Personnel	Total Personnel Cost	Servers - Mainframe	Servers - Non-Mainframe	Hardware	Software	External Service Provider	Other	TOTAL
	State FTE	State FTE Cost													
Strategic IT Services															
IV-C Service															
Medicaid & Regulatory Financial Strategic IT Service	10.86	\$ 698,860	0.00	\$ -	0.75	\$ 102,610	11.61	\$ 801,470	0	0	\$ -	\$ -	\$ -	\$ -	\$ 801,470
Facility/Provider Regulatory Strategic IT Service	11.69	\$ 784,113	0.00	\$ -	0.75	\$ 102,610	12.44	\$ 886,723	0	0	\$ -	\$ -	\$ -	\$ -	\$ 886,723
Statistical Reporting & Transparency Strategic IT Service	12.43	\$ 843,406	0.00	\$ -	0.75	\$ 102,610	13.18	\$ 946,016	0	0	\$ -	\$ -	\$ -	\$ -	\$ 946,016
Medicaid Strategic IT Service	14.50	\$ 1,070,719	0.00	\$ -	0.75	\$ 102,610	15.25	\$ 1,173,329	0	41	\$ -	\$ -	\$ -	\$ -	\$ 1,173,329
Agency Strategic IT Service #5	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0	0	\$ -	\$ -	\$ -	\$ -	\$ -
Agency Strategic IT Service #6	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0	0	\$ -	\$ -	\$ -	\$ -	\$ -
Agency Strategic IT Service #7	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0	0	\$ -	\$ -	\$ -	\$ -	\$ -
Agency Strategic IT Service #8	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0	0	\$ -	\$ -	\$ -	\$ -	\$ -
Agency Strategic IT Service #9	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0	0	\$ -	\$ -	\$ -	\$ -	\$ -
Agency Strategic IT Service #10	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0	0	\$ -	\$ -	\$ -	\$ -	\$ -
Agency Strategic IT Service #11	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0	0	\$ -	\$ -	\$ -	\$ -	\$ -
Agency Strategic IT Service #12	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0	0	\$ -	\$ -	\$ -	\$ -	\$ -
Agency Strategic IT Service #13	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0	0	\$ -	\$ -	\$ -	\$ -	\$ -
Agency Strategic IT Service #14	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0	0	\$ -	\$ -	\$ -	\$ -	\$ -
Agency Strategic IT Service #15	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0	0	\$ -	\$ -	\$ -	\$ -	\$ -
Agency Strategic IT Service #16	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0	0	\$ -	\$ -	\$ -	\$ -	\$ -
Total	49.48	\$ 3,397,098	0.00	\$ -	3.00	\$ 410,440	52.48	\$ 3,807,538	0.00	41.00	\$ -	\$ -	\$ -	\$ -	\$ 3,807,538

	Currently Authorized Positions		OPS FTE	OPS FTE Cost	Contracted Services FTE	Contracted Services FTE Cost	Total Personnel	Total Personnel Cost	Servers - Mainframe	Servers - Non-Mainframe	Hardware	Software	External Service Provider	Other	TOTAL
	State FTE	State FTE Cost													
TOTALS															
All Schedule IV-C Services															
Non-Strategic IT Services	25.96	\$ 1,612,741	0.00	\$ 53,579	1.95	\$ 102,959	27.91	\$ 1,769,279	0	222	\$ 959,572	\$ 599,800	\$ 679,980	\$ 1,182,309	\$ 5,190,940
Strategic IT Services	49.48	\$ 3,397,098	0.00	\$ -	3.00	\$ 410,440	52.48	\$ 3,807,538	0	41	\$ -	\$ -	\$ -	\$ -	\$ 3,807,538
Total	49.48	\$ 3,397,098	0.00	\$ -	3.00	\$ 410,440	80.39	\$ 5,576,817	0.00	263.00	\$ 959,572	\$ 599,800	\$ 679,980	\$ 1,182,309	\$ 8,998,478

+ Data Center Plant & Facility: \$ 9,093,673

	Currently Authorized Positions		OPS FTE	OPS FTE Cost	Contracted Services FTE	Contracted Services FTE Cost	Total Personnel	Total Personnel Cost
	State FTE	State FTE Cost						
COST BREAKDOWN								
All Schedule IV-C Services	% IT Positions	% Hardware	% Software	% External Service Provider	% Other	% of Total Reported IT Cost		
Non-Strategic IT Services	34.08%	18.49%	11.55%	13.10%	22.78%	57.69%		
Strategic IT Services	100.00%	0.00%	0.00%	0.00%	0.00%	42.31%		
% of Total Reported IT Cost	61.975%	10.664%	6.666%	7.557%	13.139%			

Data Center Summary	Total	Total Utilized
Total Data Center Personnel		3.38
Total Servers from All IT Services - Mainframe		0
Total Servers from All IT Services - Non-Mainframe		263
Agency Data Center (TOTAL SQUARE FEET)	1900	1900
Computing Facilities (TOTAL SQUARE FEET)	2050	2050
Office Space (TOTAL SQUARE FEET)	0	0
Backup Generator, Power Distribution Units, UPS, etc. (CAPACITY IN KW)	0	
Utilities-Electricity (ESTIMATED TOTAL ANNUAL KWH)	0	

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:	412-3630
Names of the Parties:	<u>William Long, Charles Todd Lee, Rodney Peterson, John Boyd, Clayton L. Griffin, Margaret Washington, and Louise Seymour, on behalf of themselves and all others similarly situated v. Holly Benson, in her official capacity as Secretary, Florida Agency for Health Care Administration, and Douglas Beach, in his official capacity as Secretary, Florida Department of Elder Affairs</u>		
Court with Jurisdiction:	United States District Court in and for the Northern District of Florida		
Case Number:	4:08-cv-26-RH-WCS		
Summary of the Complaint:	Class action lawsuit alleging that Florida is in violation of Americans with Disabilities Act, 42 U.S.C. §12132 and the Rehabilitation Act of 1973, 29 U.S.C. §794(a)(Section 504) by failing to cover services and support in appropriate, integrated community settings. The Plaintiffs seek declaratory and injunctive relief. They ask the Court for injunctive relief requiring Florida to inform Plaintiffs and class members that they may be eligible for publicly-funded community services and that they have a choice of such services; and ensure coverage of, as appropriate, long-term care services and supports in the most integrated setting appropriate for Plaintiffs and class members and refrain from providing unnecessary and unwanted long-term care only in institutional settings. Plaintiffs ask the court to declare that Florida's failure to provide Plaintiffs and class members with services in the most integrated setting appropriate to their needs violates Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. Plaintiffs also seek attorneys' fees and costs.		
Amount of the Claim:	The plaintiffs do not seek monetary damages; however, the monetary impact could exceed \$500,000 annually in additional Medicaid payments if the plaintiffs were successful.		
Specific Law(s) Challenged:			
Status of the Case:	The Agency was served with a Class Action Complaint on January 15, 2008. On February 19, 2008, the Plaintiffs filed an Amended Class Action Complaint for Declaratory and Injunctive Relief. On March 7, 2008, the Defendants filed a Motion to Dismiss Amended Complaint. On March 21, 2008, the Defendants filed a Response in Opposition to the Plaintiffs' Motion to Certify Class. On June 7, 2008, the Court entered an order denying the Defendants' Motion to Dismiss and Deferring Ruling on Class		

	<p>Certification. On July 7, 2008, the Defendants filed an Answer to the Plaintiffs' Amended Complaint. On September 17, 2008, Plaintiffs filed a Motion for Preliminary Injunction regarding one of the named Plaintiffs. On September 30, 2008 the Court orally granted the injunction, followed by a written order on October 14, 2008. Also on October 14, 2008 the Court entered an order certifying the class. Mediation sessions were held on January 5, January 20, February 24, July 7, August 11, August 17, and August 18, 2009. The parties reached a settlement which placed 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. Telephonic status conference was held on August 26, 2010. Plaintiffs took the position that the defendants had not complied with the settlement. Case is currently set for trial to begin February 7, 2011.</p>	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	<p>Class was certified on October 14, 2008. Jodi Siegel with Southern Legal Counsel, Inc. Neil Chonin with Southern Legal Counsel, Inc. Gabriella Ruiz with Southern Legal Counsel, Inc. Stephen F. Gold, P.A. Stacy Canan, D.C. with AARP Foundation Litigation Bruce Vignery, D.C. with AARP Foundation Litigation Sarah Somers, N.C. with National Health Law Program</p>	

Office of Policy and Budget – September 2010

<p>Schedule VII: Agency Litigation Inventory</p> <p><i>For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.</i></p>			
Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>Pharmastat, Inc. v. State of Florida, Agency for Health Care Administration</u>		
Court with Jurisdiction:	Circuit Court of the 2 nd Judicial Circuit		
Case Number:	07-13655-CA-02		

Summary of the Complaint:	Plaintiff alleges breach of contract and denial of due process.	
Amount of the Claim:	Plaintiff claims the Agency owes Plaintiff in excess of \$100,000 plus interest	
Specific Law(s) Challenged:		
Status of the Case:	Complaint served on September 27, 2007. The Agency filed its answer to the complaint and Motion to Dismiss on October 16, 2007. On May 5, 2008, the Plaintiff filed an Amended Complaint. The Agency filed its Answer to Amended Complaint and renewed Motion to Dismiss Complaint on May 19, 2008. On June 23, 2010, the parties settled this matter and the Agency paid \$171,000 to the plaintiff. Case closed.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

Office of Policy and Budget – September 2010

Schedule VII: Agency Litigation Inventory

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

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

Names of the Parties:	<u>Florida Pediatric Society/The Florida Chapter of the American Academy of Pediatrics; Florida Academy of Pediatric Dentistry, Inc.; Ashley Dove, as the next friend of Kaleb Kelley, a minor child; Blanche Spell, as the next friend of Khalillah Spell, a minor child; Eva Carmona, as the next friend of Vanessa and Jennifer Patino, minor children; Amy Torchin, as the next friend of Theodore Torchin, minor child; and Rita Gorenflo and Lex Gorenflo, as the next friends of Thomas and Nathaniel Gorenflo, minor 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</u>
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	<u>as the Secretary of the Florida Department of Health</u>
Court with Jurisdiction:	United States District Court for the Southern District of Florida
Case Number:	05-23037-CIV-AJ
Summary of the Complaint:	Class action lawsuit alleging failure of Florida state health officials to provide children in Florida who are enrolled in federally-funded medical assistance with essential medical and dental services as required by Title XIX of the Social Security Act, 42 U.S.C. §1396. The Plaintiffs seek declaratory and injunctive relief. They ask the court for injunctive relief to require the Agency to ensure that payments to providers are sufficient to ensure that Medicaid eligible children have access to care and services at least to the same extent that such care and services are available to other children in the same geographic area, and to assure that such payments are consistent with quality of care.
Amount of the Claim:	The plaintiffs do not seek monetary damages; however, the monetary impact would likely exceed \$10 million annually in additional Medicaid payments if the plaintiffs were successful.
Specific Law(s) Challenged:	
Status of the Case:	<p>The case has been pending since November 2005. A previously filed motion to dismiss was denied, except for one count of the complaint (dealing with a statutory claim not recited above, 42 U.S.C. §1396u-2(b)(5)). About 100 depositions have been taken in the case, and the case has been litigated by both sides. Both sides have multiple experts. Discovery is closed.</p> <p>On September 30, 2009, the Court issued an Order Granting In Part The Plaintiffs' Motion For Class Certification. The certified class consists of “all children under the age of 21 who now, or in the future will, reside in Florida and who are, or will be, eligible under Title XIX of the Social Security Act for Early Periodic Screening, Diagnosis and Treatment Services.”</p> <p>This class action matter is being tried in segments, as the court has time available. The first trial segment was held on December 7-10, 2009. The second occurred on January 5-11, 2010. The third occurred on February 9-11, 2010, fourth occurred on May 17-20, 2010, and the most recent segment was August 3-13, 2010. The next trial segment is to begin October 18 – 22, 2010. Plaintiffs are still presenting their case in chief.</p>

	Then Defendants will put on their case, and Plaintiffs will present any rebuttal. Although no hard date has been set to finish the trial, the Court has advised that it wishes to finish the trial by December 31, 2010.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
	X	Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	The class was granted a partial certification on September 30, 2009. Boies, Schiller & Flexner, LLP Public Interest Law Center of Philadelphia Miller, Keffer & Bullock, P.C.	

Office of Policy and Budget – September 2010

Schedule VII: Agency Litigation Inventory			
<i>For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.</i>			
Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>Agency for Health Care Administration v. Maria D. Gonzalez</u>		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	07-3456MPI		
Summary of the Complaint:	Audit of Maria D. Gonzalez indicated that the defendant was overpaid for services that in whole or in part are not covered by Medicaid.		
Amount of the Claim:	\$371,449.18 plus \$2,000 fine for a total of \$375,449.18		
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. Hearing was held on July 28-29,		

	2010 and August 5, 2010. Proposed Recommended Orders are due 30 days after transcripts are filed with the Division of Administrative Hearings. Overpayment was adjusted as reflected above.	
	Final report for this matter.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

Office of Policy and Budget – September 2010

Schedule VII: Agency Litigation Inventory			
<i>For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.</i>			
Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>SA-PG Clearwater, LLC d/b/a Palm Garden of Clearwater, SA-PG Gainesville, LLC d/b/a Palm Garden of Gainesville, SA-PG Jacksonville, LLC d/b/a Palm Garden of Jacksonville, SA-PG Largo, LLC d/b/a Palm Garden of Largo, SA-PG North Miami Beach, LLC d/b/a Palm Garden of North Miami Beach, SA-PG Ocala, LLC d/b/a Palm Garden of Ocala, SA-PG Orlando, LLC d/b/a Palm Garden of Orlando, SA-PG Pinellas, LLC d/b/a Palm Garden of Pinellas, SA-PG Port St. Lucie, LLC d/b/a Palm Garden of Port St. Lucie, SA-PG Sun City, LLC d/b/a Palm Garden of Sun City, SA-PG Tampa, LLC d/b/a Palm Garden of Tampa, SA-PG Vero Beach, LLC d/b/a Palm Garden of Vero Beach, SA-PG West Palm Beach, LLC d/b/a Palm Garden of West Palm Beach, SA-PG Winter Haven, LLC d/b/a Palm Garden of Winter Haven v. Agency for Health Care Administration</u>		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	DOAH Case No. 08-4894 previously Informal Case No. 08-238PH		
Summary of the Complaint:	Petitioner (Palm Gardens) challenges the audit findings and rates set by the Agency based on audit findings. Petitioner argues that it relied upon Generally Accepted Auditing Principles (GAAP), for expending insurance		

	costs. The Agency found through the audit that no insurance was ever purchased and disallowed the expense. The disallowance also impacts future rates of the provider.	
Amount of the Claim:	The Agency settled the case for \$14, 747,441.91.	
Specific Law(s) Challenged:	Chapter 409 and the Title XIX provider plan.	
Status of the Case:	Petitioner filed its Petition for Formal Administrative Hearing on February 26, 2008. Respondent filed its Motion to Dismiss Petition for Formal Administrative Hearing on March 20, 2008. Respondent filed its Amended Motion to Dismiss Petition for Formal Administrative Hearing on April 16, 2008. Petitioner filed its Response to Respondent's Amended Motion to Dismiss on April 21, 2008. Agency issued an Order on the Motion to Dismiss referring the matter for an informal hearing on April 23, 2008. On July 29, 2008, the Petitioner filed a Motion to Amend Petition for Formal Administrative Hearing and Request for Referral to DOAH. Respondent filed its Response to Petitioner's Motion to Amend Petition and Request for Referral to DOAH on July 29, 2008. Case referred to DOAH on September 30, 2008. Counsel for Petitioner filed a Motion for Dismissal on December 18, 2009. Hearing was conducted and the Agency prevailed. Decision was appealed to the DCA. Subsequently, the parties entered into a settlement where defendant agreed to pay \$14,747,441.91..	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

Office of Policy and Budget – September 2010

Schedule VII: Agency Litigation Inventory

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

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

Names of the Parties:	<u>Christine R. Dunham and Robert Bromhall, individually, and on behalf of all others similarly situated v. The State of Florida, Agency for Health Care Administration, by and through its Director, Carlton Dyke Snipes, Carlton Dyke Snipes and Tom Arnold, Individually, Health Management Systems, Inc. a Subsidiary of HMS Holdings Corp., and DOES 1-10</u>	
Court with Jurisdiction:	Circuit Court of the 1 st Judicial Circuit in and for Santa Rosa County	
Case Number:	09-612CA01	
Summary of the Complaint:	Class action lawsuit alleging violation of 42 U.S.C. §1396(k) and 1396(p)(a)(1), U.S. Constitutional Amendments V and XIV, Art. X, §6 Florida Constitution and breach of contract. The plaintiffs allege that defendants have asserted liens and received recovery out of workers compensation settlements when no reimbursement of medical expenses was part of such settlement. Plaintiffs seek injunctive relief alleging violation of federal law and the <i>Ahlborn</i> Decision. This case is one of several recent actions regarding the Medicaid anti-lien provision that was decided by the United States Supreme Court in <i>Arkansas Dept of Health & Human Services v. Ahlborn</i> , 126 S.Ct. 1752 (2006). <i>Ahlborn</i> directs that Medicaid liens may be recovered only from the portion of a settlement that applied to reimbursement of medical expenses.	
Amount of the Claim:	Monetary impact could exceed \$25,000,000.00	
Specific Law(s) Challenged:		
Status of the Case:	The Agency was served with the Class Action Complaint on April 14, 2009. Counsel for the Agency filed a Motion to Dismiss and a Motion to Transfer Venue to Leon County. An order granting motion to transfer venue to Leon County was issued on September 16, 2009. An order dismissing HMS without prejudice was issued on December 22, 2009. The Court has not acted on the Agency's Motion to Dismiss.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input type="checkbox"/>	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	The class has not been certified to date. Whibbs & Stone, P.A. Burgess & Lamp, P.C.	

Office of Policy and Budget – September 2010

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>“Karina Smith” and “Elijah Moses”, individually and on behalf of others similarly situated v. Jeff Rainey, Sunny Hall, Hillsborough Kids, Inc., a Florida corporation, First Health, the Agency for Health Care Administration, Holly Benson, individually and as Secretary for the Agency for Health Care Administration, the Florida Department of Children and Families, George Sheldon, individually and in his official capacity as Secretary of the Department of Children and Families and Nicholas Cox, individually and in his capacity as Regional Administrator of the Department of Children and Families</u>		
Court with Jurisdiction:	United States District Court Middle District of Florida (Tampa) previously filed in Circuit Court of the 13 th Judicial Circuit in and for Hillsborough County		
Case Number:	8:09-cv-01628-JDW-MAP previously 09-16377		
Summary of the Complaint:	Class action lawsuit alleging violation of the Americans with Disabilities Act and breach of statutory duty against the Agency for allowing payment of Medicaid reimbursement for psychotropic medication of children under the care and supervision of The Department of Children and Families and Hillsborough Kids, Inc.		
Amount of the Claim:	Plaintiffs seek an unstated amount of monetary damages for a class of plaintiffs. Because of the class action implications, the amount could be substantial.		
Specific Law(s) Challenged:			
Status of the Case:	<p>The Agency was served with the Class Action Complaint on July 20, 2009. On August 17, 2009, counsel for the Department of Children and Families filed a Notice of Removal from the 13th Judicial Circuit to the United States District Court Middle District of Florida. On August 19, 2009, counsel for the Agency filed Defendants’ Motion to Dismiss Complaint and Memorandum of Law in Support. Plaintiffs filed their response in opposition to the Motion to Dismiss on September 23, 2009. On October 1, 2009, the Plaintiffs filed an Amended Complaint. A Motion to Dismiss Amended Complaint was filed on October 15, 2009. A Motion to Certify Class was filed on March 31, 2010. A Memorandum in opposition to Motion to Certify Class was filed on April 15, 2010, by defendants. Plaintiffs have initiated discovery. On September 30, 2010 the Court dismissed the First Amended Complaint with leave to amend. The Court further denied without prejudice the plaintiffs Motion for</p>		

	Certification of Class. Status conference is scheduled for October 15, 2010 at 11:30 a.m. The plaintiff has noticed mediation for November 18, 2010, however, defendants are seeking clarification from the court on whether the mediation deadline should be rescheduled in light of the order of dismissal.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/>	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	The class has not been certified to date. Gievers, P.A. Wasson & Associates, Chartered	

Office of Policy and Budget – September 2010

Schedule VII: Agency Litigation Inventory			
<i>For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.</i>			
Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>Baptist Hospital Inc., Bay Medical Center, Holmes Regional Medical Center, Inc., Lee Memorial Health System, Lifemark Hospital’s of Florida, Inc. d/b/a Palmetto General Hospital, Munroe Regional Medical Center, North Broward Hospital District d/b/a Broward Health St. Joseph’s Hospital, Inc., South Broward Hospital District d/b/a Memorial Regional Hospital, Tallahassee Memorial Healthcare, Inc. and Wuesthoff Health System v. Agency for Health Care Administration</u>		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	10-2996RX, 10-2997RU, 10-4491RP		
Summary of the Complaint:	Challenges Medicaid reimbursement rate and coverage limitations for care provided in hospital emergency room setting.		
Amount of the Claim:	Monetary impact could exceed \$500,000		
Specific Law(s) Challenged:	Florida Administrative Code 59G-4.160		

Status of the Case:	Rule challenge petition filed on June 1, 2010. Discovery has been conducted. Wuestoff Health System filed its voluntary dismissal on August 17, 2010. Hearing set for September 23-24, 2010 was cancelled. Status report was due October 20, 2010. Agency is in the process of filing a Motion for Protective Order.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

Office of Policy and Budget – September 2010

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>Jacqueline Jones, on behalf of herself and all others similarly situated v. Thomas Arnold, in his official capacity as Secretary, Florida Agency for Health Care Administration, and Dr. Anna Viamonte Ross in her official capacity as Secretary, Florida Department of Health</u>		
Court with Jurisdiction:	United States District Court Middle District of Florida (Jacksonville)		
Case Number:	3:09-CV-1 170-J34JRK		
Summary of the Complaint:	This is a class action lawsuit where plaintiff seeks declaratory and injunctive relief to receive Medicaid services which will allow plaintiff to continue to reside in the community and not require institutionalization.		
Amount of the Claim:	The plaintiffs do not seek monetary damages; however, the monetary impact would likely exceed \$20 million annually in additional Medicaid payments if the plaintiff is successful.		
Specific Law(s) Challenged:			
Status of the Case:	On December 2, 2009, a Complaint and Motion for Preliminary Injunction were filed by the plaintiff. The Agency was served with the lawsuit on December 3, 2009. On December 15, 2009, the plaintiff filed a Motion for		

Leave to Amend the Complaint. On December 29, 2009, the defendants filed a Motion to Dismiss Amended Complaint. On January 6, 2010, the plaintiff filed a Motion for Class Certification. On January 12, 2010, the defendants filed an amended motion to stay class certification pending disposition of plaintiff's status and ruling on motion to dismiss, which denied on January 12, 2010, for technical errors. The defendants filed an Amended Motion to Stay Class Certification on January 12, 2010. On January 27, 2010, the plaintiff filed a Motion to Amend the First Amended Complaint. The defendants filed a response in opposition to plaintiff's Motion for Leave to Amend First Amended Class Action Complaint. On February 23, 2010, the Court issued an order denying plaintiffs' Motion for Preliminary Injunction as moot. On April 12, 2010, the plaintiff filed a request for leave to amend the Second Amended Complaint. On April 15, 2010, the plaintiff filed a Motion for Preliminary Injunction and Expedited Hearing. On May 7, 2010, the Court issued an order denying plaintiffs Motion for Preliminary Injunction. On May 14, 2010, the plaintiffs withdrew their request to file third amended complaint. Motion for Leave to Amend First Amended Complaint was denied on August 13, 2010. The parties requested and were granted an extension of time to complete discovery. The United States has moved the court to intervene on behalf of the plaintiff. Awaiting court ruling on motion to intervene.

There are two additional cases that mirror this case. An unfavorable outcome in one case would impact all three cases.

Michele Haddad v. AHCA and DOH. Jurisdiction is in the United States District Court Middle District of Florida (Jacksonville); Case number 3:10-cv-414-J-34TEM.

Plaintiff filed her complaint and motion for preliminary injunction on May 17, 2010. A hearing on the motion for preliminary injunction was held June 15, 2010. The preliminary injunction was granted on June 23, 2010. The parties are currently conducting discovery. This case will be moot if class certification is granted in the Jacqueline Jones case. Discovery ends in May 2011 and this case is scheduled for trial in August 2011.

Luis Cruz and Nigel De La Torre v. AHCA and DOH. Jurisdiction is in the United States District Court Southern District of Florida; Case number 1:10-cv-23048.

Plaintiffs filed their complaint and motions for preliminary injunction on August 18, 2010, in the U.S. District Court for the Middle District of Florida. The District Judge transferred the case to the U.S. District Court for the Southern District of Florida on August 23, 2010. The new district

	judge referred plaintiffs' motion for preliminary injunction to the magistrate judge and a hearing on the motion was held before the magistrate judge on September 16, 2010. The Agency is currently awaiting the recommendation from the magistrate judge on the motion for preliminary injunction. The parties are in the process of conducting discovery. This case will be moot if class certification is granted in the <u>Jacqueline Jones</u> case.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	Class is not certified at this time. Jay M. Howanitz, Esq. Spohrer & Dodd, P.L.	

Office of Policy and Budget – September 2010

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>Las Mercedes Home Care Corp. v. Agency for Health Care Administration</u>		
Court with Jurisdiction:	DOAH		
Case Number:	08-5356MPI		
Summary of the Complaint:	This is an action by AHCA and Catapult (a company under contract to federal Center for Medicare and Medicaid Services to assist Medicaid Program Integrity with audits) to collect \$879,843.93 in allegedly overpaid claims.		
Amount of the Claim:	\$879,843.93		
Specific Law(s) Challenged:			
Status of the Case:	Defendant received the Agency correspondence dated September 30, 2008, notifying the defendant that the Agency sought reimbursement for dates of service during the period July 1, 2004 through June 30, 2006 in		

	the amount of \$878,843.73 plus a \$1,000 fine. The hearing was scheduled for May 19, 2010 but both parties requested that the case be held in abeyance until the rule challenge case (1D10-4295 previously 10-0860RX) is decided.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

Office of Policy and Budget – September 2010

Schedule VII: Agency Litigation Inventory			
<i>For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.</i>			
Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	922-5873
Names of the Parties:	<u>Agency for Health Care Administration v. Las Mercedes Home Care Corp.</u>		
Court with Jurisdiction:	1 st District Court of Appeal		
Case Number:	1D10-4295; Lower court case 10-0860RX		
Summary of the Complaint:	This is a challenge to Rule 59G-4.130(2), Florida Administrative Code which states that all home health agency providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Home Health Services Coverage and Limitations Handbook, July 2008 specifically the part that reads that “home health services are provided by qualified health care professionals who are directly employed by or under contract with a home health agency that is enrolled in the Medicaid home health program.” Further that such agencies issue either W-2 or 1099 tax forms to individuals on their staffs, constitutes an invalid exercise of delegated legislative authority.		
Amount of the Claim:	The plaintiffs do not seek monetary damages; however, the monetary impact could likely exceed \$500,000 annually in a loss of Medicaid recoupment if the Appellee is successful.		

Specific Law(s) Challenged:	59G-4.130(2), Florida Administrative Code	
Status of the Case:	<p>Final hearing was held May 19, 2010. Hearing officer entered a final order on July 23, 2010, ruling against the Agency stating that “it is illogical and irrational to suggest that health, safety, and welfare are further ensured, and fraud, waste, and abuse more curbed by the additional requirement that a home health agency only provide Medicaid services through personnel that are directly employed by or under contract with the home health agency, as evidenced by the issuance of W-2’s or 1099s.” The Agency appealed this decision on August 12, 2010.</p> <p>An unfavorable outcome in this case will prevent the Agency from recouping the overpayment in 08-5356MPI, listed above.</p>	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

Office of Policy and Budget – September 2010

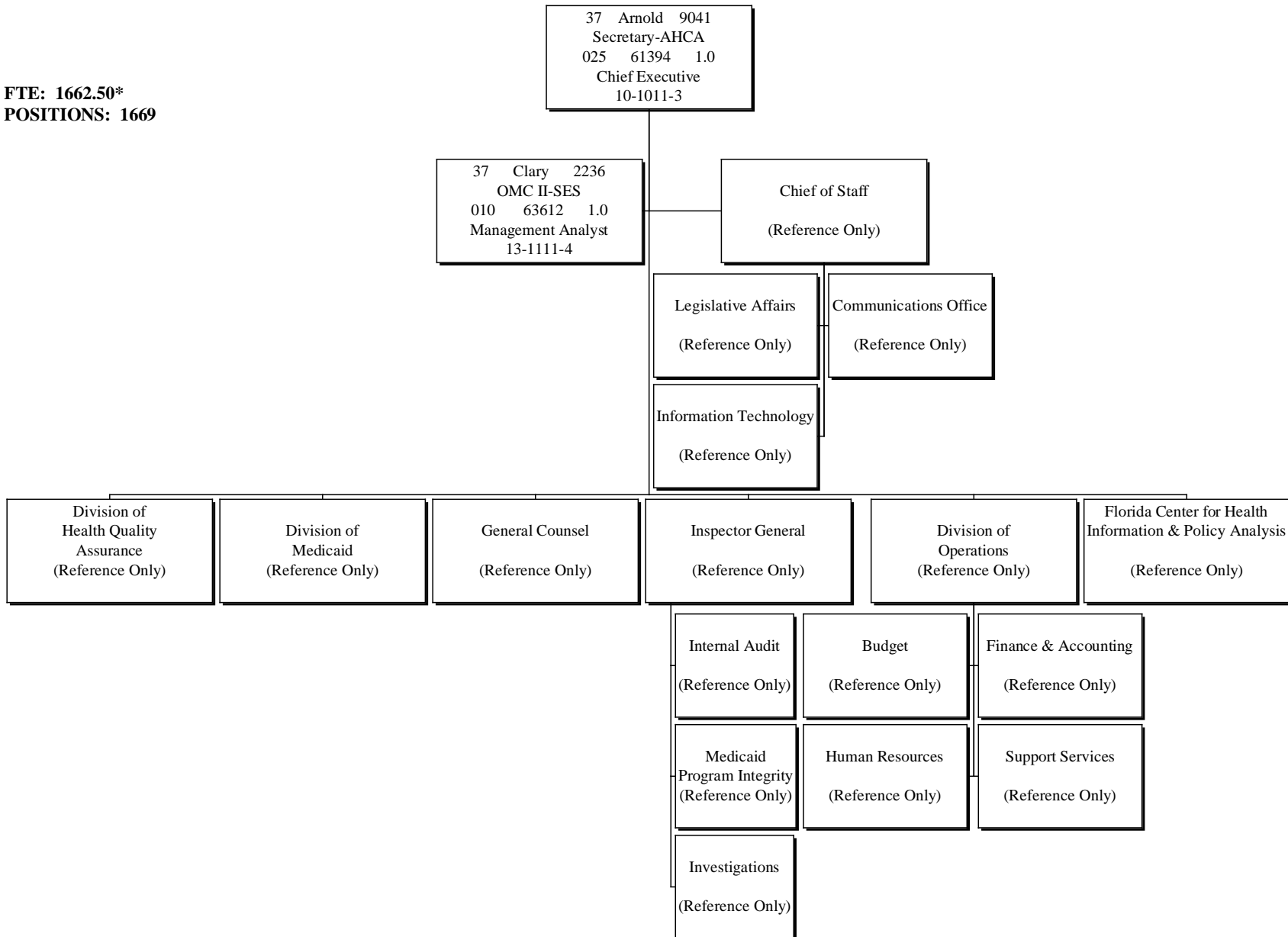
AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Secretary's Office

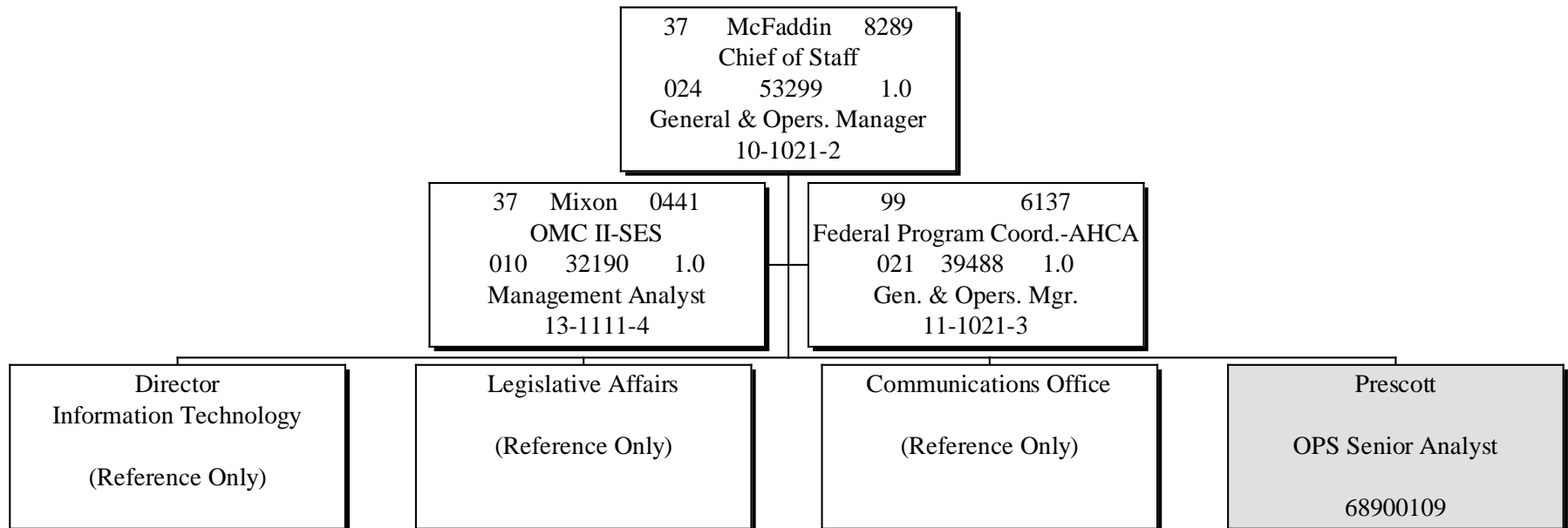
Effective Date: July 1, 2010
 Org. Level: 68-10-00-00-000
 FTEs: 2 Positions: 2

FTE: 1662.50*
POSITIONS: 1669



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Chief of Staff

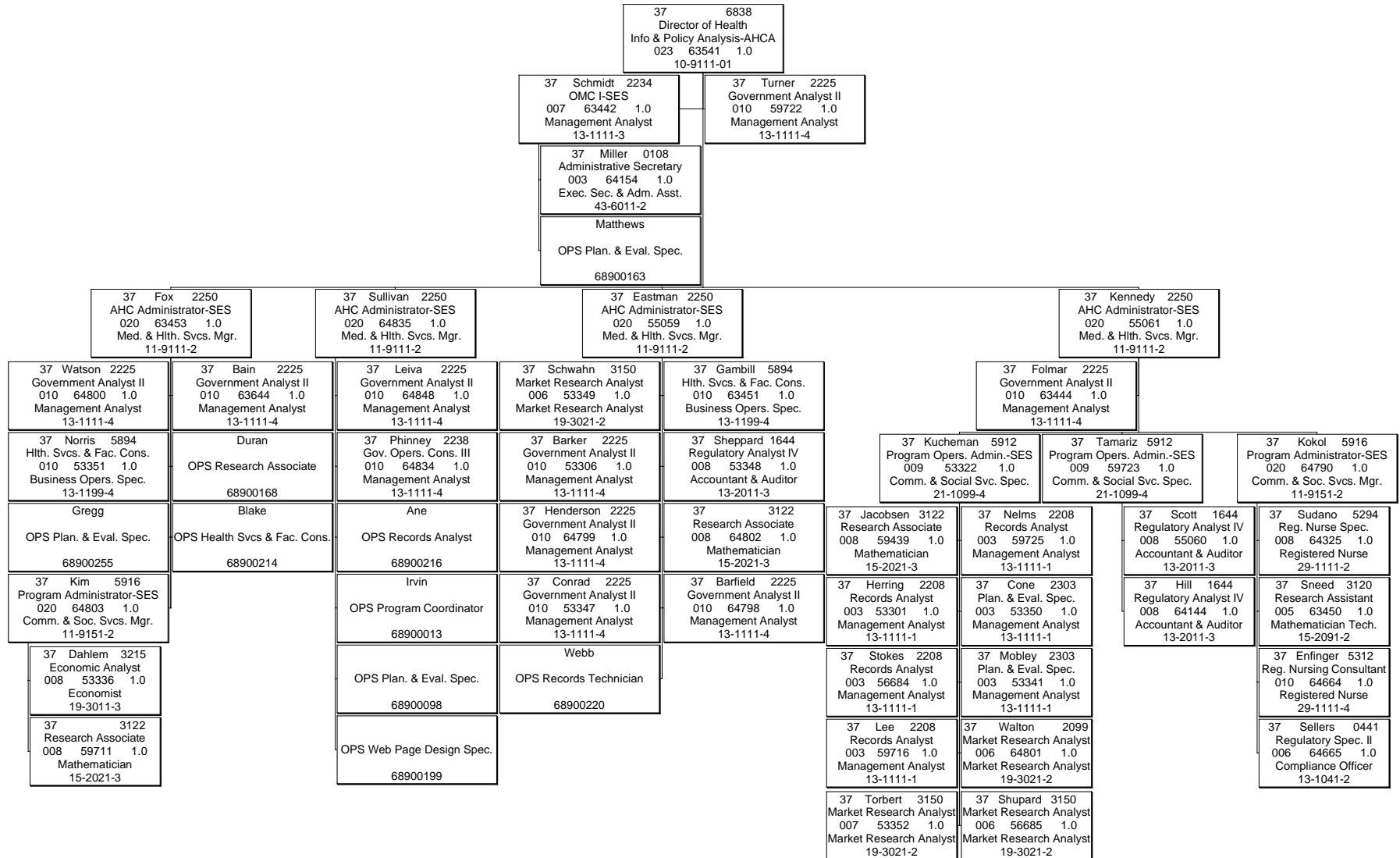
Effective Date: July 1, 2010
 Org Level: 68-10-10-00-00-000
 FTEs: 3 Positions: 3



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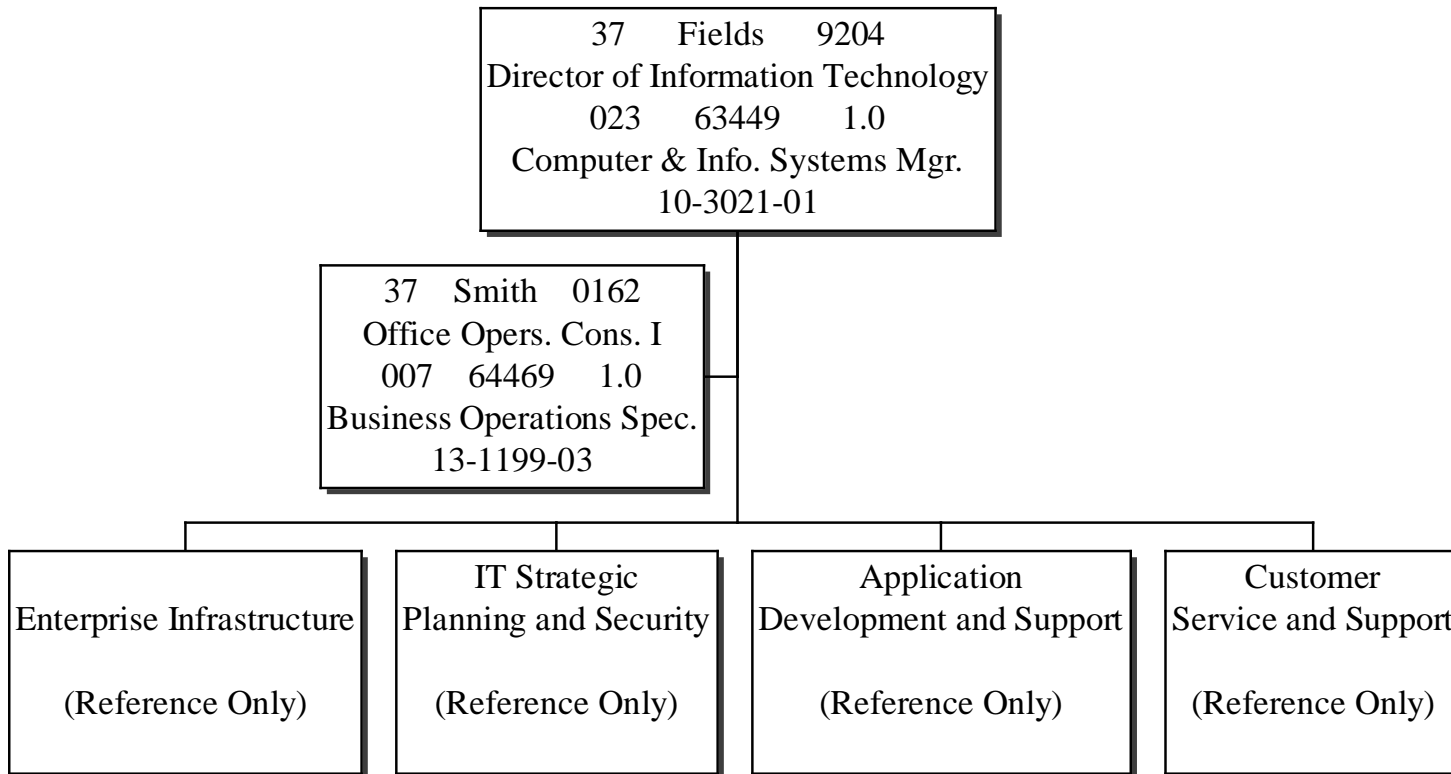
AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff
Florida Center for Health Information & Policy Analysis

Org. Level: 68-10-50-20-00-000
 Revised Date: July 1, 2010
 FTEs: 44 Positions: 44



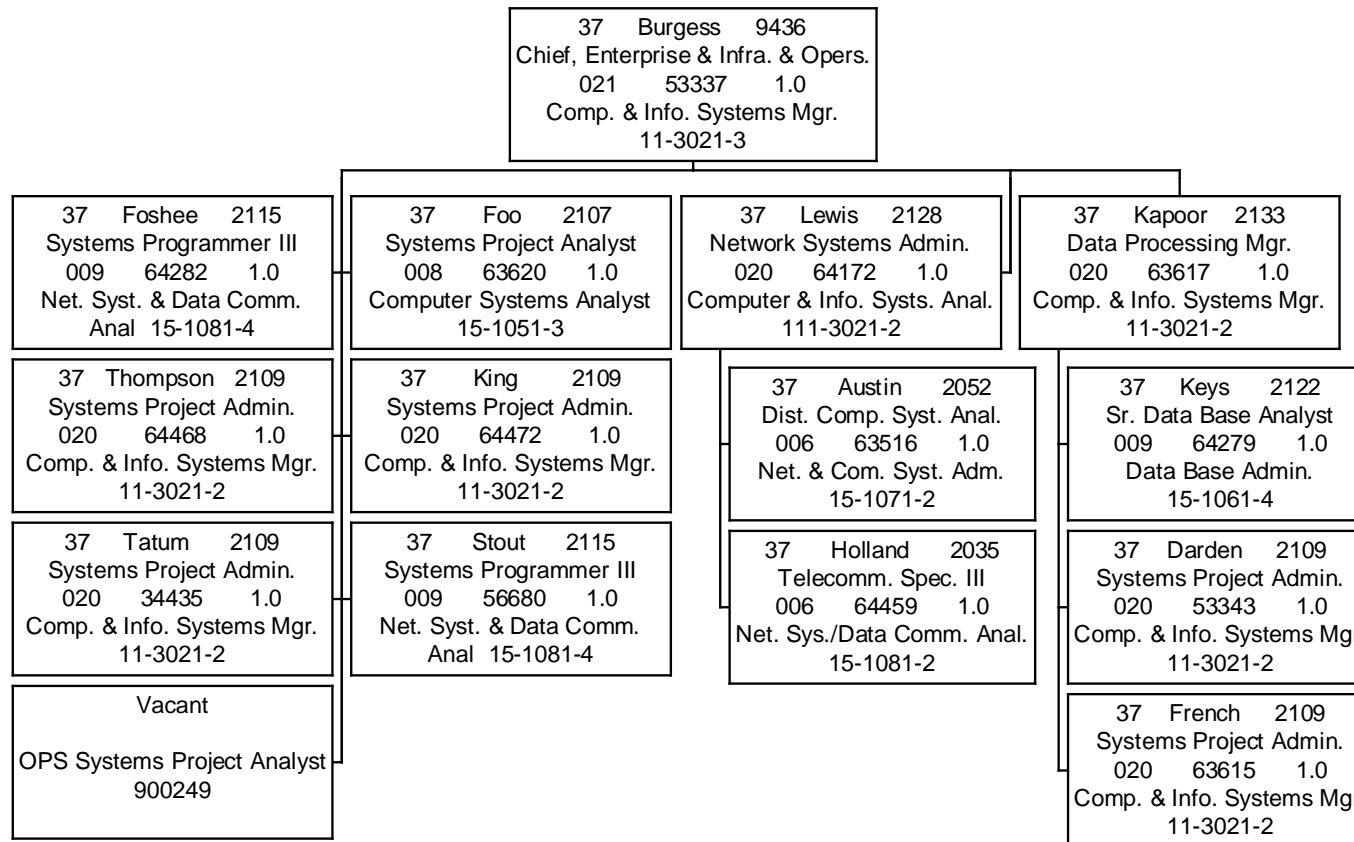
AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff - Division of Information Technology
Director's Office

Revised Date: July 1, 2010
Org Level: 68-10-10-40-00-000
FTEs: 2 Positions: 2



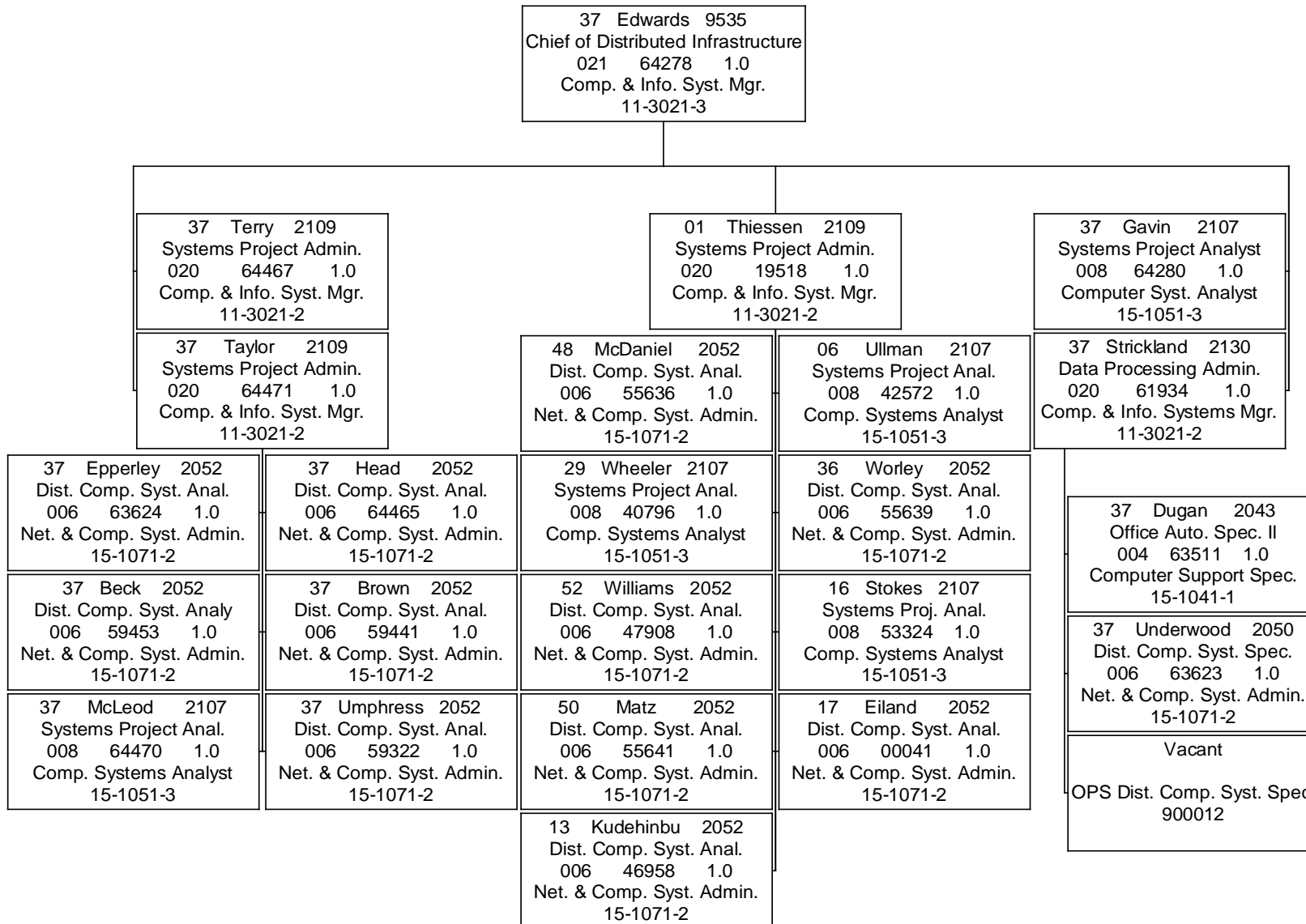
AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff - Division of Information Technology
Bureau of Enterprise Infrastructure

Org. Level: 68-10-10-40-00-100
 Revised Date: July 1, 2010
 FTEs: 14 Positions: 14



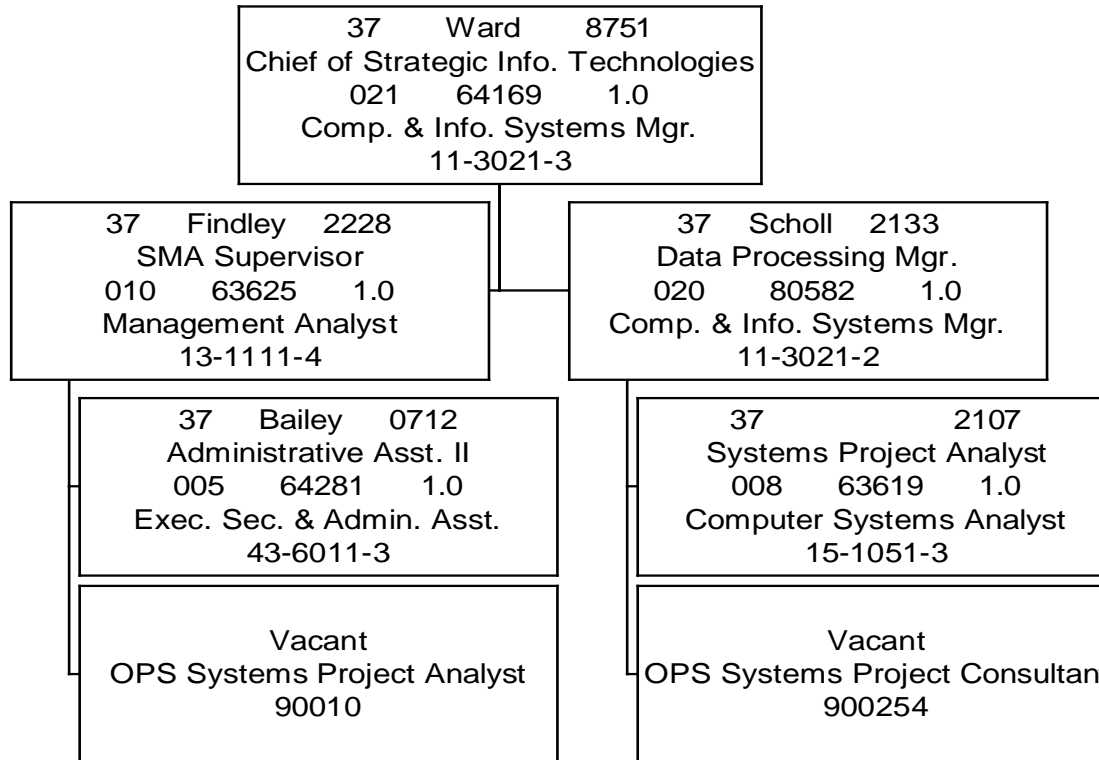
AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff - Division of Information Technology
Bureau of Customer Service and Support

Org. Level: 68-10-10-40-00-200
 Revised Date: July 1, 2010
 FTEs: 23 Positions: 23



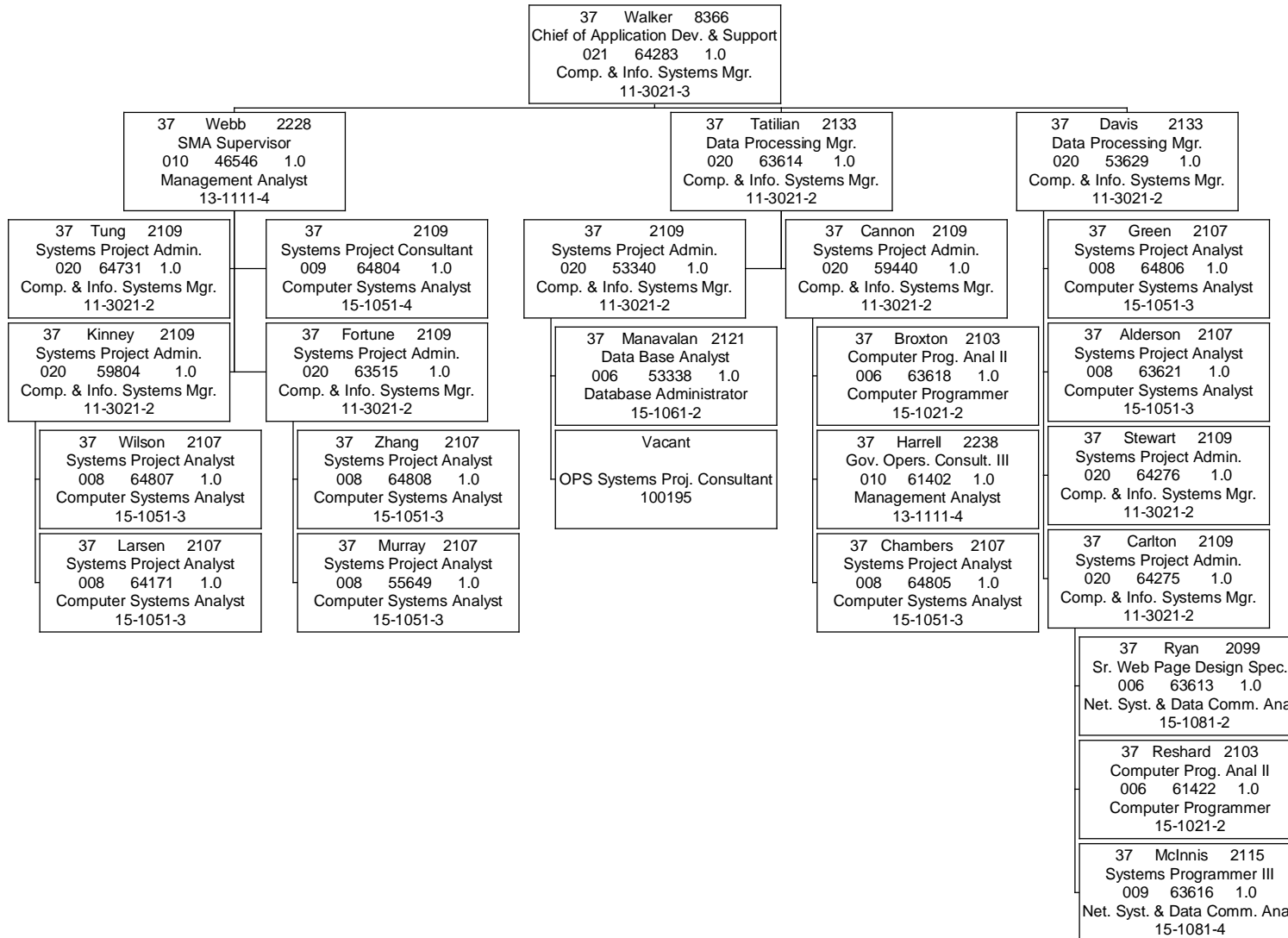
AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff - Division of Information Technology
Bureau of IT Strategic Planning and Security

Org. Level: 68-10-10-40-00-300
 Revised Date: July 1, 2010
 FTEs: 5 Positions: 5



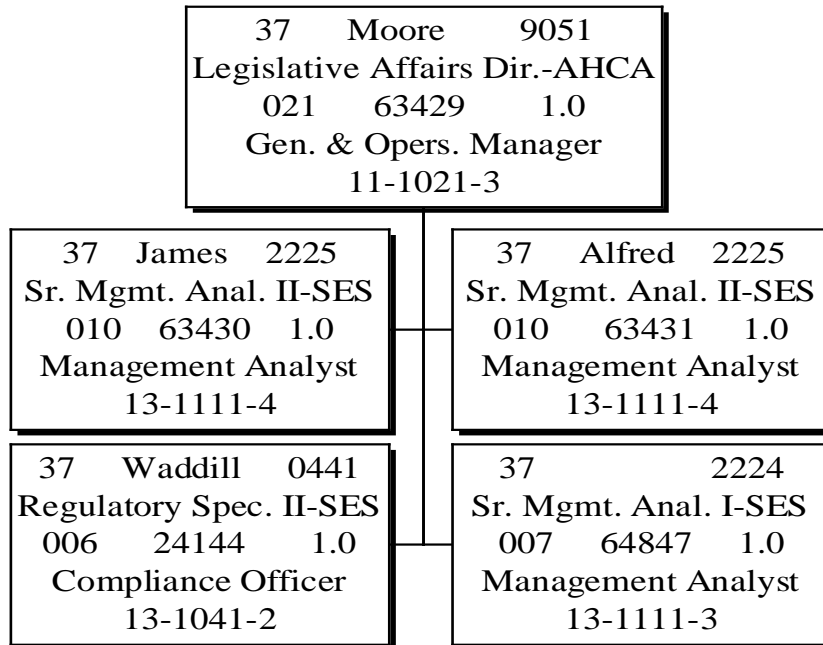
AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff - Division of Information Technology
Bureau of Application Development and Support

Org. Level: 68-10-10-40-00-400
 Revised Date: July 1, 2010
 FTEs: 25 Positions: 25



AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff
Legislative Affairs Office

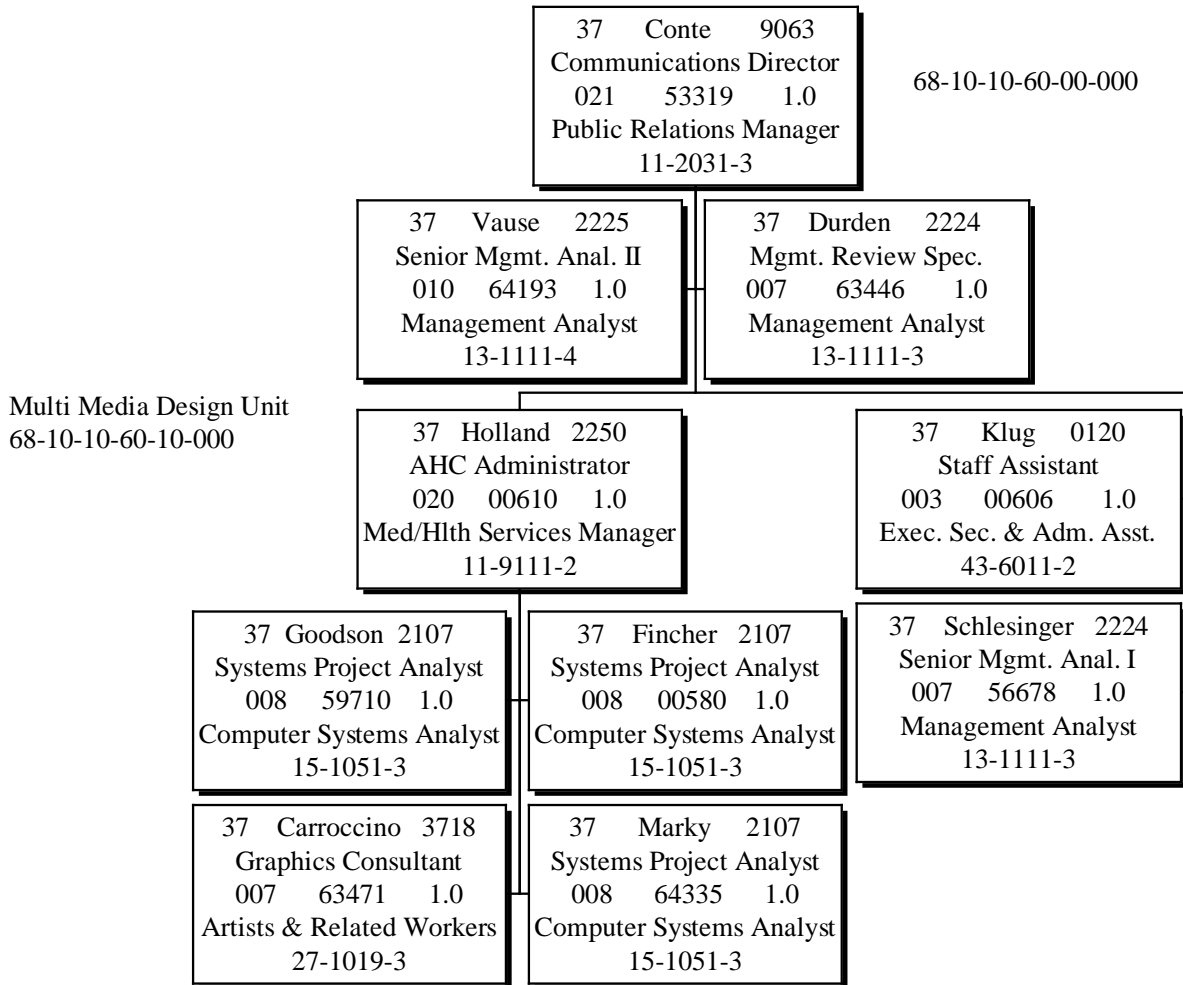
Effective Date: July 1, 2010
Org Level: 68-10-10-50-00-000
FTEs: 5 Positions: 5



AGENCY FOR HEALTH CARE ADMINISTRATION

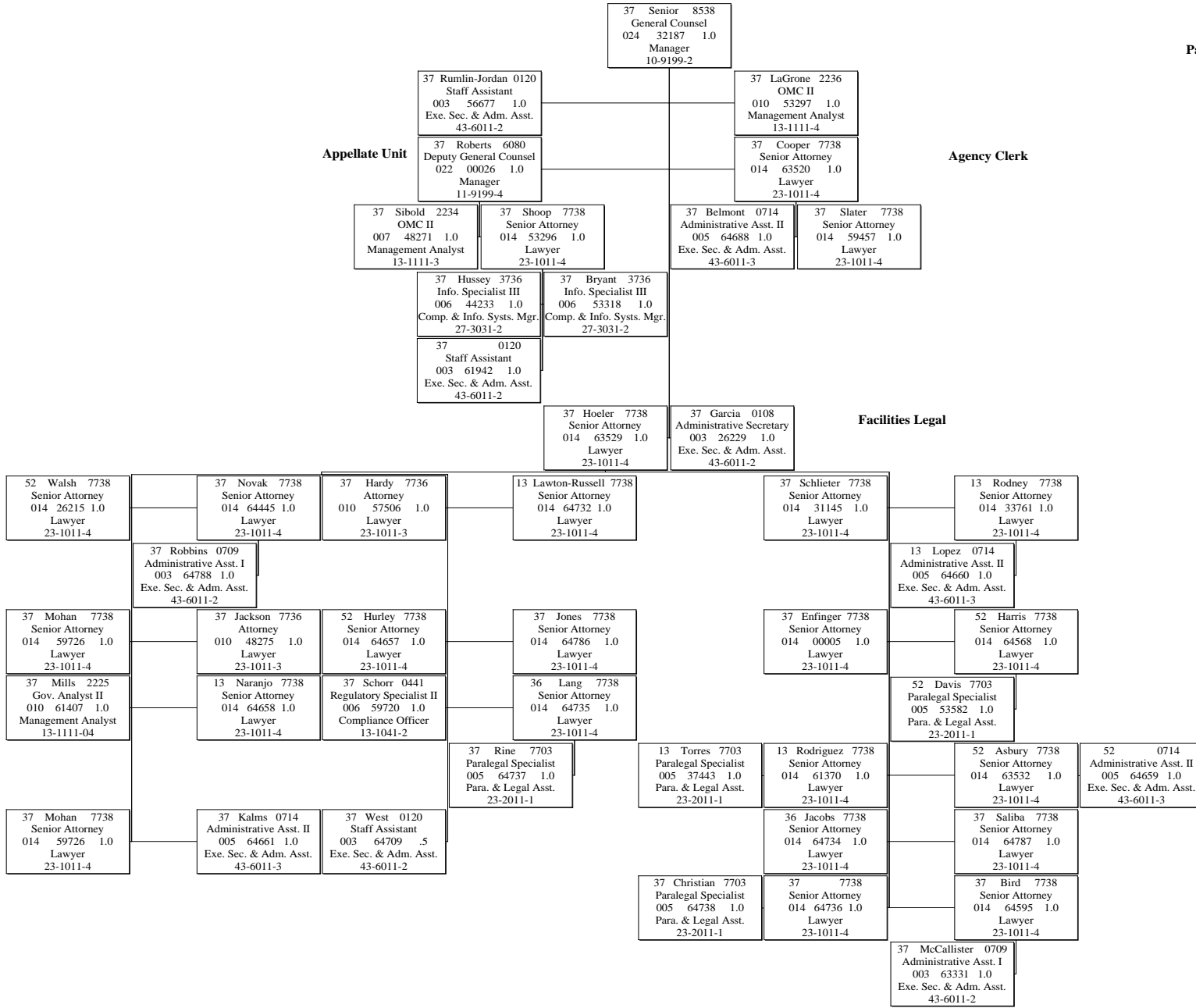
Revised Date: July 1, 2010
 FTEs: 10 Positions: 10

Chief of Staff Communications Office



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

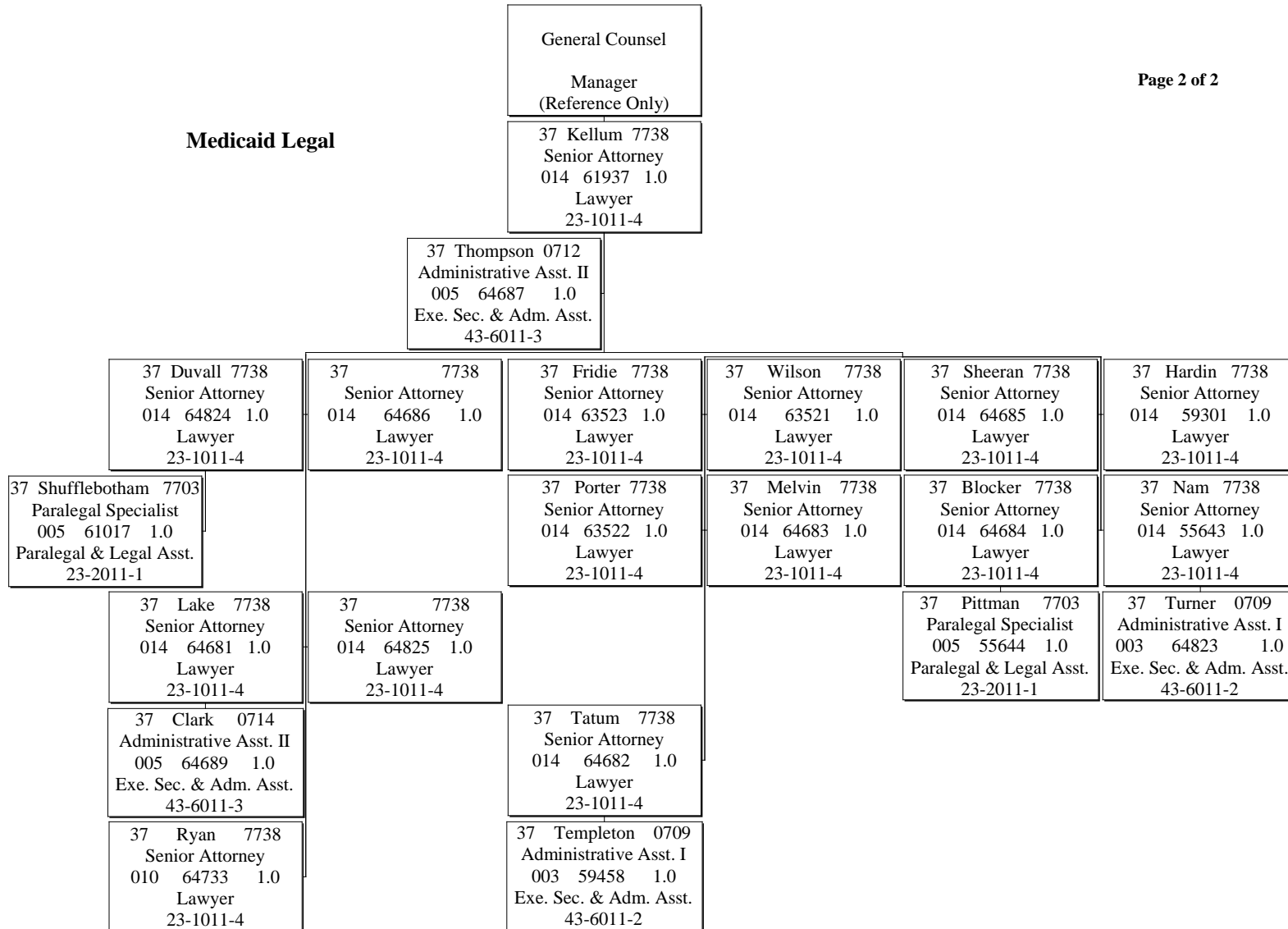
Org. Level: 68 10 20 00 000
Revised Date: July 1, 2010
FTEs: 67.5 Positions: 68



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction - General Counsel

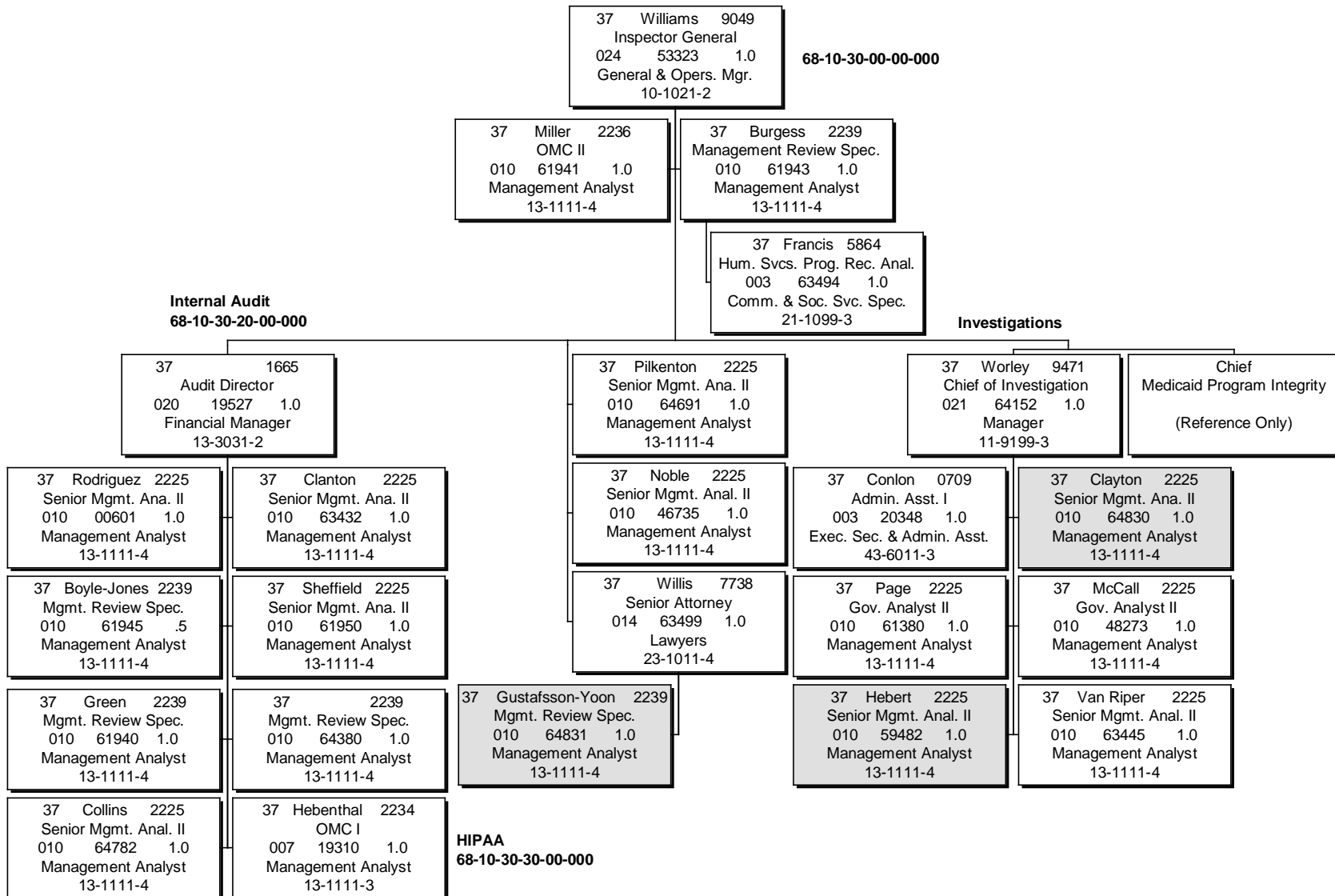
Org. Level: 68 10 20 00 000
 Revised Date: July 1, 2010
 FTEs: 67.5 Positions: 68

Medicaid Legal



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction - Inspector General

Revised Date: July 1, 2010
 FTEs: 21.5 Positions: 22



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

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

Org. Level: 68-10-30-10-000
 Revised Date: July 1, 2010
 FTEs: 82 Positions: 83

37 Blackburn 9046 Chief Med. Prog. Integrity 021 39490 1.0 Financial Manager 11-3031-3
--

37 Phillips 2234 OMC I 007 64698 1.0 Management Analyst 13-1111-3

37 Givens 1668 Audit Eval. & Review Anal. 008 64692 1.0 Accountant & Auditor 13-2011-3
--

37 Dawkins 1668 Audit Eval. & Review Anal. 008 64693 1.0 Accountant & Auditor 13-2011-3

Administrative Support

37 Williams 2250 AHC Administrator 020 24066 1.0 Med. & Hlth. Svcs. Mgr. 11-9111-2
--

37 Dozier 6040 Field Office Manager 020 39486 1.0 Admin. Svcs. Manager 11-3011-2
--

Discovery and Program Support

37 Coste 2250 AHC Administrator 020 59484 1.0 Med. & Hlth. Svcs. Mgr. 11-9111-2

37 Dunnings 0108 Administrative Secretary 003 55650 1.0 Exec. Sec. & Admin. Asst. 43-6011-2

37 Mildenberger 5312 Registered Nursing Cons. 010 63496 1.0 Registered Nurse 29-1111-4
--

37 West 5916 Program Administrator 020 63498 1.0 Comm. & Soc. Serv. Mgr. 11-9151-2
--

Vacant OPS Hum. Svcs. Prog. Recs. Anal. 900241
--

Vacant OPS Computer Prog. Analyst I 900238
--

37 Williams 0712 Administrative Asst. II 005 19486 1.0 Exec. Sec. & Admin. Asst. 43-6011-3
--

37 Divens 5312 Registered Nursing Cons. 010 59480 1.0 Registered Nurse 29-1111-4
--

37 Cohen 5875 Med./Hlth. Care Prog. Anal. 010 46727 1.0 Management Analyst 13-1111-4
--

37 Blackmon 3120 Research Assistant 007 24163 1.0 Mathematician Tech. 15-2091-2

37 McCleary 5916 Program Administrator 020 39492 1.0 Comm. & Soc. Serv. Mgr. 11-9151-2
--

37 Fante 2239 Mgmt. Review Specialist 010 63506 1.0 Management Analyst 13-1111-4
--

Caston OPS Senior Clerk 900251

37 Turner 2239 Management Rev. Spec. 010 63491 1.0 Management Analyst 13-1111-4

37 Smith 3120 Research Assistant 005 39491 1.0 Mathematician Tech. 15-2091-2
--

37 Miller 4005 Consumer Complaint Anal. 003 63519 1.0 Compliance Officer 13-1041-1
--

37 Graves 5875 Med./Hlth. Care Prog. Anal. 010 64702 1.0 Management Analyst 13-1111-4

37 Plenge 2107 Systems Project Analyst 006 63492 1.0 Computer Systems Anal. 15-1051-3

37 Blue 3120 Research Assistant 005 39489 1.0 Mathematician Tech. 15-2091-2

Williams OPS Senior Clerk 900205
--

37 Hughes-Poole 3120 Research Assistant 005 63514 1.0 Mathematician Tech. 15-2091-2

37 Rushing 5864 Hum. Svcs. Prog. Rec. Anal. 007 63518 1.0 Comm. & Soc. Svc. Spec. 21-1099-3

37 Rodriguez 5864 Hum. Svcs. Prog. Recs. Anal. 003 64820 .75 Management Analyst 13-1111-1

37 Guy 5875 Med./Hlth. Care Prog. Anal. 010 59483 1.0 Management Analyst 13-1111-4
--

37 Hardy 5875 Med./Hlth. Care Prog. Anal. 010 64832 1.0 Management Analyst 13-1111-4
--

37 Rodriguez 2107 Systems Project Analyst 008 29780 1.0 Computer Systems Anal. 15-1051-3
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37 Forche 2239 Management Rev. Spec. 010 63502 1.0 Management Analyst 13-1111-4

Vacant OPS Reg. Nursing Cons. 900223
--

37 4005 Consumer Complaint Anal. 003 61938 1.0 Compliance Officer 13-1041-1

Bateman OPS Research Asst. 900243

37 Brady 5875 Med./Hlth. Care Prog. Anal. 010 64833 1.0 Management Analyst 13-1111-4
--

37 Davis 5877 Hum. Svcs. Prog. Spec. 007 63487 1.0 Comm. & Soc. Svc. Spec. 21-1099-3
--

37 0108 Administrative Secretary 003 64797 .50 Exe. Sec. & Admin. Asst. 43-6011-2

Vacant OPS Senior Physician 900008
--

Corley OPS Hum. Svcs. Prog. Recs. Anal. 900288
--

Philmon OPS Admin. Secretary 900146

Faira OPS Admin. Secretary 900245

Stahl OPS Consumer Complaint Anal. 900226

Hart OPS Senior Clerk 900291

Youmans OPS Sr. Hum. Svcs. Prog. Spec. 900184

Vacant OPS Senior Clerk 900242

Mendie OPS Senior Clerk 900290

OPS Senior Clerk 9002510

King OPS Research Asst. 900107

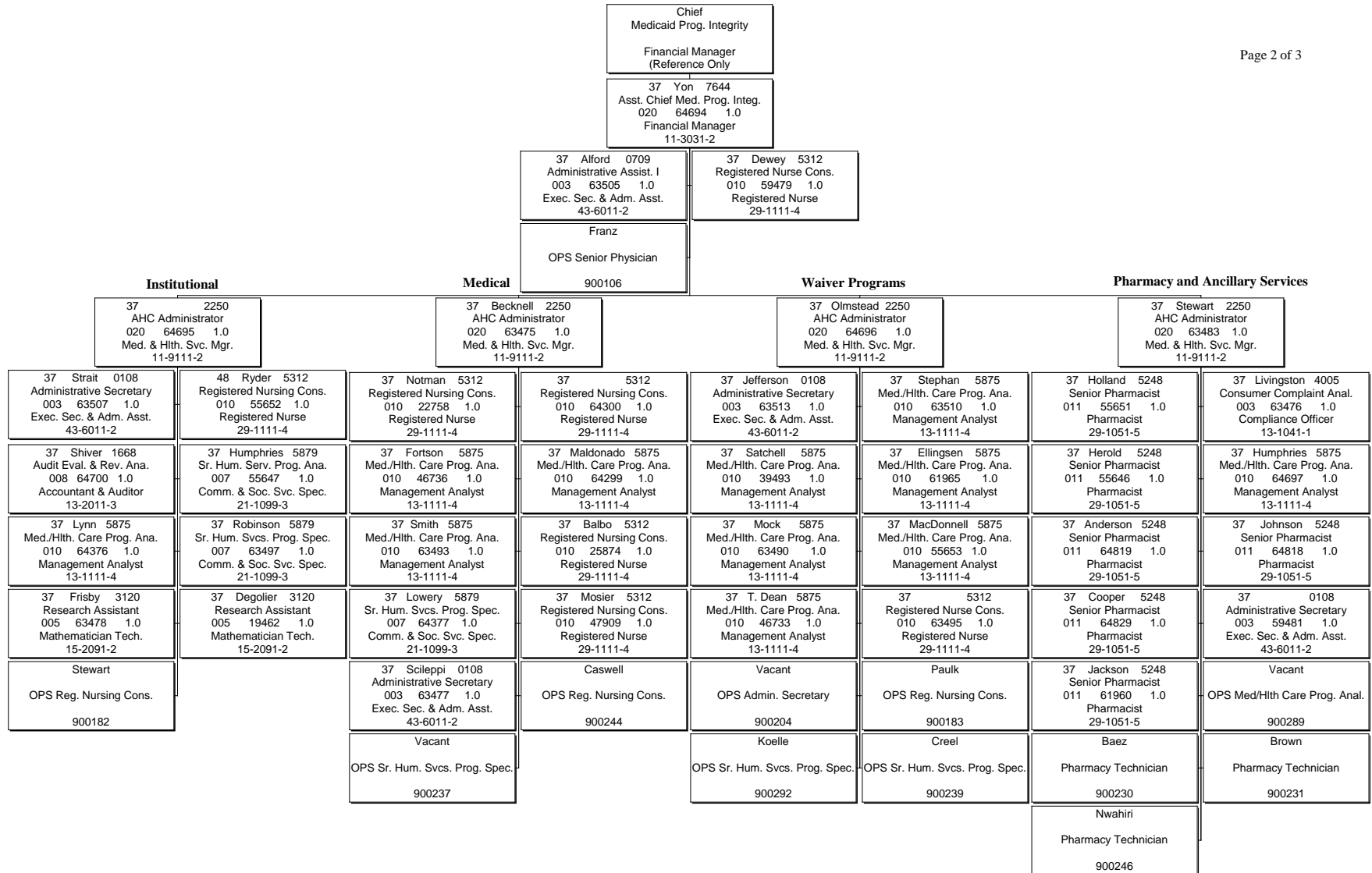
Hart OPS Senior Clerk 900240

Vacant OPS Senior Clerk 900248

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

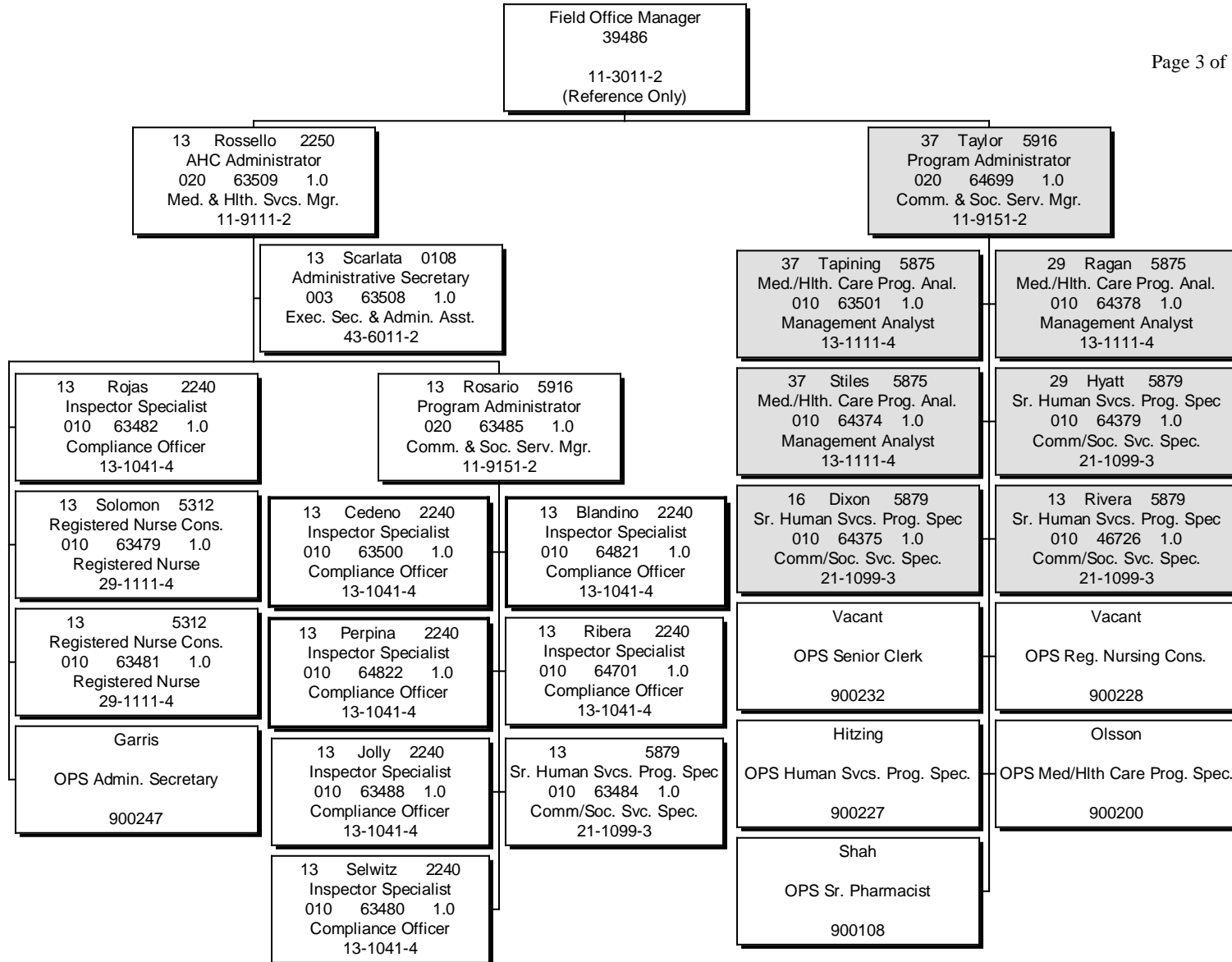
AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction - Inspector General
Medicaid Program Integrity

Org. Level: 68-10-30-10-000
 Revised Date: July 1, 2010
 FTEs: 82 Positions: 83



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

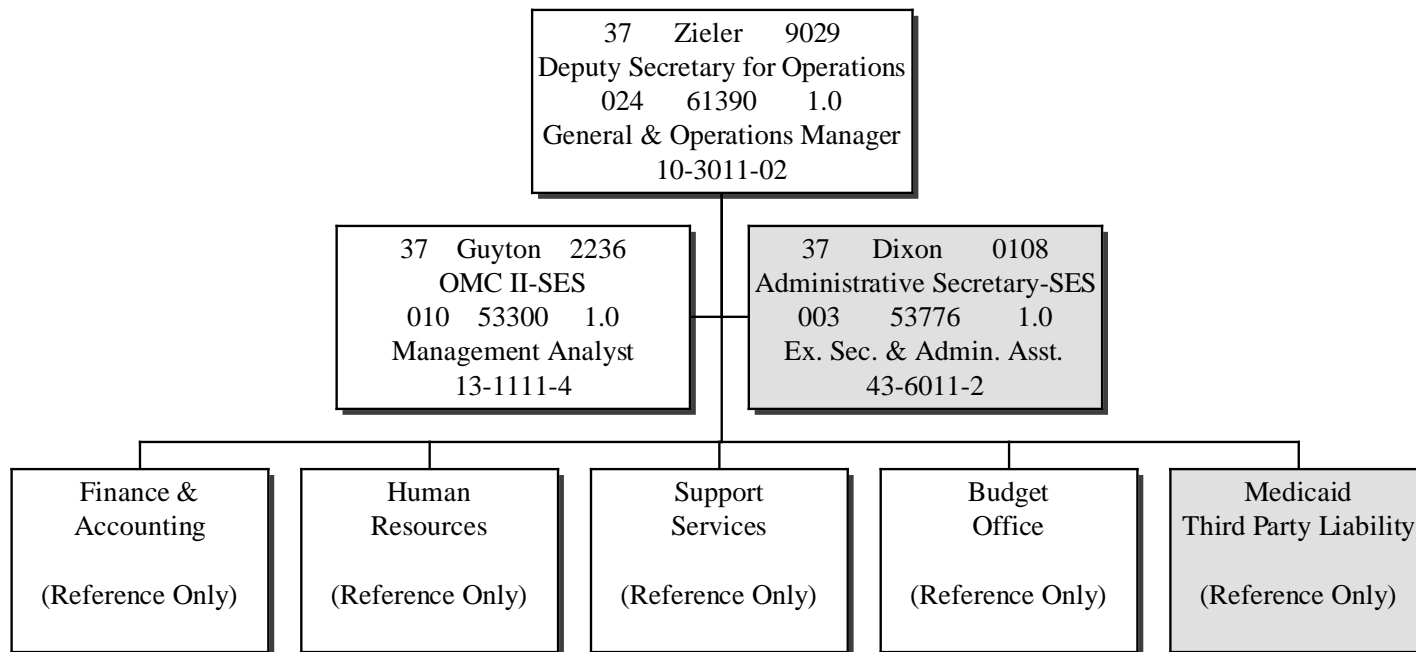
Org. Level: 68-10-30-10-01-100
 Revised Date: July 1, 2010
 FTEs: 13 Positions: 13



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

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

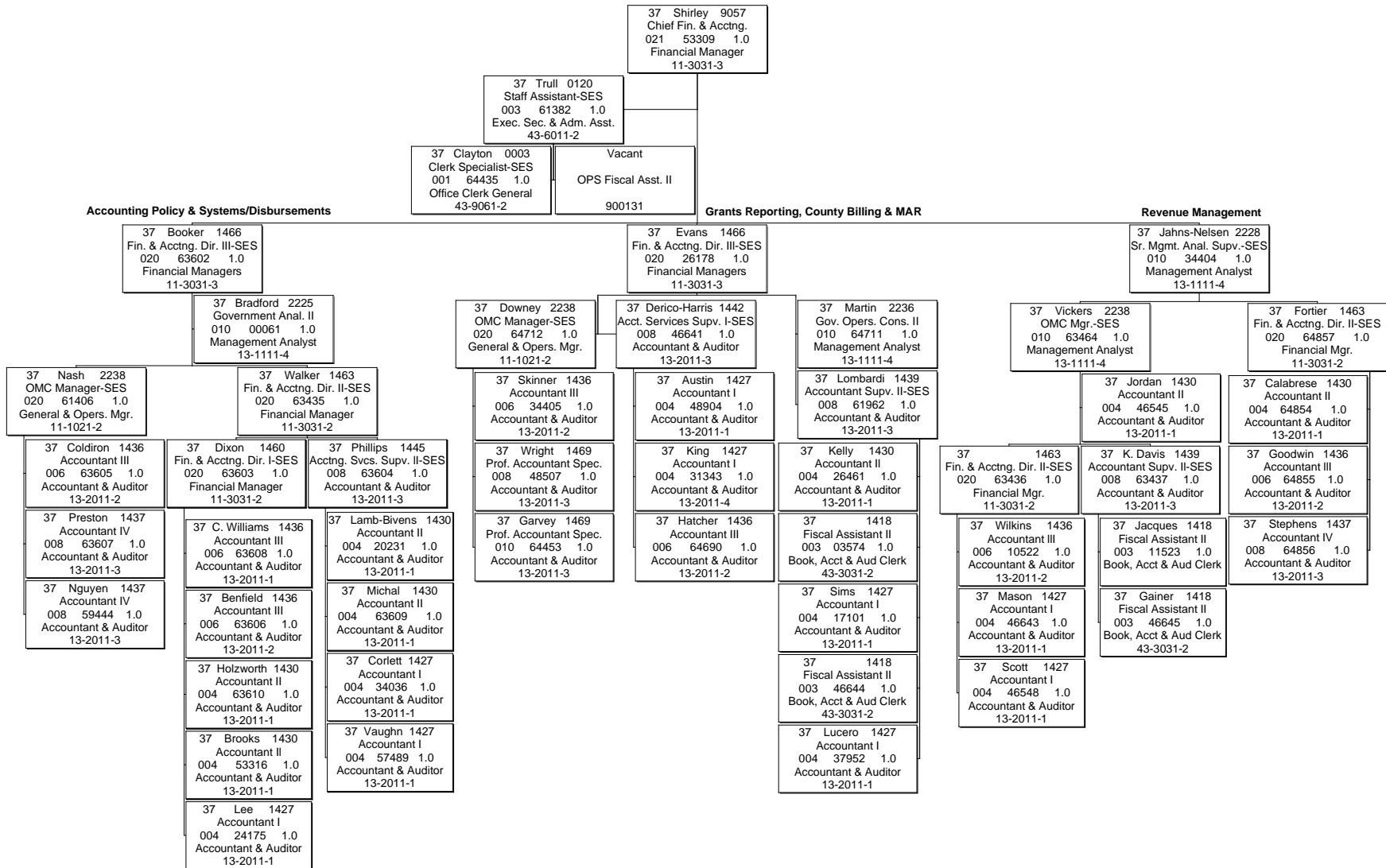
Revised Date: July 1, 2010
 Org Level: 68-20-00-00-000
 FTEs: 2 Positions: 2



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

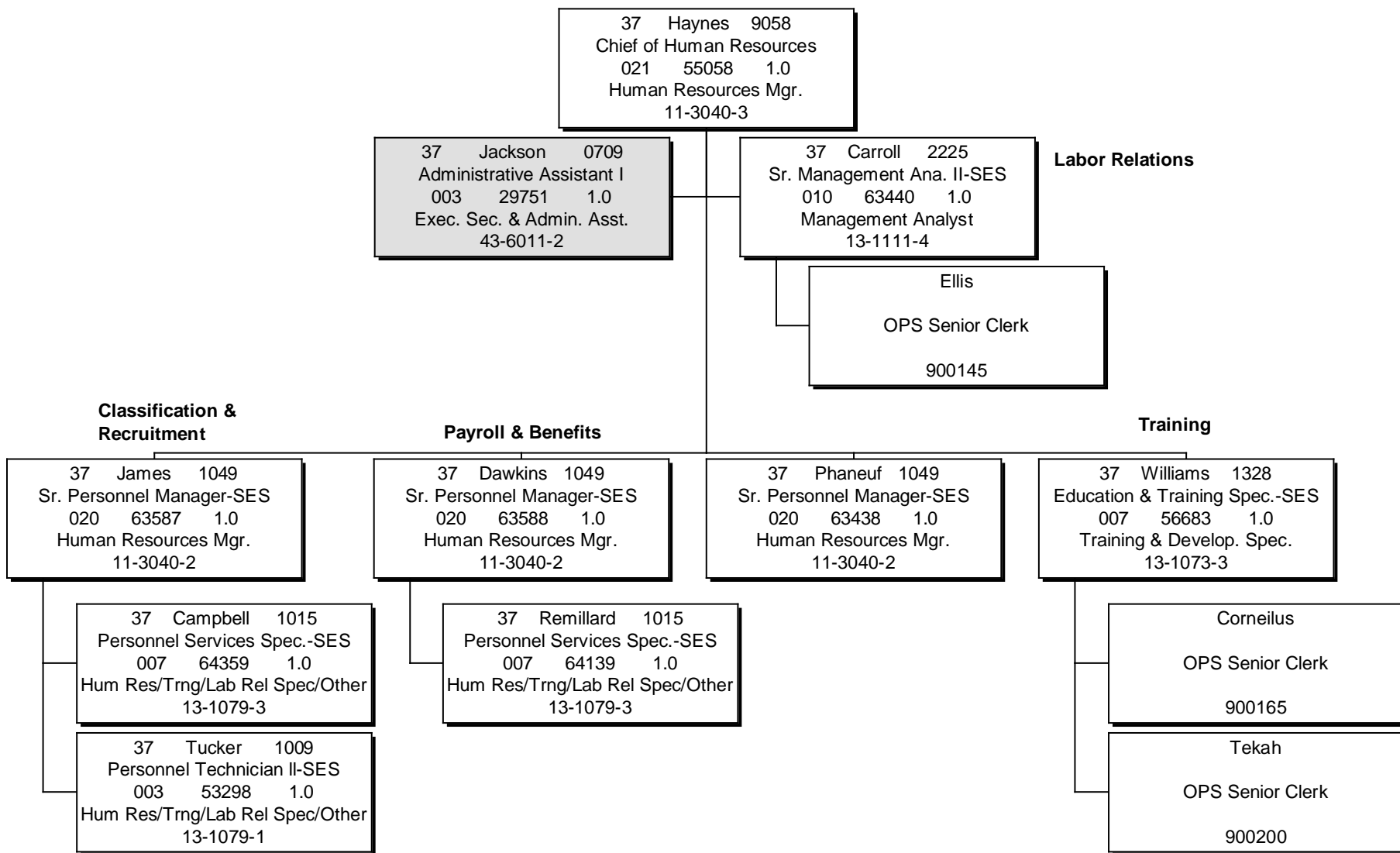
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Operations
Bureau of Finance & Accounting

Org. Level: 68-20-10-00-000
 Revised Date: July 1, 2010
 FTEs: 51 Positions: 51



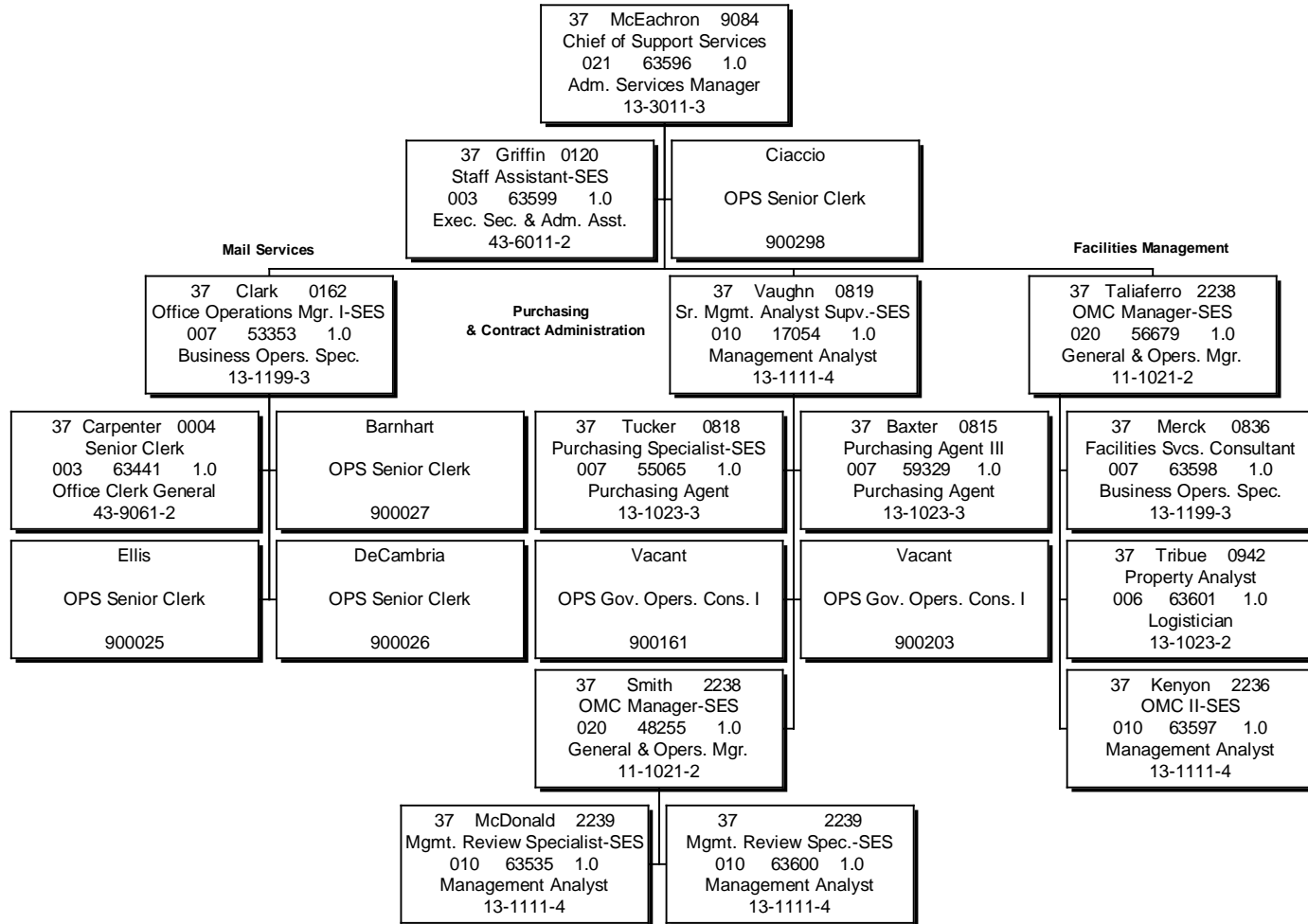
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Operations
Bureau of Human Resources

Org. Level: 68-20-20-00-000
 Revised Date: July 1, 2010
 FTEs: 9 Positions: 9



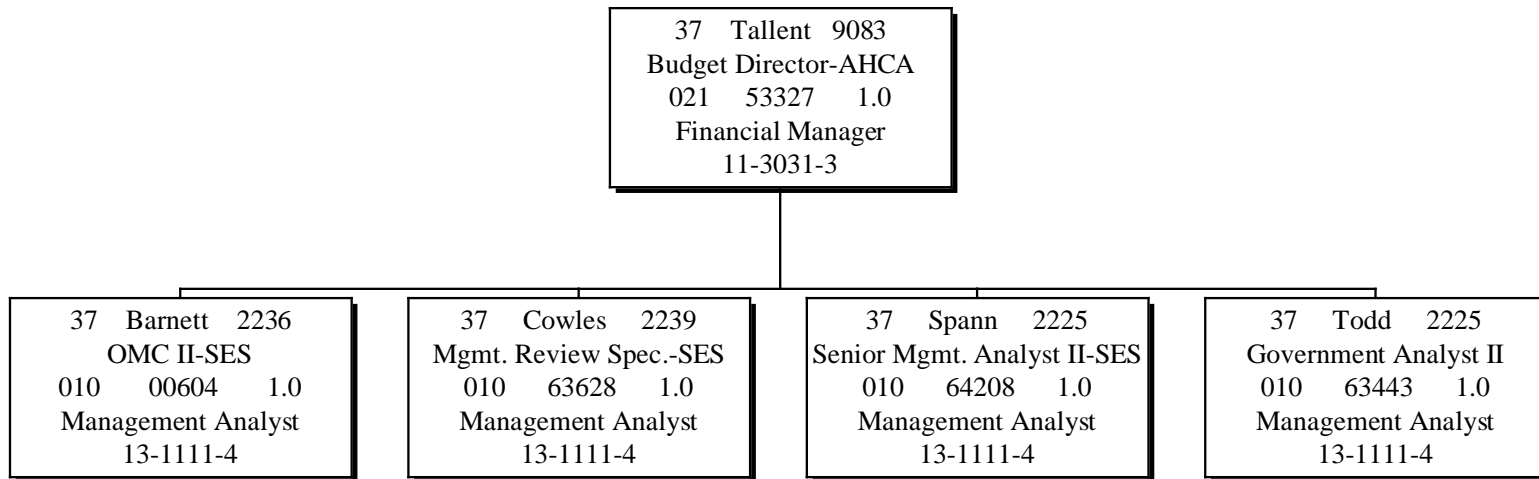
Shaded position reports to org code 68-30-30-00-00-000 - HQA Field Operations

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



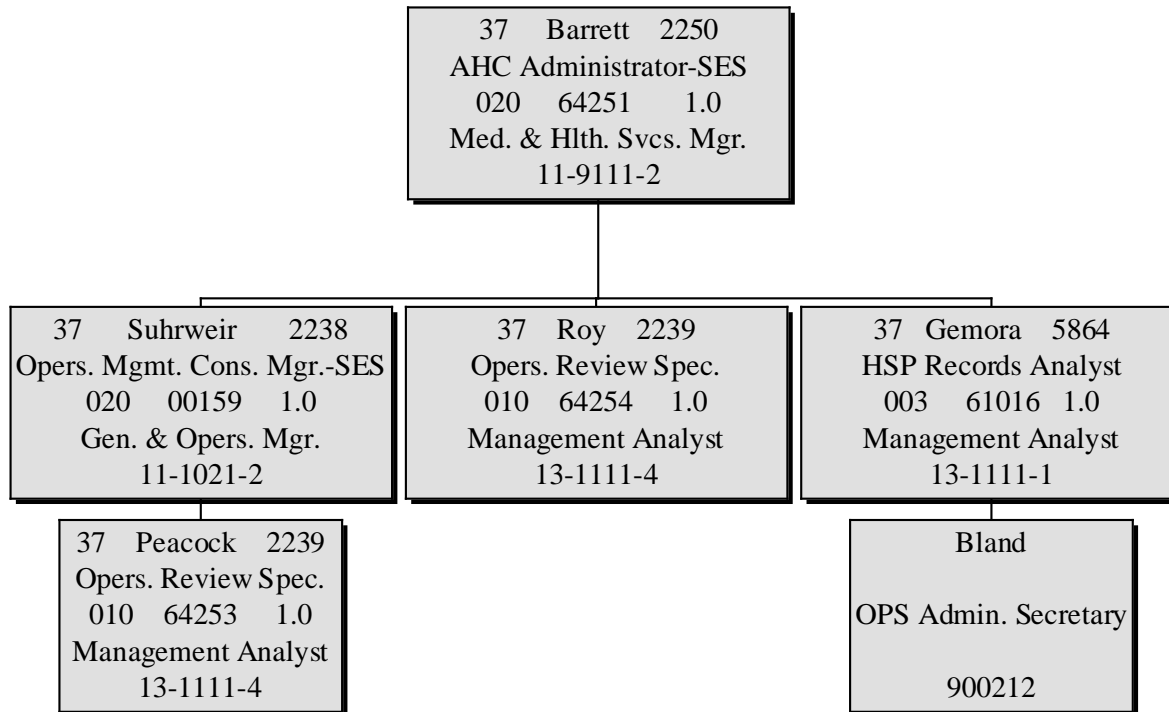
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Operations
Budget Office

Org. Level: 68-20-70-00-000
Revised Date: July 1, 2010
FTEs: 5 Positions: 5



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid Third Party Liability

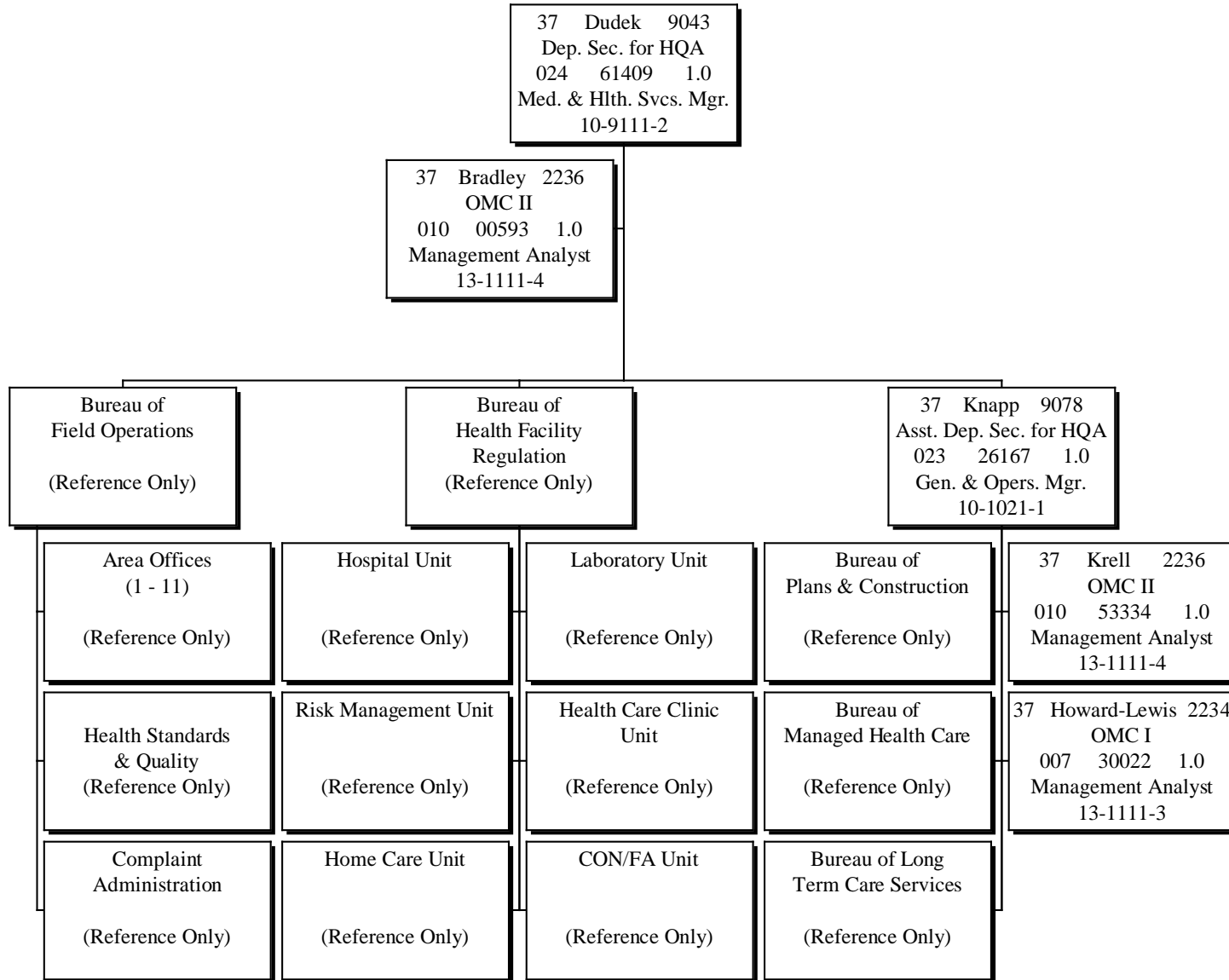
Org. Level: 68-50-70-00-000
 Revised Date: July 1, 2010
 FTEs: 5 Positions: 5



*Shaded positions report to org code 68-50-70-00-00-000 - Medicaid Third Party Liability

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

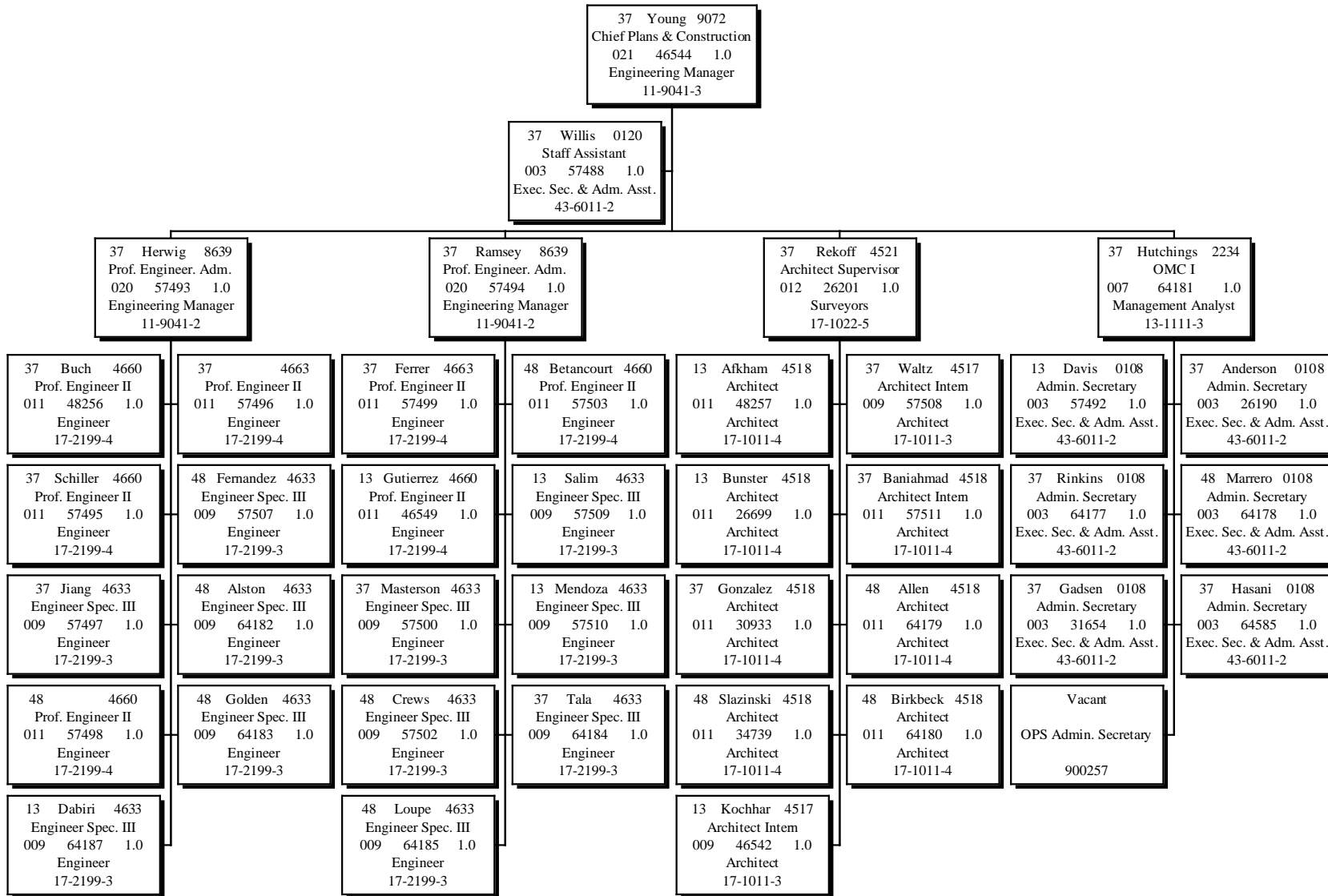
Org. Level: 68-30-00-00-000
 Revised Date: July 1, 2010
 FTEs: 5 Positions: 5



AGENCY FOR HEALTH CARE ADMINISTRATION

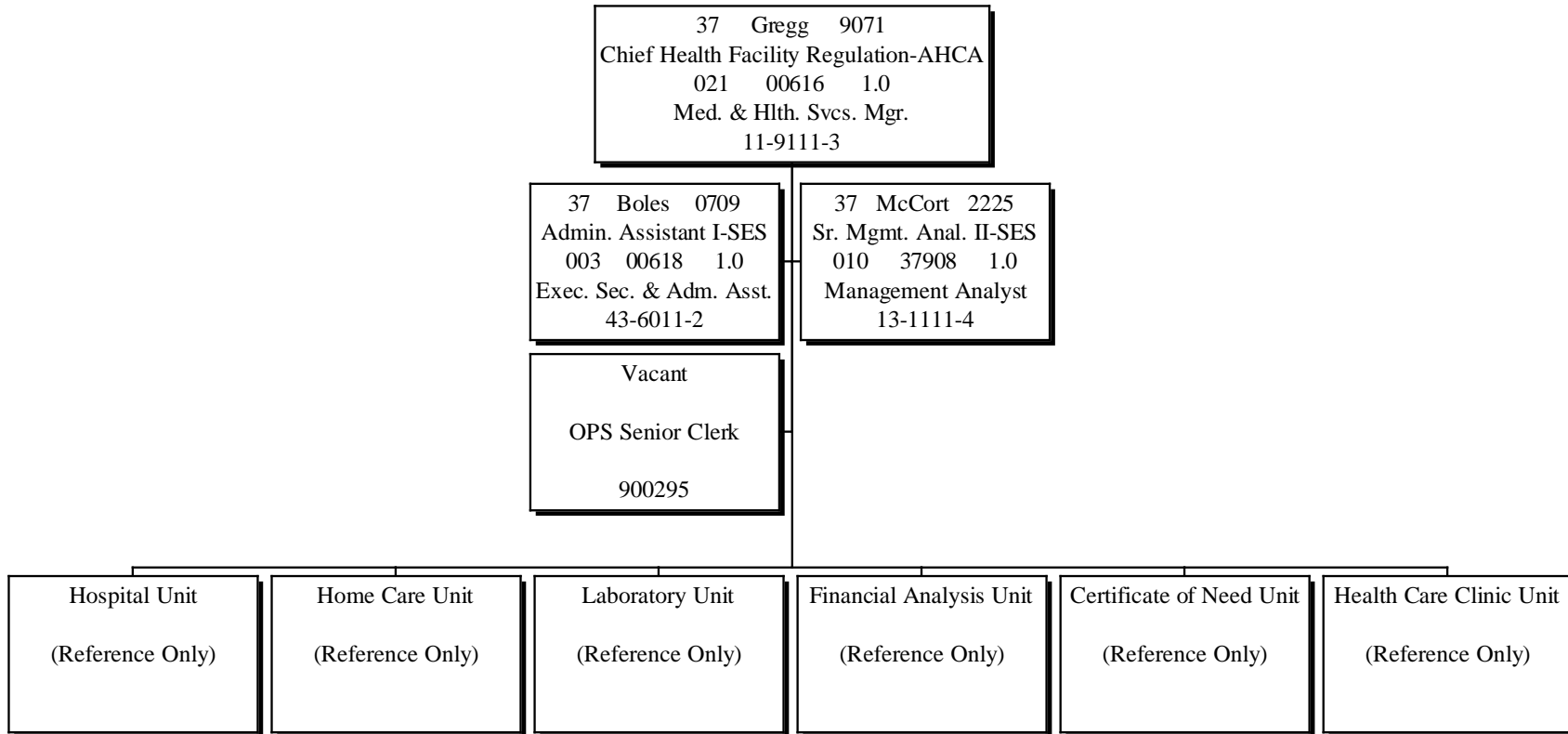
Health Quality Assurance - Plans and Construction

Org. Level: 68 30 10 00 000
 Revised Date: July 1, 2010
 FTEs: 39 Positions: 39



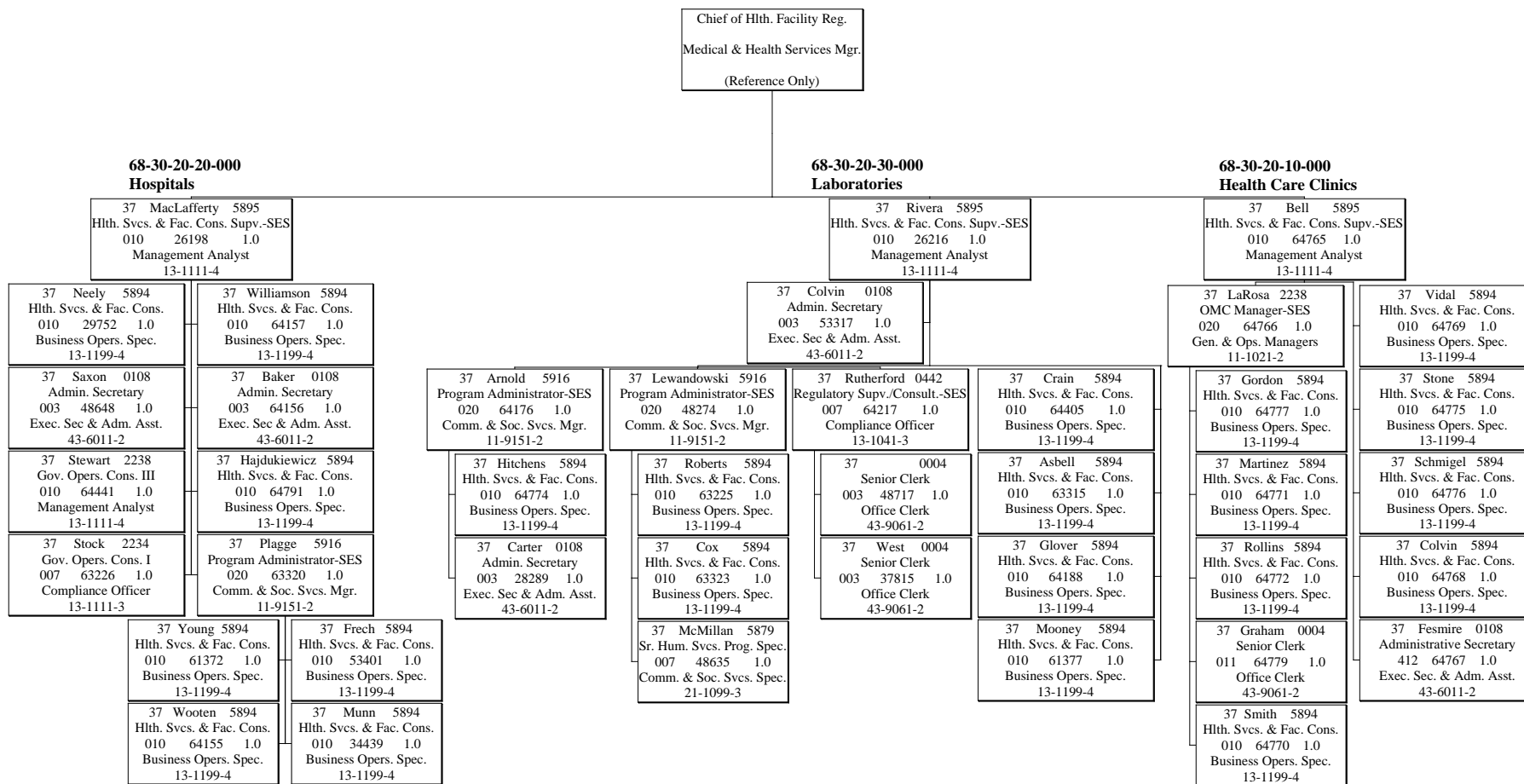
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Health Facility Regulation

Org. Level: 68 30 20 00 000
 Revised Date: July 1, 2010
 FTEs 74 Positions: 74



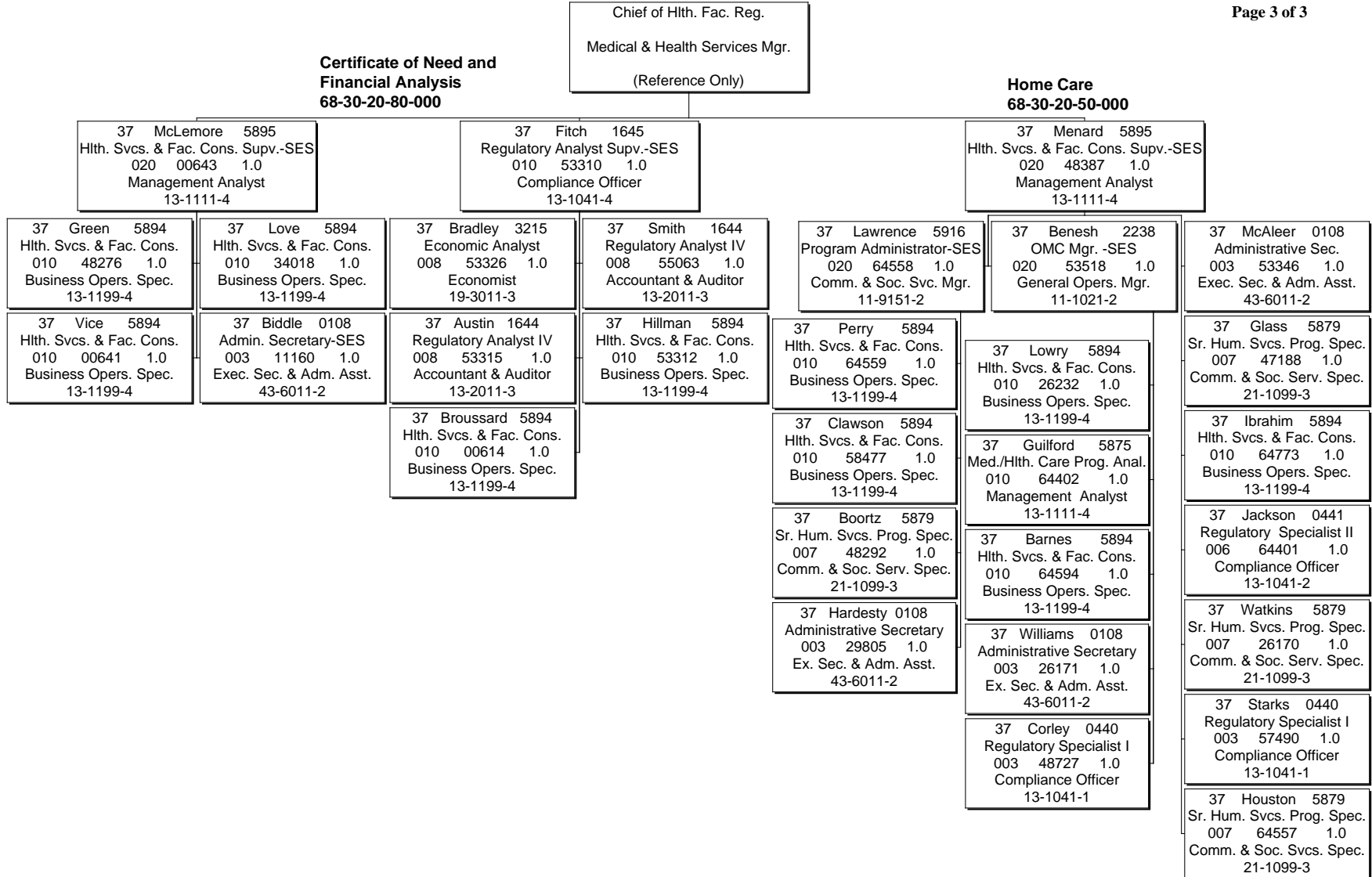
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Health Facility Regulation

Revised Date: July 1, 2010
 FTEs: 74 Positions: 74



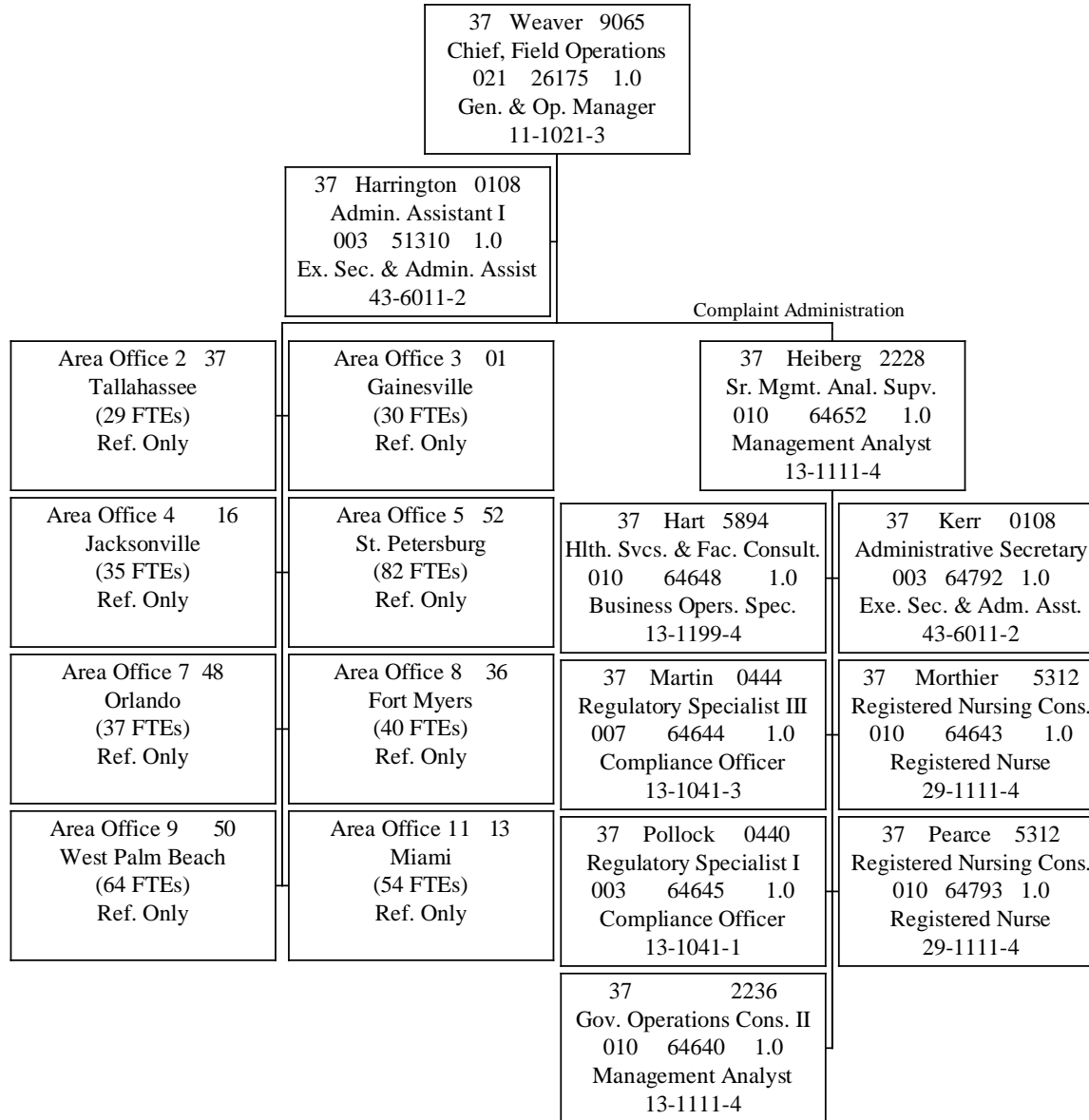
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Health Facility Regulation

Revised Date: July 1, 2010
 FTEs 74 Positions: 74



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

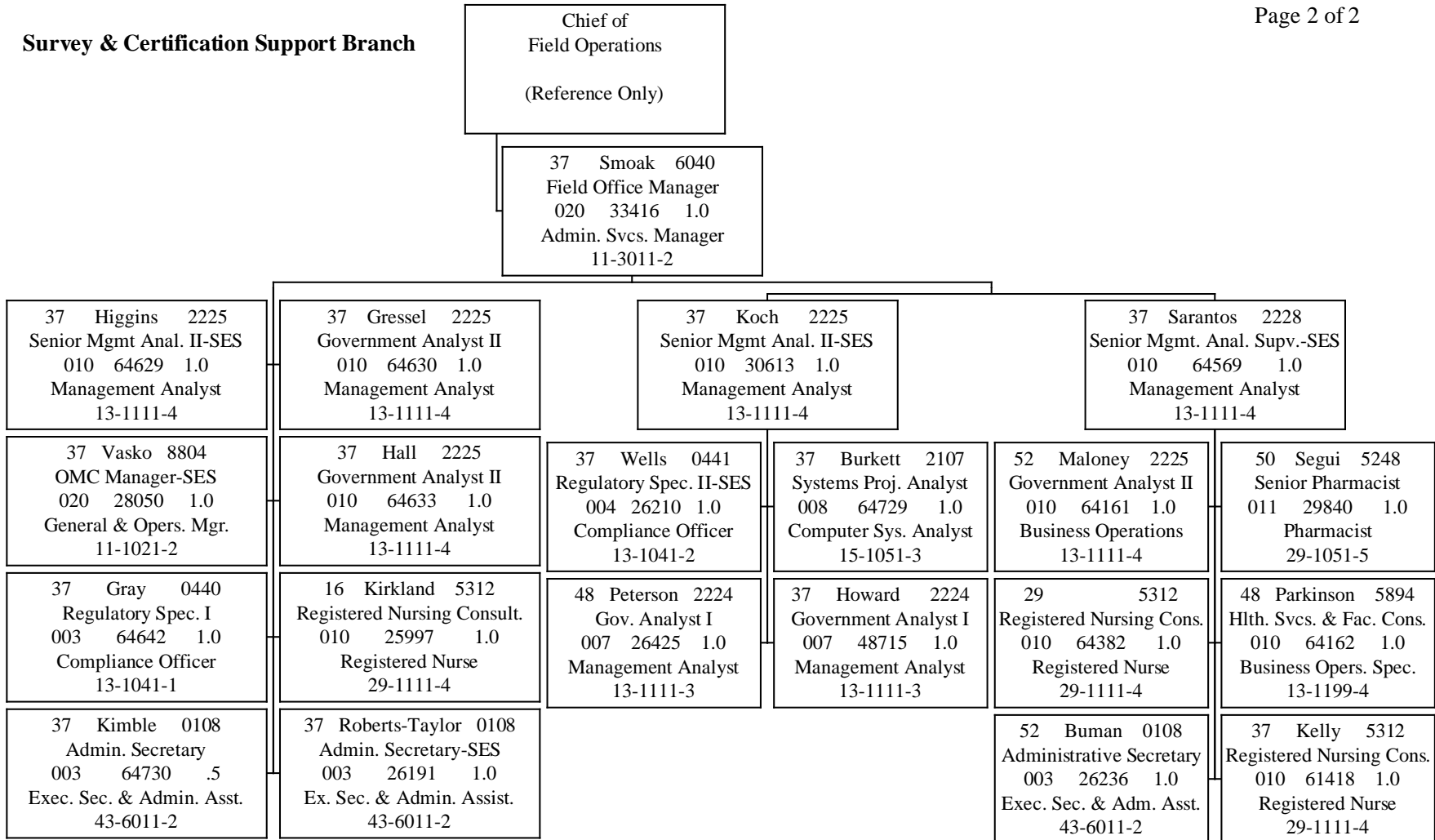
Org Code: 68-30-30-00-000
 Revised Date: July 1, 2010
 FTEs: 10 Positions: 10



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

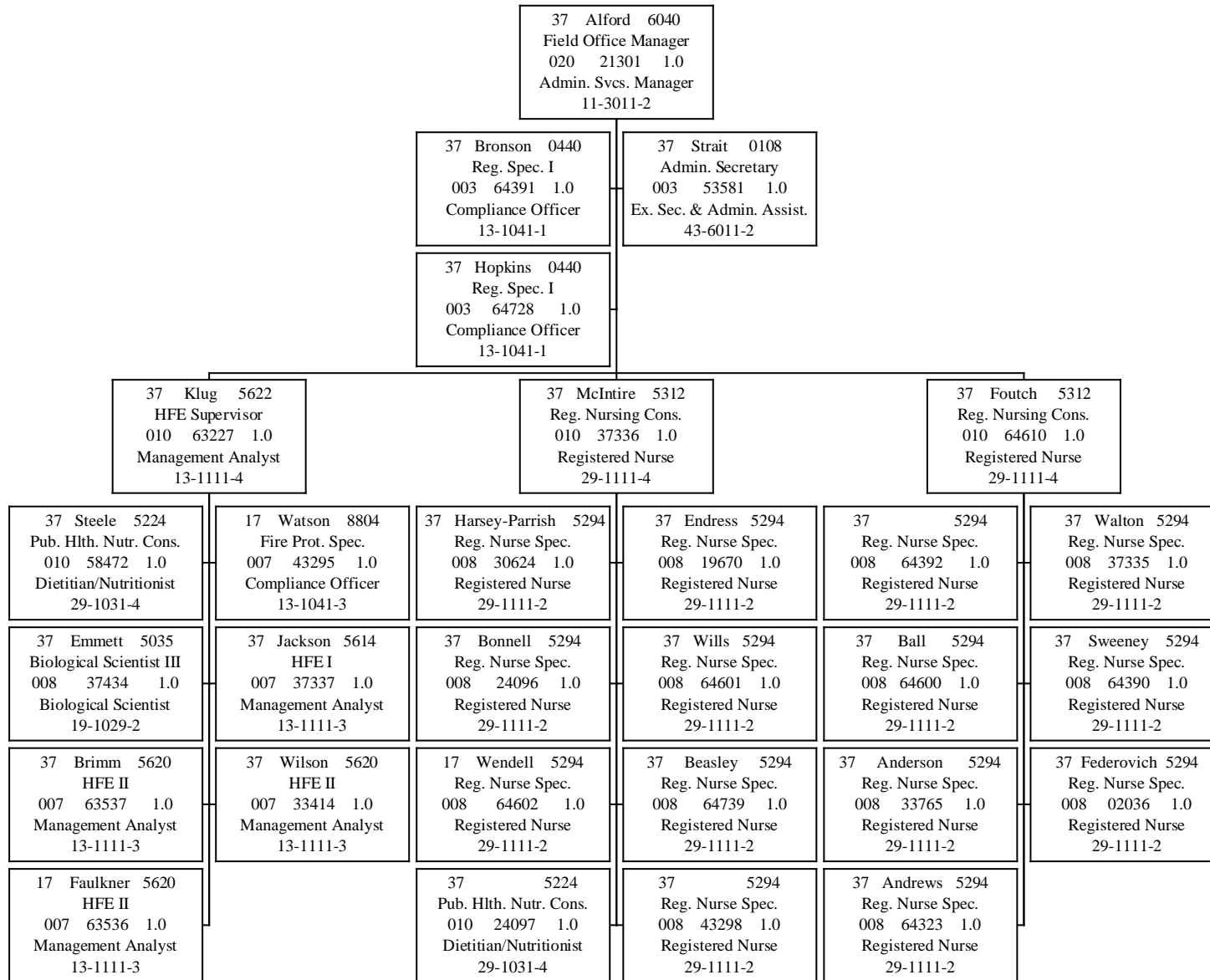
Revised Date: July 1, 2010
 Org Level: 68-30-30-30-00-000
 FTEs: 20.5 Position: 21

Survey & Certification Support Branch



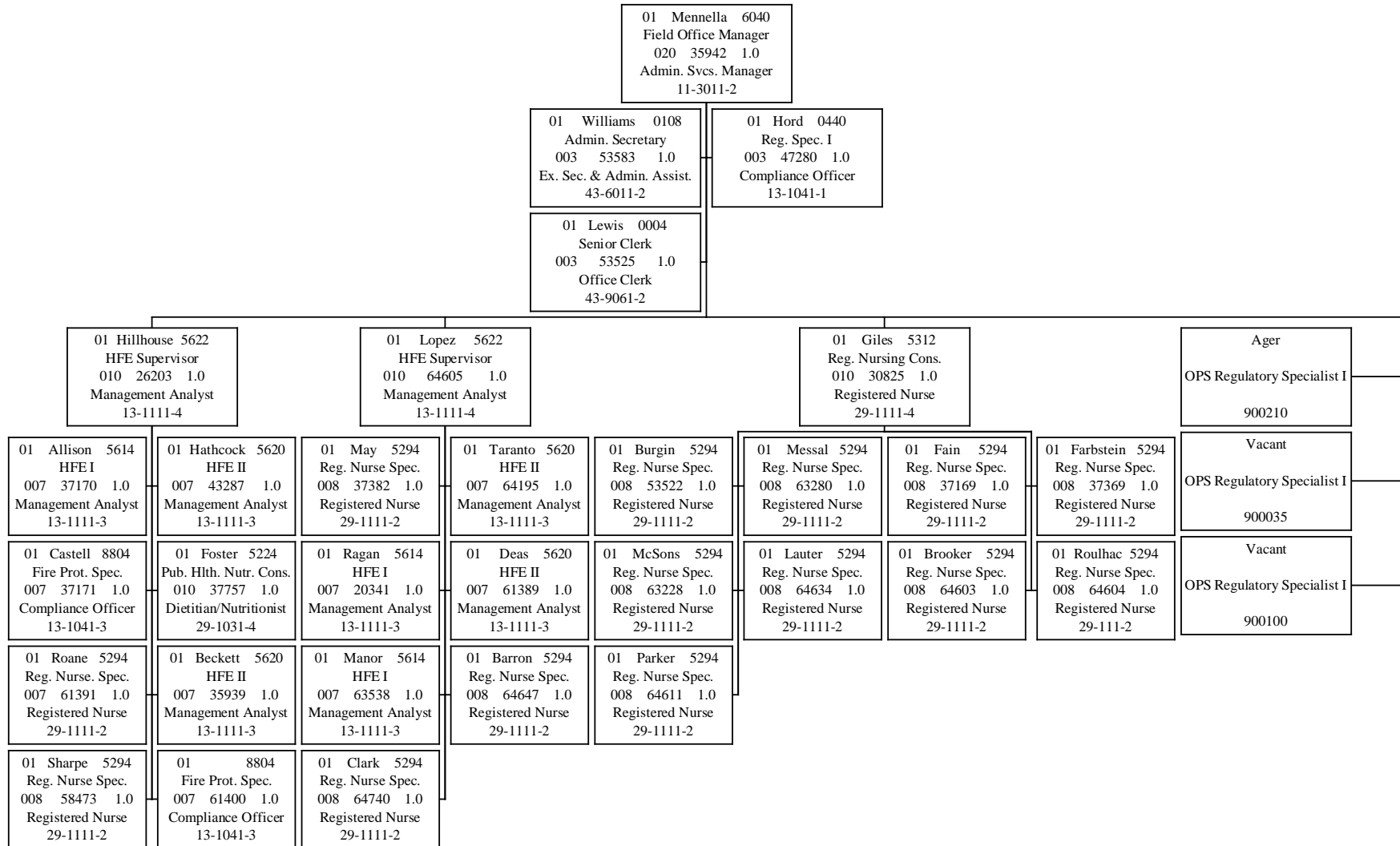
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 2 - Tallahassee

Org. Level: 68 30 30 02 000
 Revised Date: July 1, 2010
 FTEs: 29 Positions: 29



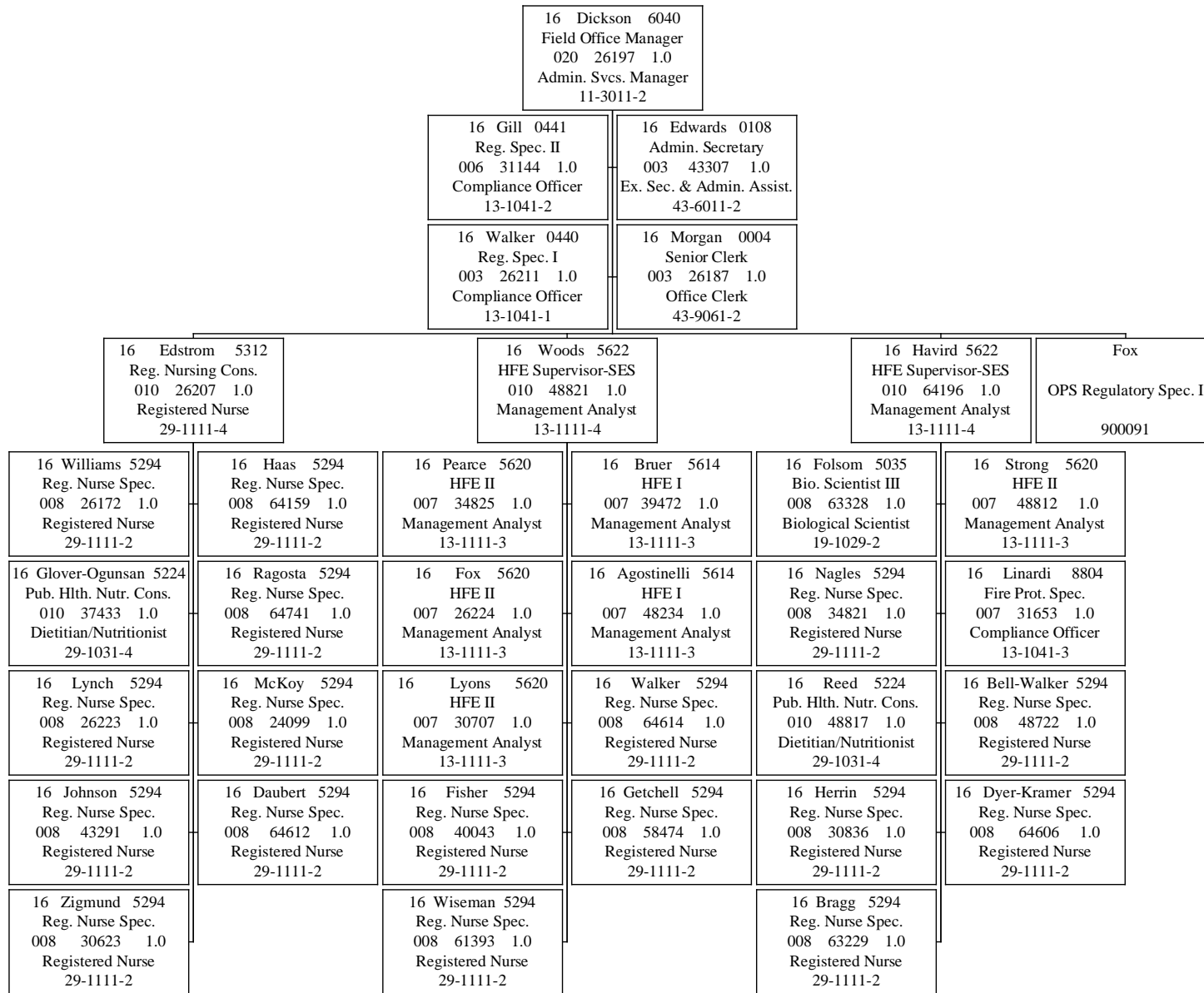
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 3 Alachua

Org. Level: 68 30 30 03 000
 Revised Date: July 1, 2010
 FTEs: 31 Positions: 31



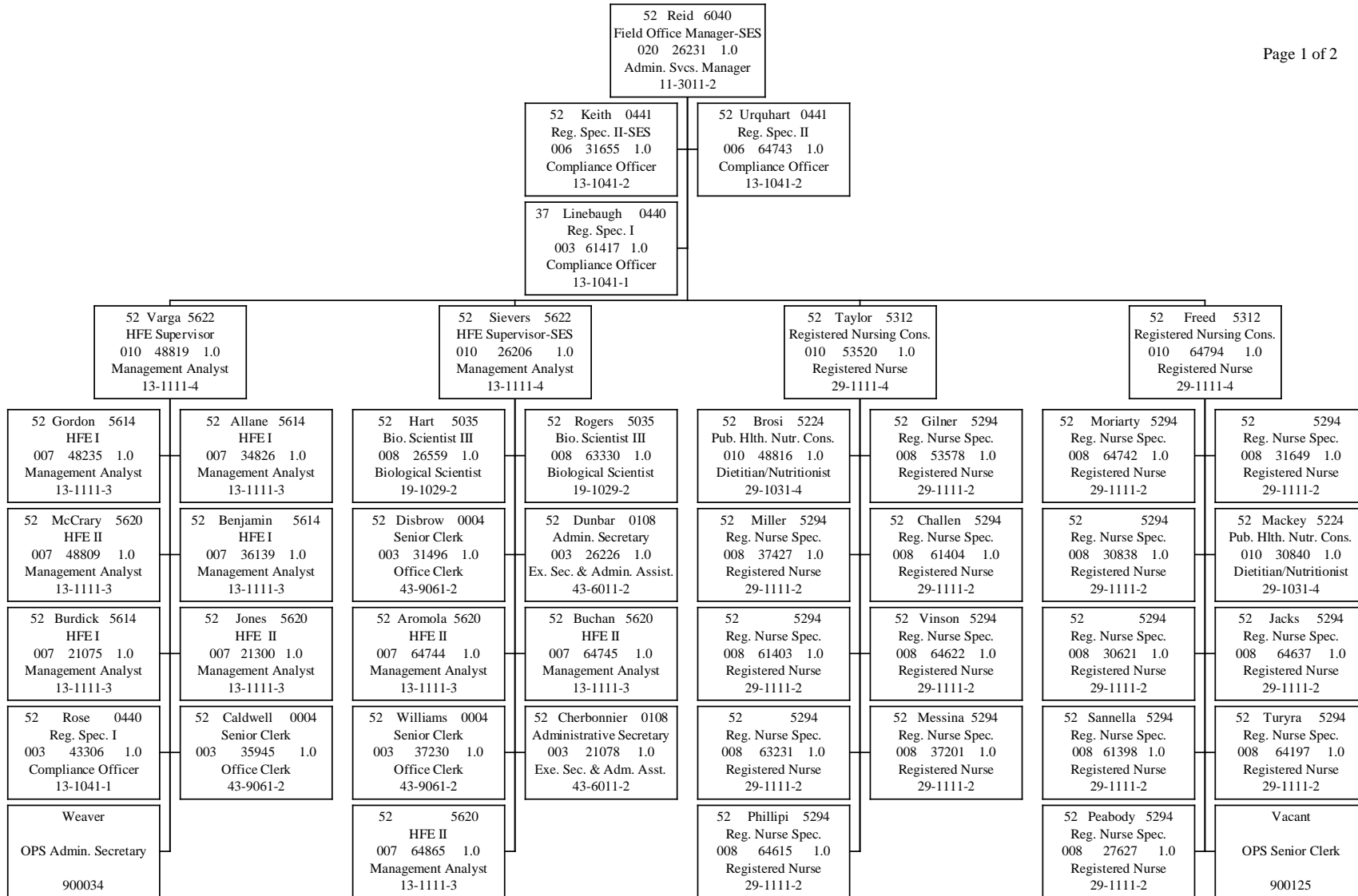
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 4 - Jacksonville

Org. Level: 68 30 30 04 000
 Revised Date: July 1, 2010
 FTEs: 35 Positions: 35



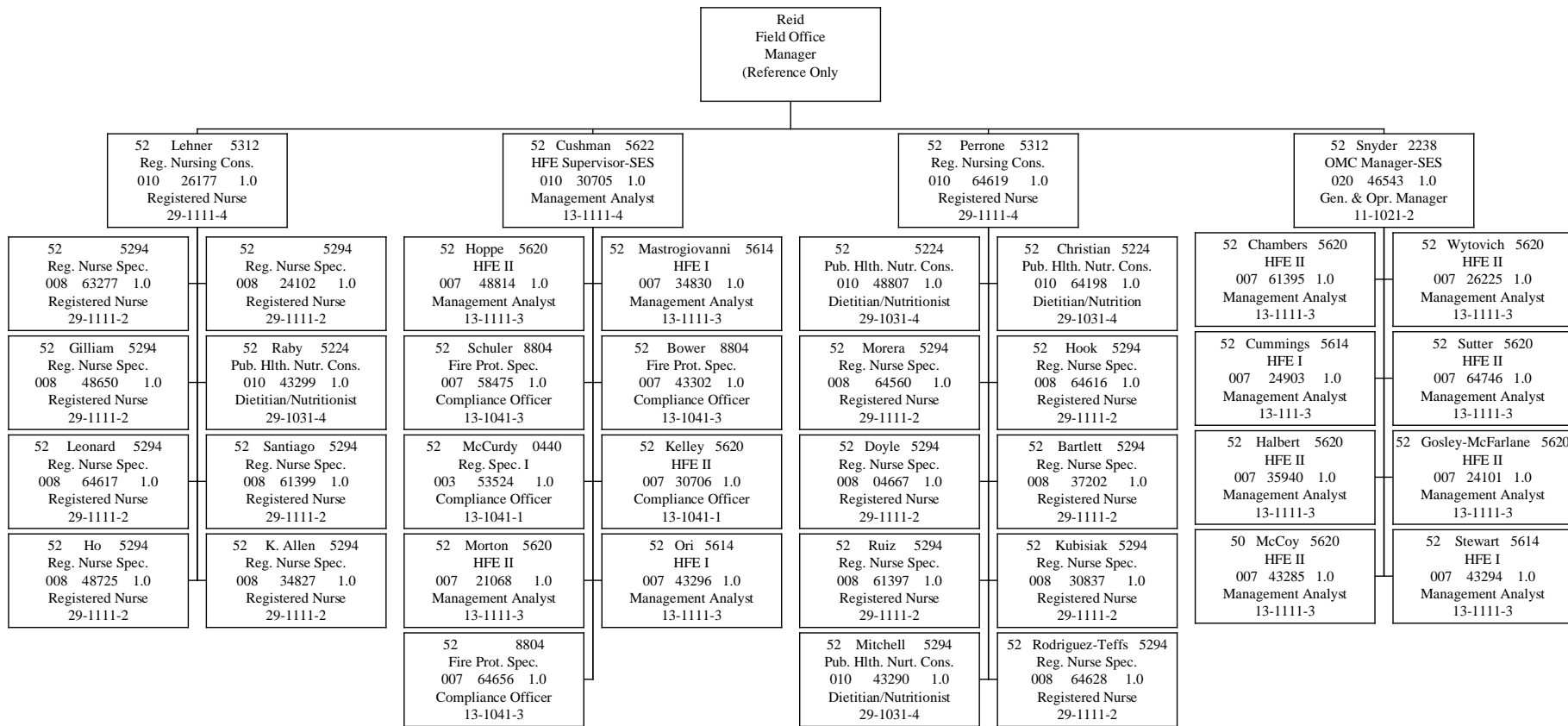
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 5 - St. Petersburg

Org Level: 68 30 30 05 00
 Revised Date: July 1, 2010
 FTEs: 82 Positions: 82



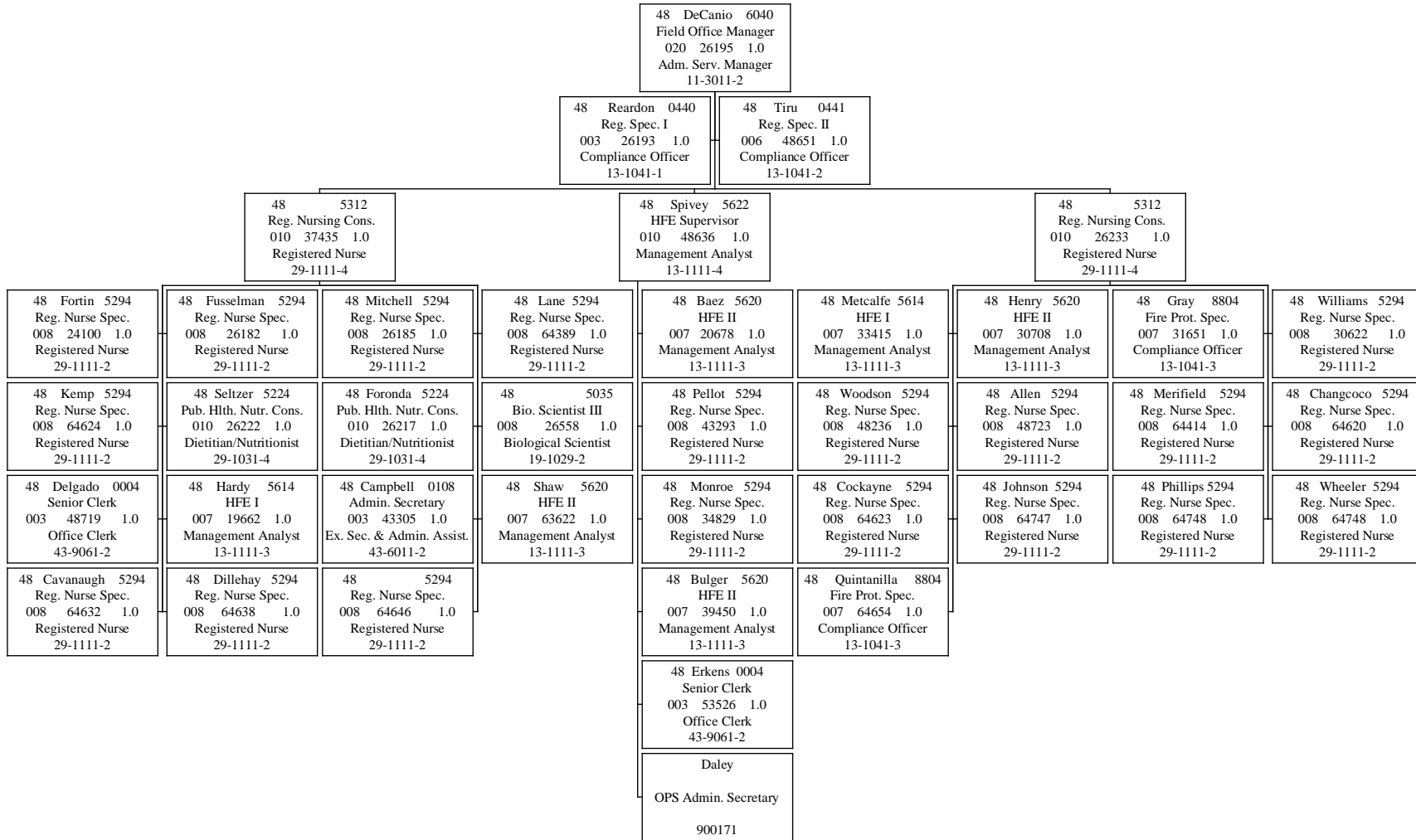
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 5 - St. Petersburg

Org. Level: 68 30 30 05 000
 Revised Date: July 1, 2010
 FTEs: 82 Positions: 82



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

Org. Level: 68 30 30 07 000
 Revised Date: July 1, 2010
 FTEs: 39 Positions: 39



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

Org. Level: 68 30 30 08 000
 Revised Date: July 1, 2010
 FTEs: 41 Positions: 41

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

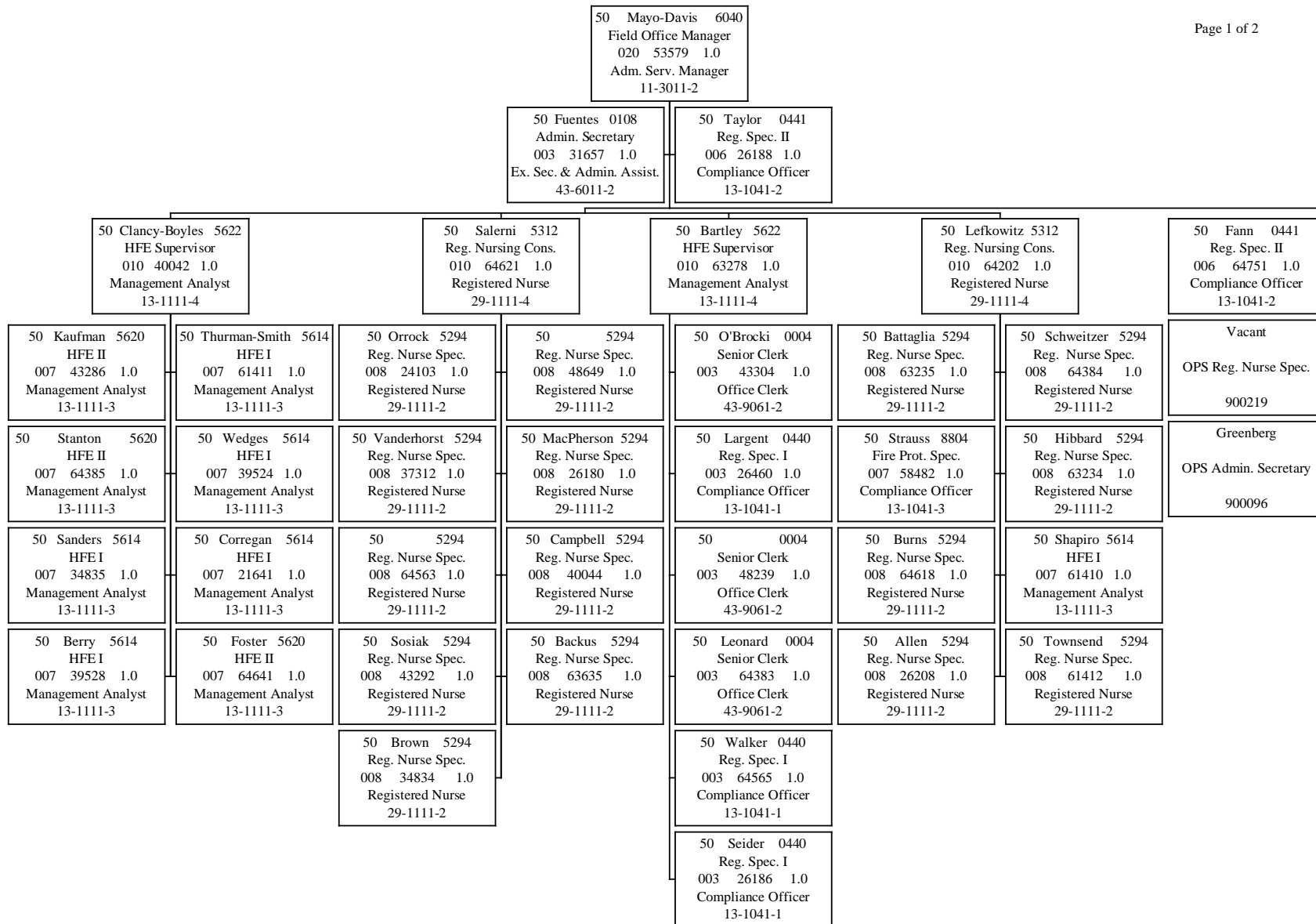
36 Dunham 0440
 Reg. Spec. I
 003 64326 1.0
 Compliance Officer
 13-1041-1

36 Werts 5622 HFE Supervisor 010 26204 1.0 Management Analyst 13-1111-4	36 Day 5622 HFE Supervisor 010 64200 1.0 Management Analyst 13-1111-4	36 Houk 5312 Reg. Nursing Cons. 010 64639 1.0 Registered Nurse 29-1111-4	36 Faison 5622 HFE Supervisor 010 48813 1.0 Management Analyst 13-1111-4	36 Fisher 5312 Reg. Nursing Cons. 010 64650 1.0 Registered Nurse 29-1111-4			
36 K. Smith 5620 HFE II 007 64387 1.0 Management Analyst 13-1111-3	36 Scavella 5294 Reg. Nurse Spec. 008 63233 1.0 Registered Nurse 29-1111-2	36 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 Edge 5224 Pub. Hlth. Nutr. Cons. 010 26184 1.0 Dietitian/Nutritionist 29-1031-4	13 Saenz 5224 Pub. Hlth. Nutr. Cons. 010 48806 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 Laudadio 5620 HFE II 007 37428 1.0 Management Analyst 13-1111-3	13 Fernandez 5620 HFE II 007 64608 1.0 Management Analyst 13-1111-3	36 Byrne 5294 Reg. Nurse Spec. 008 64625 1.0 Registered Nurse 29-1111-2	36 Dolan 5294 Reg. Nurse Spec. 008 37828 1.0 Registered Nurse 29-1111-2
36 Elias 5620 HFE II 007 33417 1.0 Management Analyst 13-1111-3	36 Furdell 8804 Fire Prot. Spec. 007 48808 1.0 Compliance Officer 13-1041-3	36 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 5294 Reg. Nurse Spec. 008 64393 1.0 Registered Nurse 29-1111-2	13 Tyree 5224 Pub. Hlth. Nutr. Cons. 010 64398 1.0 Dietitian/Nutritionist 29-1031-4	36 Kaczmarek 5294 Reg. Nurse Spec. 008 64626 1.0 Registered Nurse 29-1111-2	36 Leinert 5294 Reg. Nurse Spec. 008 43283 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		36 Herbert/O'Connell 5294 Reg. Nurse Spec. (shared) 008 63276 1.0 Registered Nurse 29-1111-2	36 Barrau 5294 Reg. Nurse Spec. 008 61396 1.0 Registered Nurse 29-1111-2		
36 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			36 Seehawer 5294 Reg. Nurse Spec. 008 31574 1.0 Registered Nurse 29-1111-2	36 Seville 5294 Reg. Nurse Spec. 008 31578 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 Negahdari 0108 Admin. Secretary 003 25182 1.0 Ex. Sec. & Admin. Assist. 43-6011-2	36 Mozen 5294 Reg. Nurse Spec. 008 63230 1.0 Registered Nurse 29-1111-2		
36 N. Smith 5620 HFE II 007 21873 1.0 Management Analyst 13-1111-3	36 Peka 8804 Fire Prot. Spec. 007 31652 1.0 Compliance Officer 13-1041-3						
36 McAllister 5620 HFE II 007 64761 1.0 Management Analyst 13-1111-3							

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

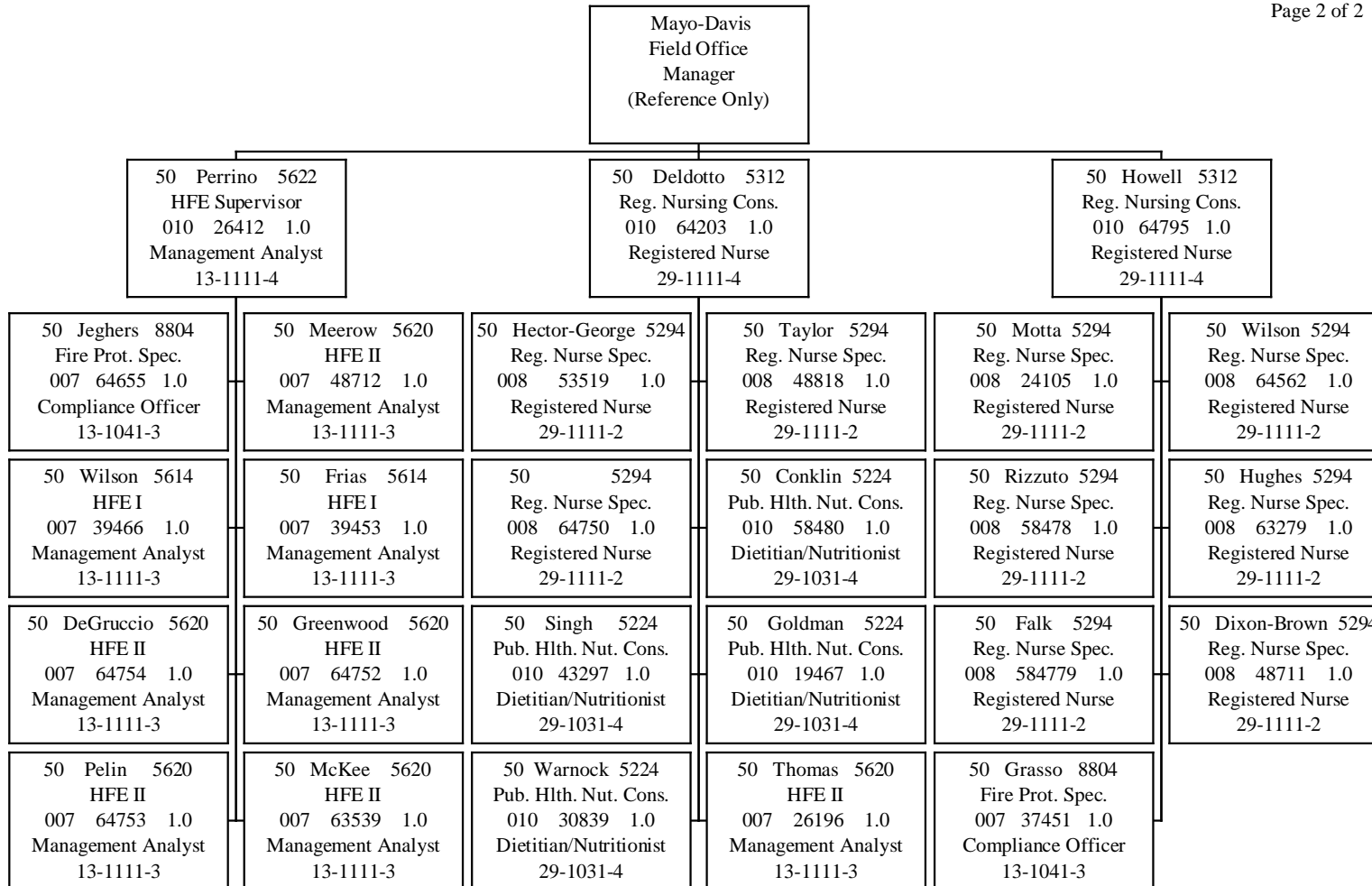
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 9 - West Palm Beach

Org. Level: 68 30 30 09 000
 Revised Date: July 1, 2010
 FTEs: 65 Positions: 65



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

Org Code: 68 30 30 09 000
 Revised Date: July 1, 2010
 FTEs: 65 Positions: 65



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

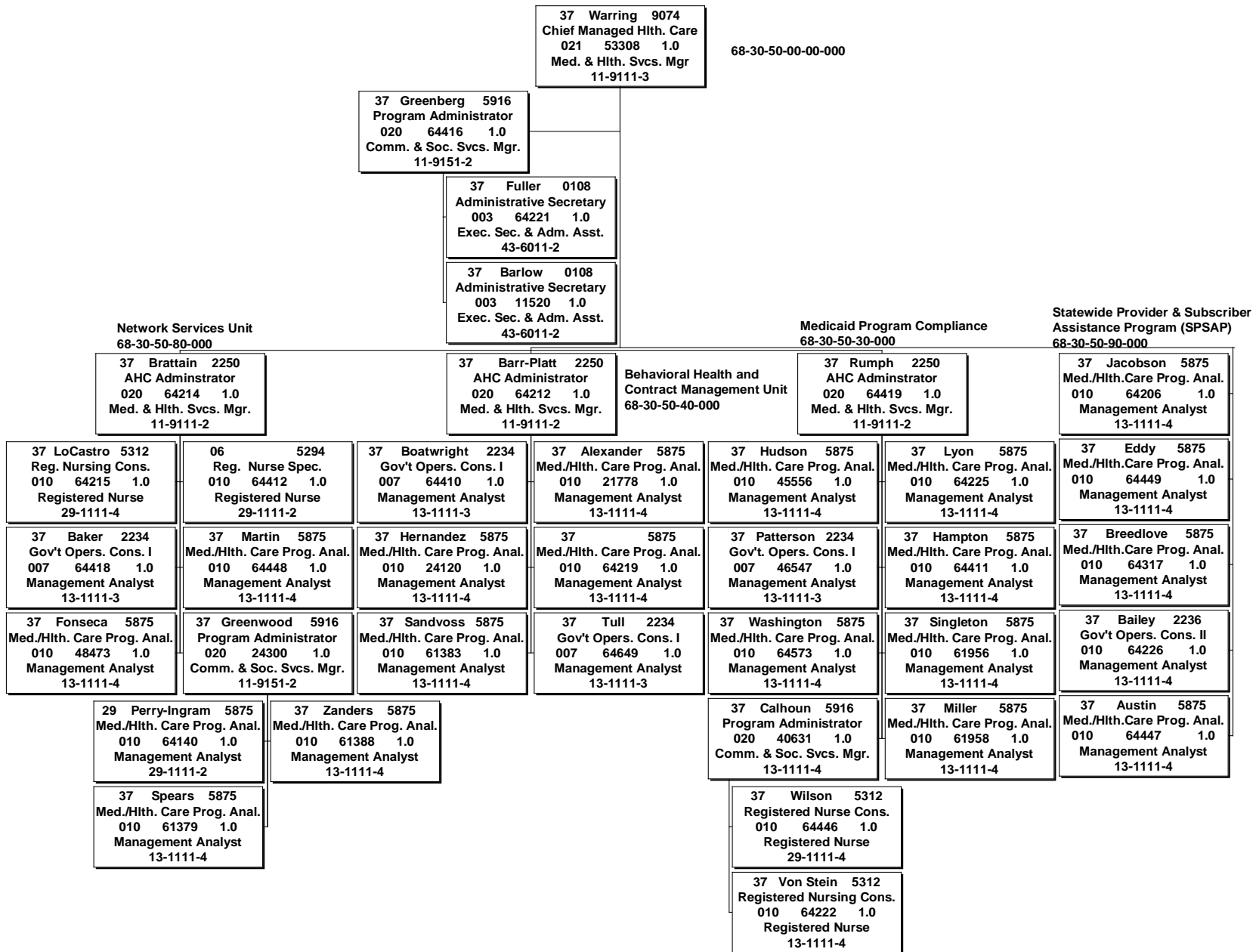
Org. Level: 68 30 30 11 000
 Revised Date: July 1, 2010
 FTEs: 54 Positions: 54

13 Emiling 6040 Field Office Mgr. 020 26230 1.0 Admin. Svcs. Manager 11-3011-2											
13 Rayneri/ 0441 Reg. Spec. II 006 53523(shared) 1.0 Compliance Officer 13-1041-2			13 Chillon 5312 Reg. Nursing Cons. 010 61413 1.0 Registered Nurse 29-1111-4			Vacant OPS Reg. Spec. I 900031			13 5035 HFE II 007 64866 1.0 Management Analyst 13-1111-3		
13 Talavera 2234 Ops. & Mgmt. Cons. I 007 63312 1.0 Management Analyst 13-1111-4		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		13 Walker 5622 HFE Sup. 010 63275 1.0 Mgmt. Analyst 13-111-4		13 Alter 5622 HFE Sup. 010 26194 1.0 Mgmt. Analyst 13-111-4		13 Randolph 5312 Reg. Nursing Cons. 010 64796 1.0 Registered Nurse 29-1111-4	
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	13 Gonzalez 5620 HFE II 007 63236 1.0 Management Analyst 13-1111-3	13 Calixte 5035 HFE II 007 64756 1.0 Management Analyst 13-1111-3	13 Schultz 5294 Reg. Nurse Spec. 008 64199 1.0 Registered Nurse 29-1111-2	13 5294 Reg. Nurse Spec. 008 61414 1.0 Registered Nurse 29-1111-2	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	13 Simmons 5035 HFE II 007 64757 1.0 Management Analyst 13-1111-3	13 Williams 5035 HFE II 007 64763 1.0 Management Analyst 13-1111-3	13 DeCotto 5294 Reg. Nurse Spec. 008 64607 1.0 Registered Nurse 29-1111-2	13 Orlandi 5294 Reg. Nurse Spec. 008 48724 1.0 Registered Nurse 29-1111-2	13 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	13 Chaokasem 5620 HFE II 007 64564 1.0 Management Analyst 13-1111-3	13 Sarros 5620 HFE II 007 43289 1.0 Management Analyst 13-1111-3	13 Williams-Josephs 5294 Reg. Nurse Spec. 008 64631 1.0 Registered Nurse 29-1111-2	13 Roal 5294 Reg. Nurse Spec. 008 53576 1.0 Registered Nurse 29-1111-2	13 Baez-Williams 5620 Reg. Nurse Spec. 008 64399 1.0 Registered Nurse 29-1111-2			
13 Oroz 0108 Admin. Secretary-SES 003 33762 1.0 Ex. Sec. & Admin. Assist. 43-6011-2		13 Archibald 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	13 Mardimingo 5294 Reg. Nurse Spec. 008 48726 1.0 Registered Nurse 29-1111-2	13 Bustamante 5035 HFE II 007 35941 1.0 Management Analyst 13-1111-3						
		13 Weinstein 5035 Bio. Scientist III 008 26420 1.0 Biological Scientist 19-1029-2	13 Garcia 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								
		13 Flores 5035 HFE II 007 34833 1.0 Management Analyst 13-1111-3	13 Moore 5294 Reg. Nurse Spec. 008 64567 1.0 Registered Nurse 29-1111-2								

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance - Managed Health Care

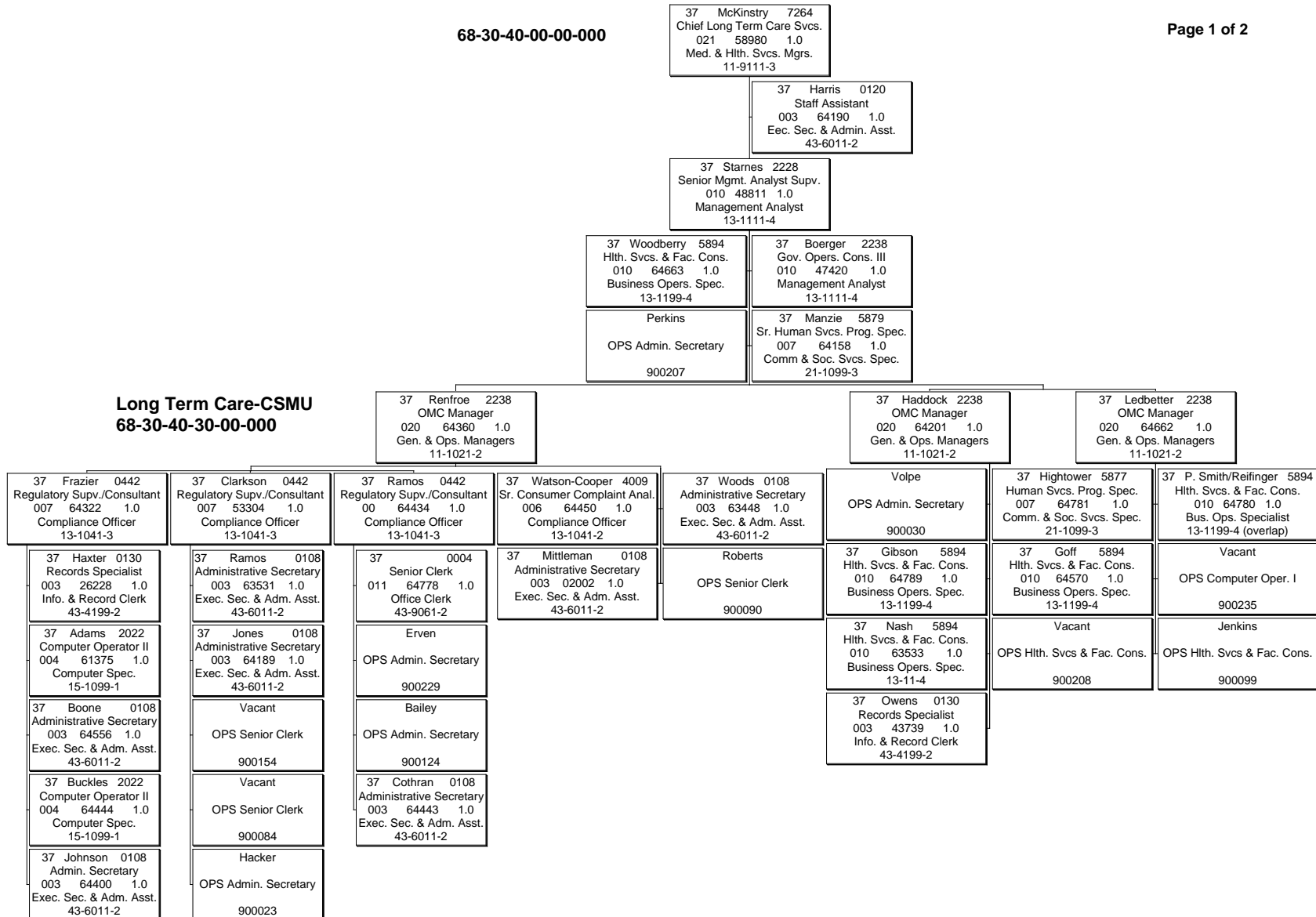
Revised Date: July 1, 2010
FTEs: 37 Positions: 37



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

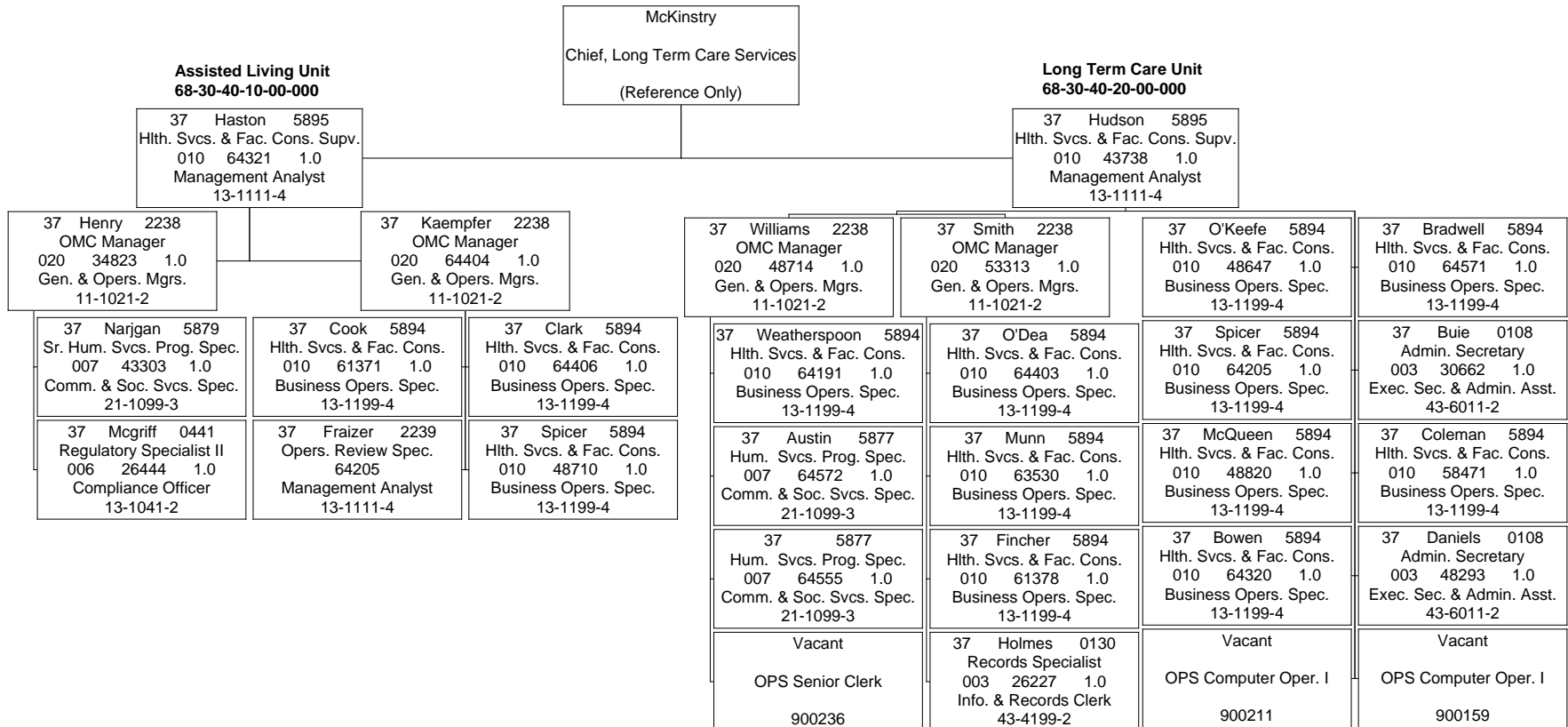
Revised Date: July 1, 2010
 FTEs: 55.5 Positions: 56

68-30-40-00-00-000



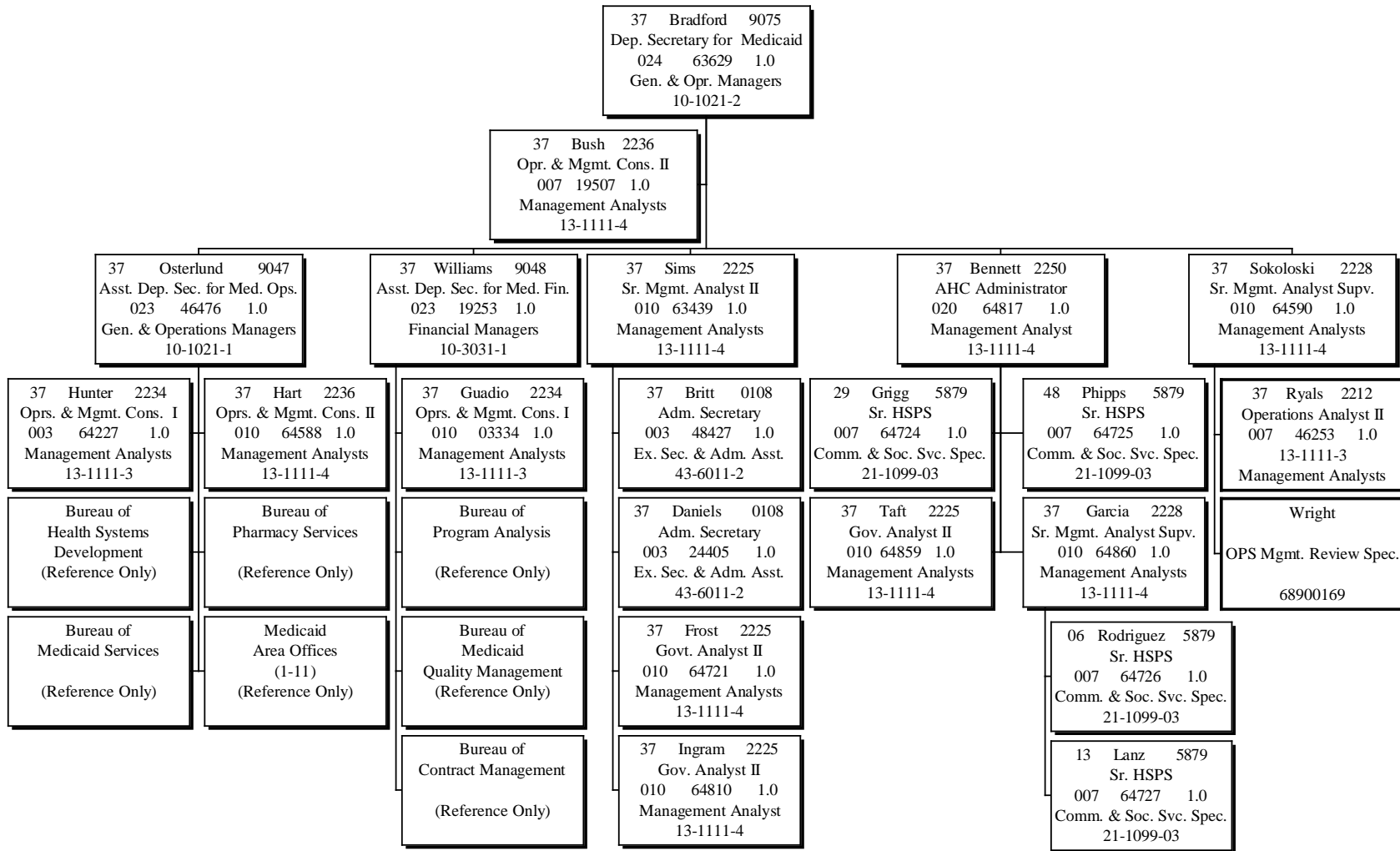
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Bureau of Long Term Care Services

Revised Date: July 1, 2010
 FTEs: 55.5 Positions: 56



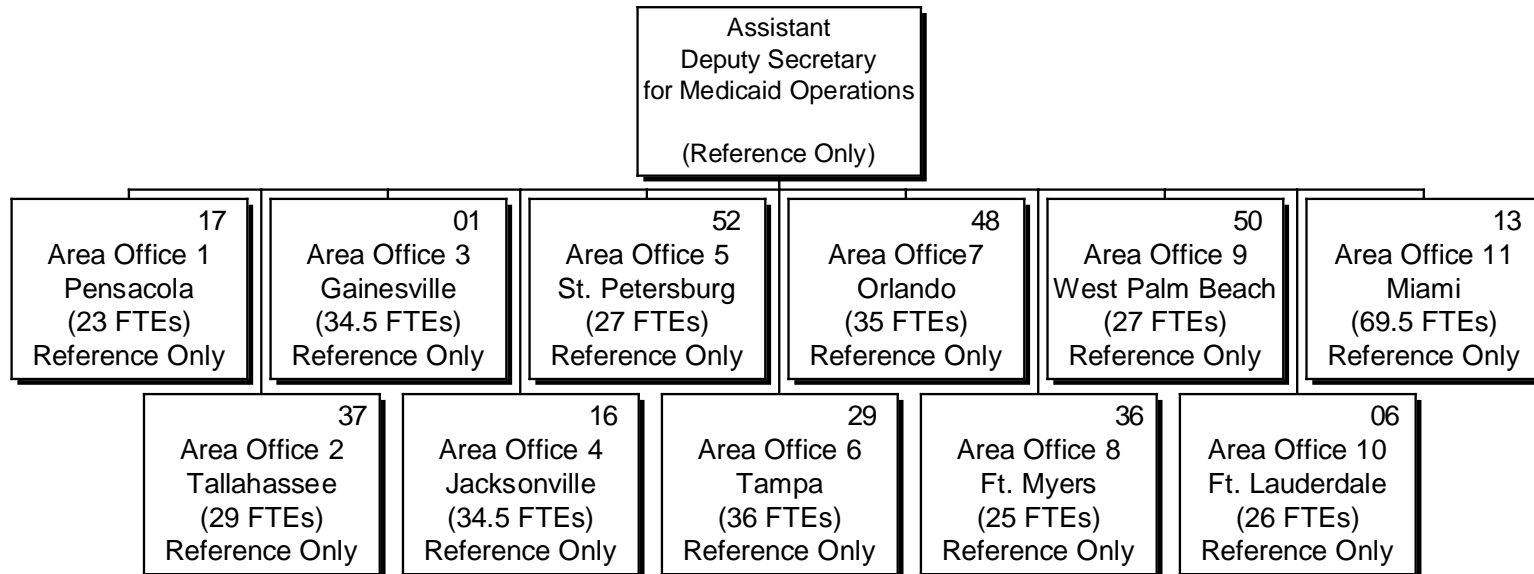
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid - Deputy Secretary's Office

Org. Level: 6850000000
 Revised Date: July 1, 2010
 FTEs: 21 Positions: 21



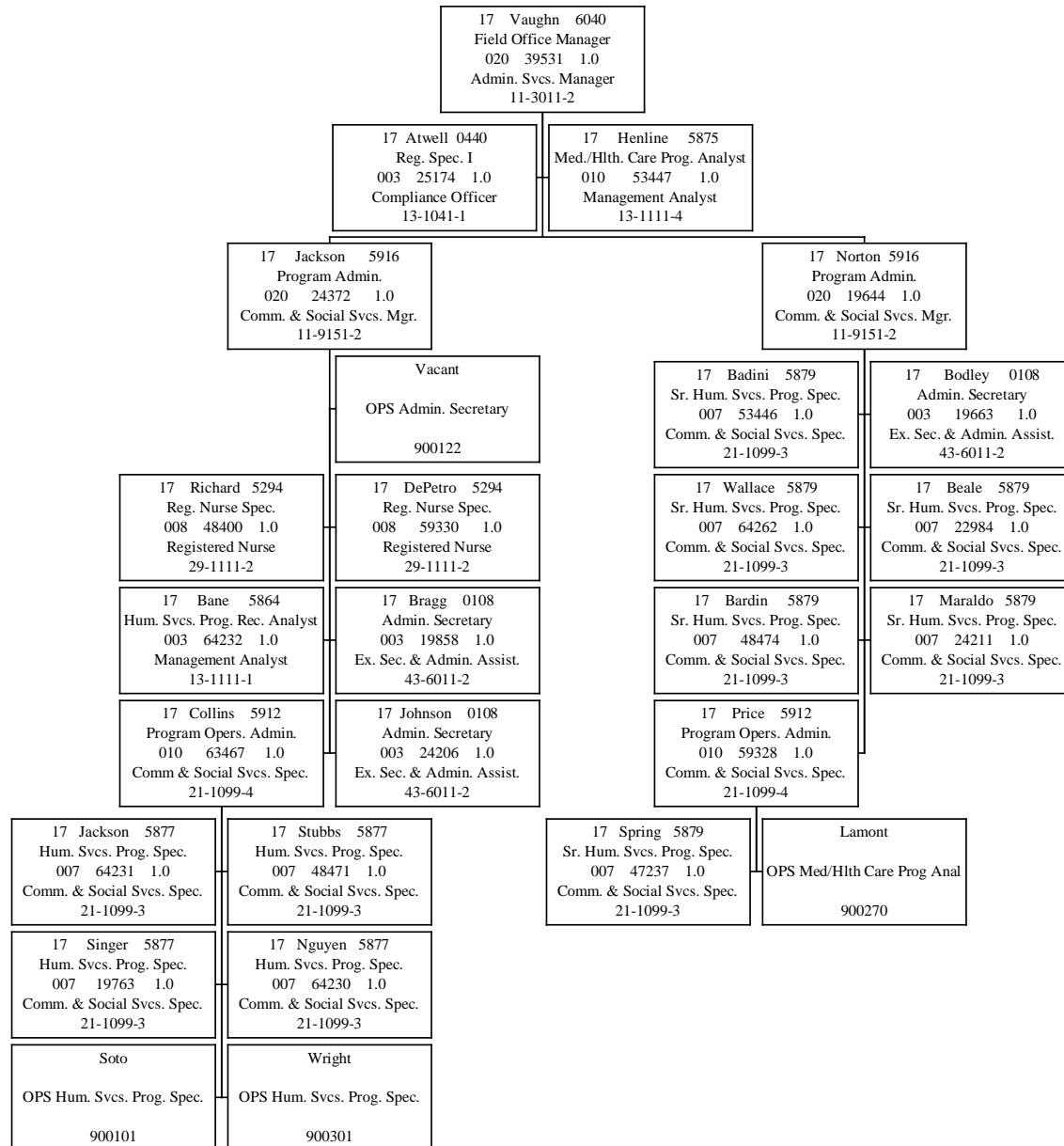
AGENCY FOR HEALTH CARE ADMINISTRATION
MEDICAID AREA OFFICES

Org. Level: 68 50 10 00 000
Revised Date: July 1, 2010
FTEs: 366.5 Positions: 371



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 1 - Pensacola

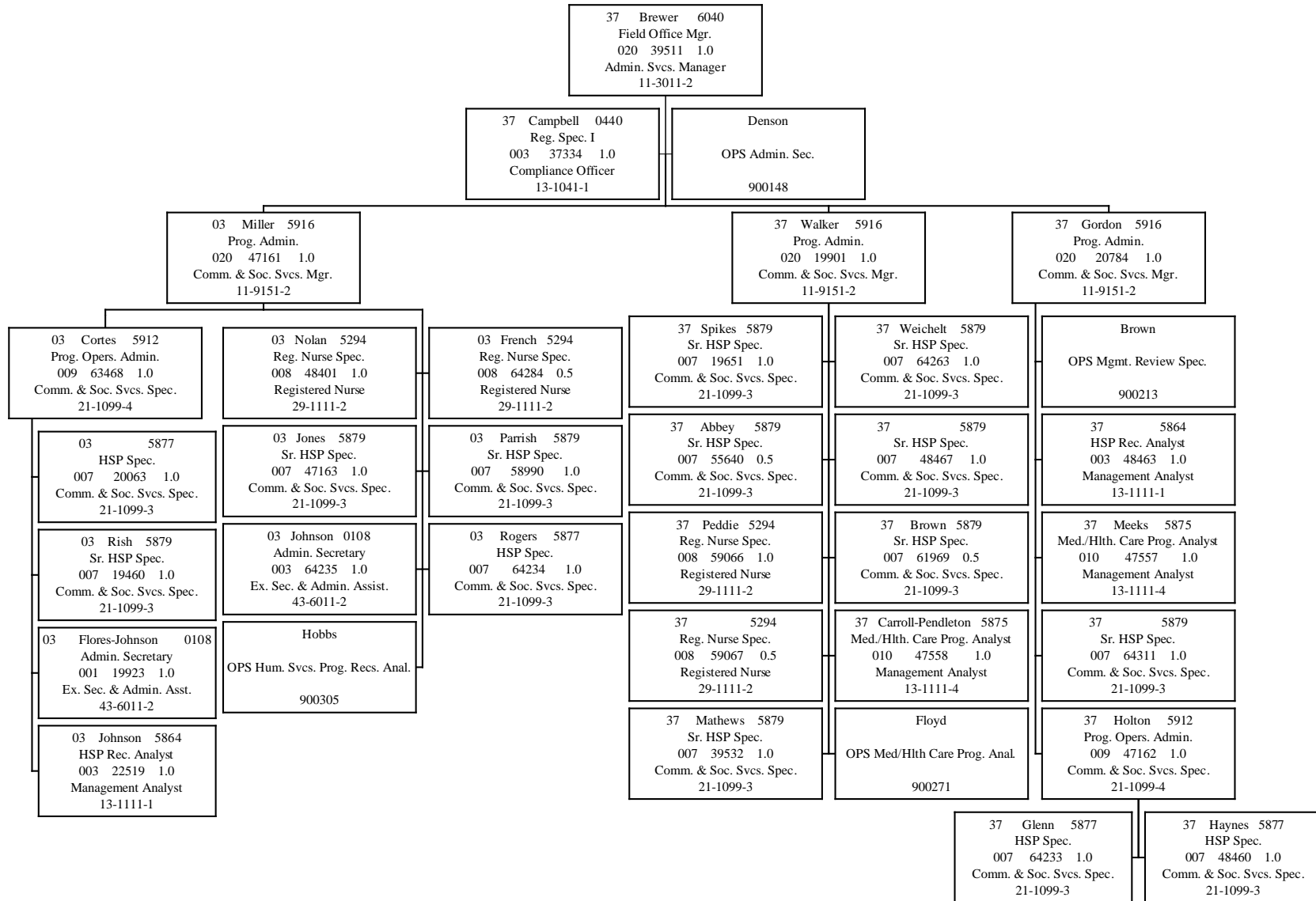
Org. Level: 68 50 10 01 000
 Revised Date: July 1, 2010
 FTEs: 23 Positions: 23



AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid Area 2 - Tallahassee

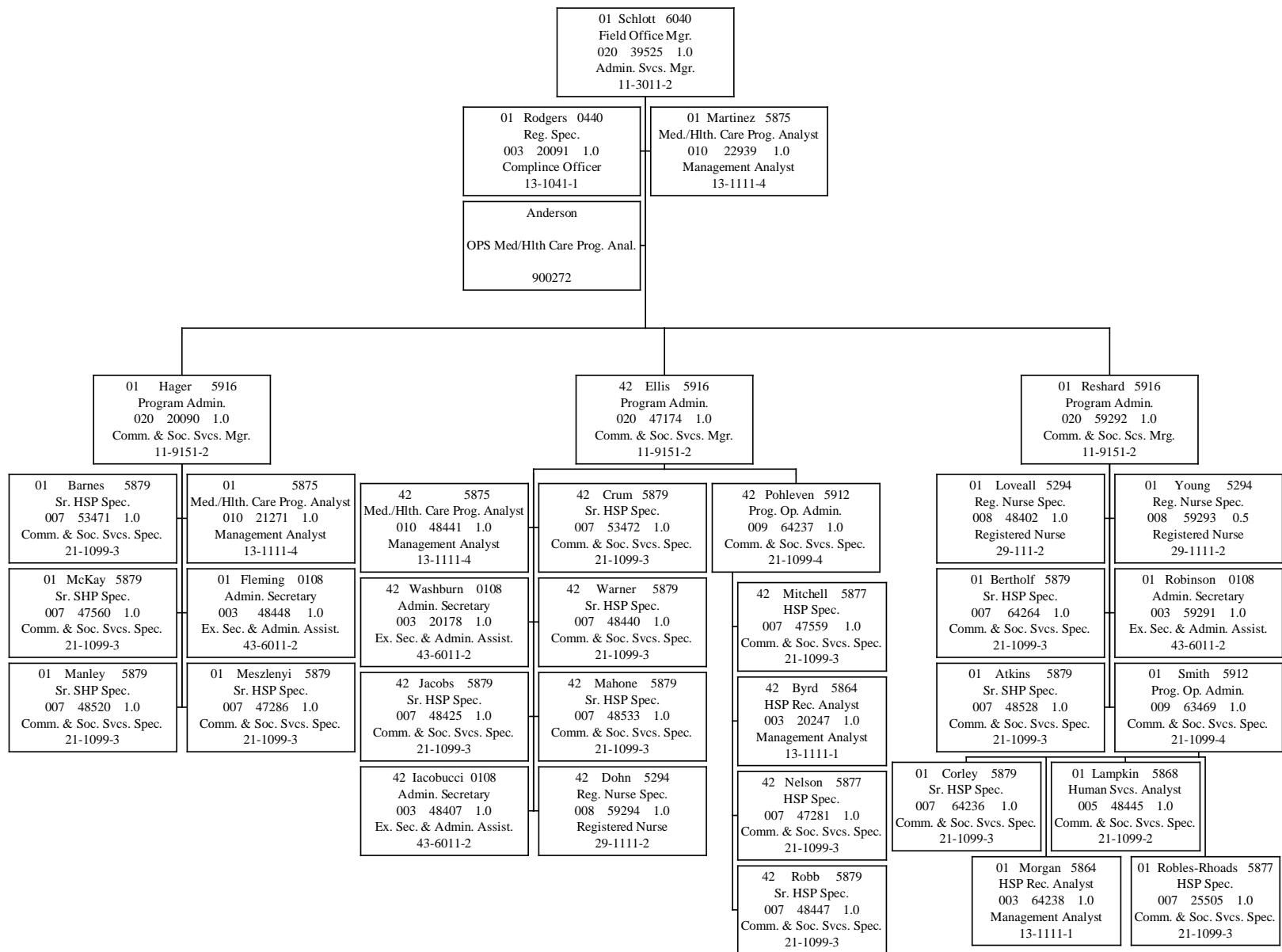
Org. Level: 68 50 10 02 000
Revised Date: July 1, 2010
FTEs: 29 Positions: 31



AGENCY FOR HEALTH CARE ADMINISTRATION

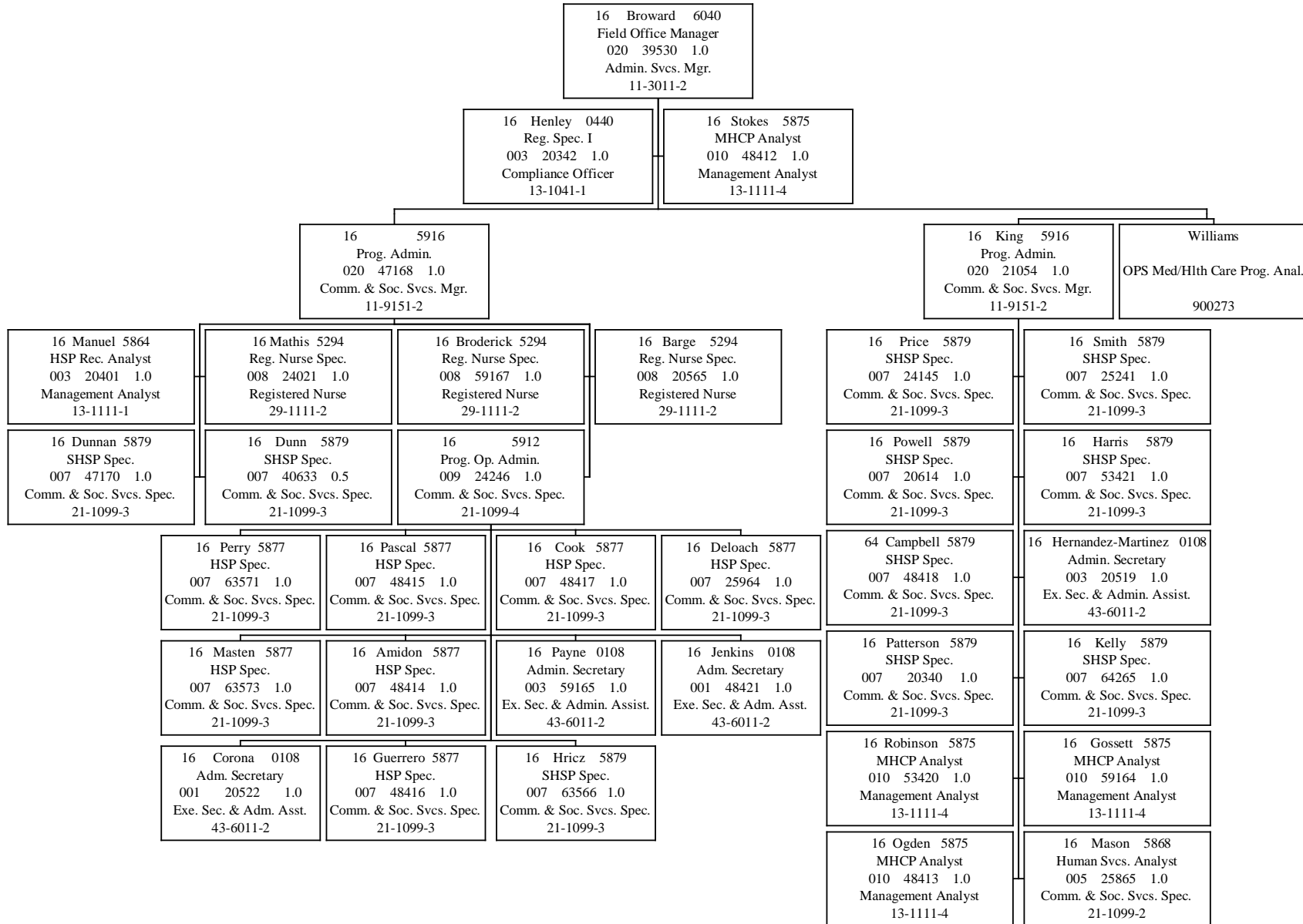
Medicaid Area 3 - Gainesville

Org. Level: 68 50 10 03 000
Revised Date: July 1, 2010
FTEs: 34.5 Positions: 35



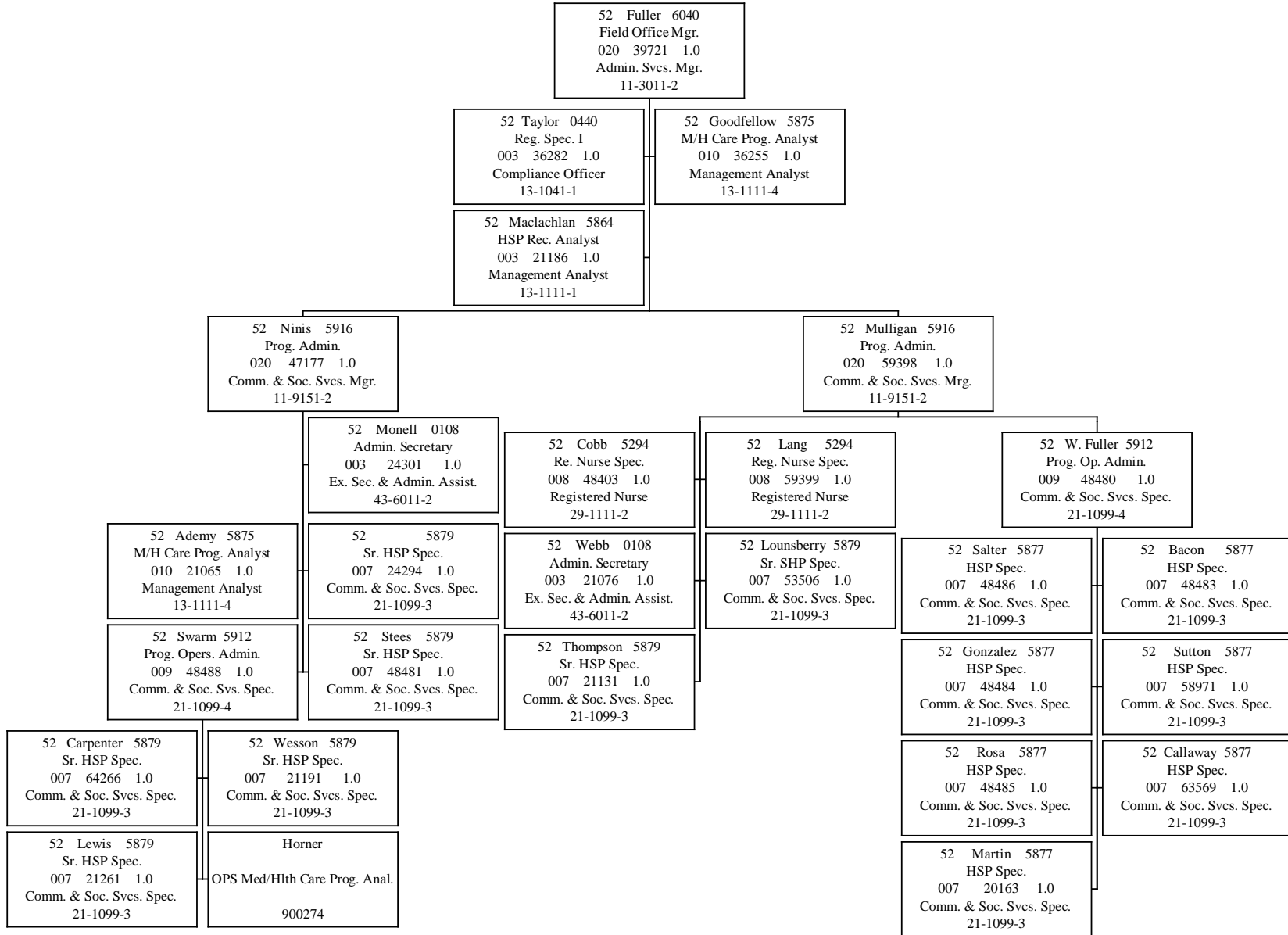
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 4 - Jacksonville

Org. Level: 68 50 10 04 000
 Revised Date: July 1, 2010
 FTEs: 34.5 Positions: 35



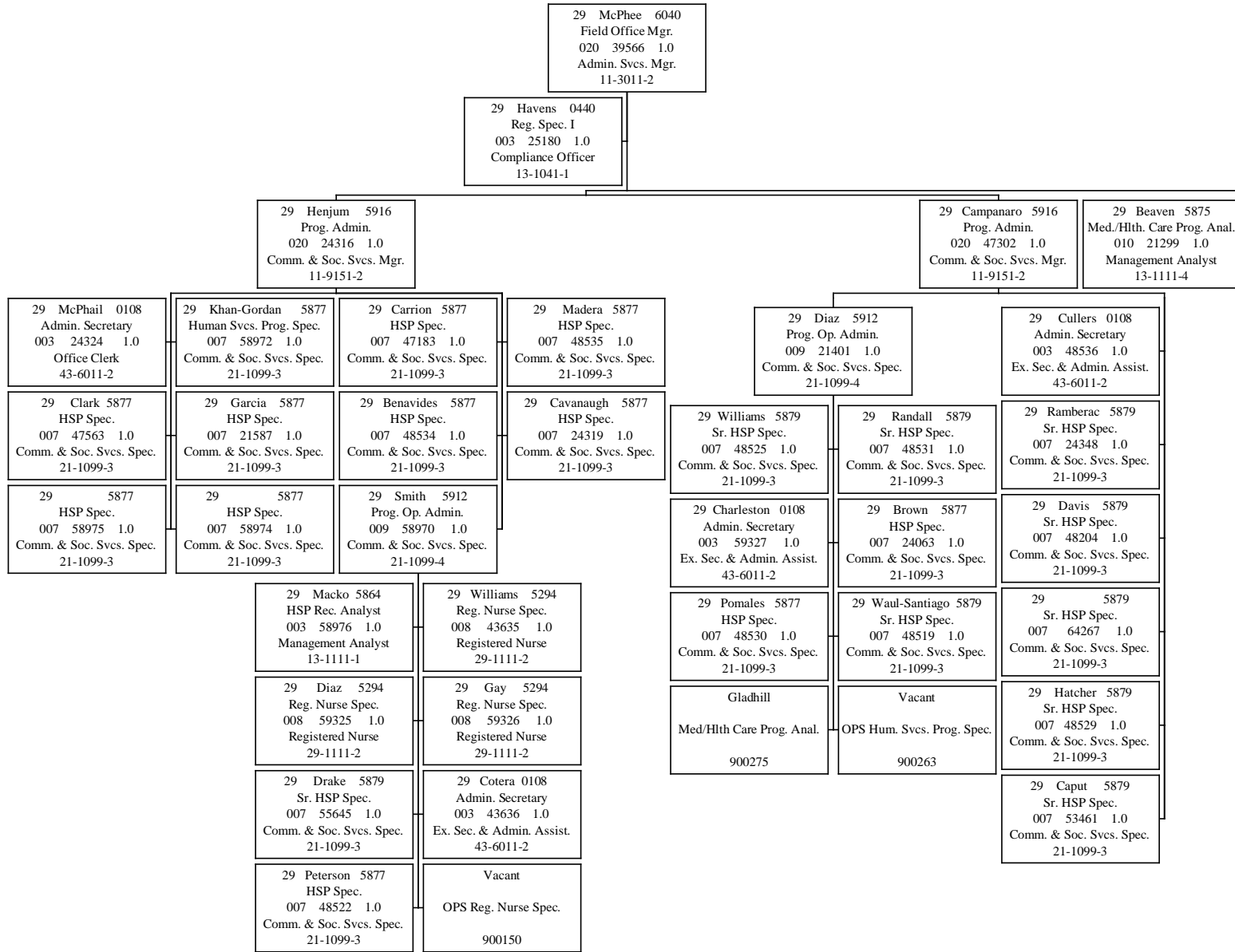
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 5 - St. Petersburg

Org. Level: 68 50 10 05 000
 Revised Date: July 1, 2010
 FTEs: 27 Positions: 27



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 6 - Tampa

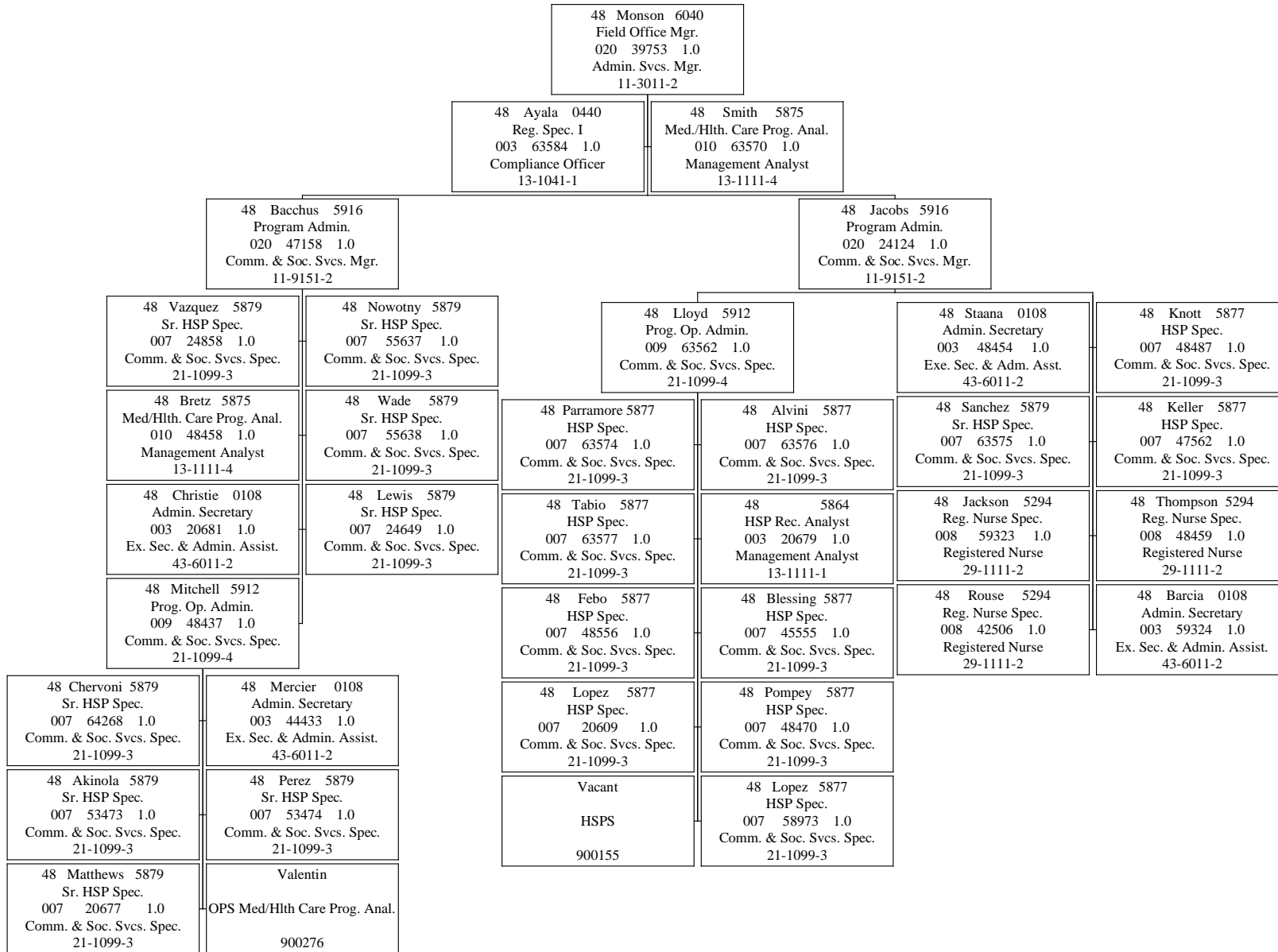
Org. Level: 68 50 10 06 000
 Revised Date: July 1, 2010
 FTEs: 36 Positions: 36



AGENCY FOR HEALTH CARE ADMINISTRATION

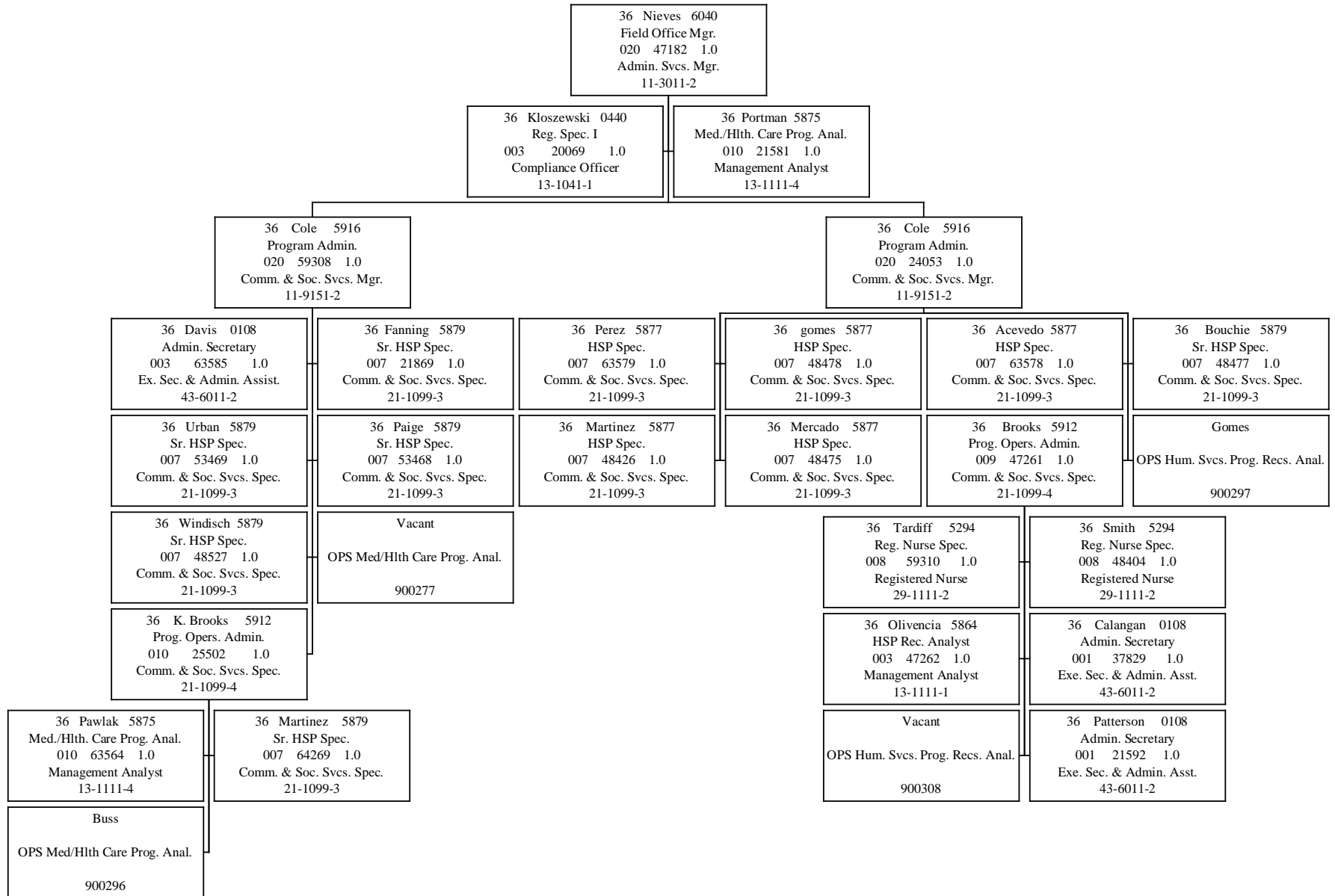
**Medicaid
Area 7 - Orlando**

Org. Level: 68 50 10 07 000
Revised Date: July 1, 2010
FTE: 35 Positions: 35



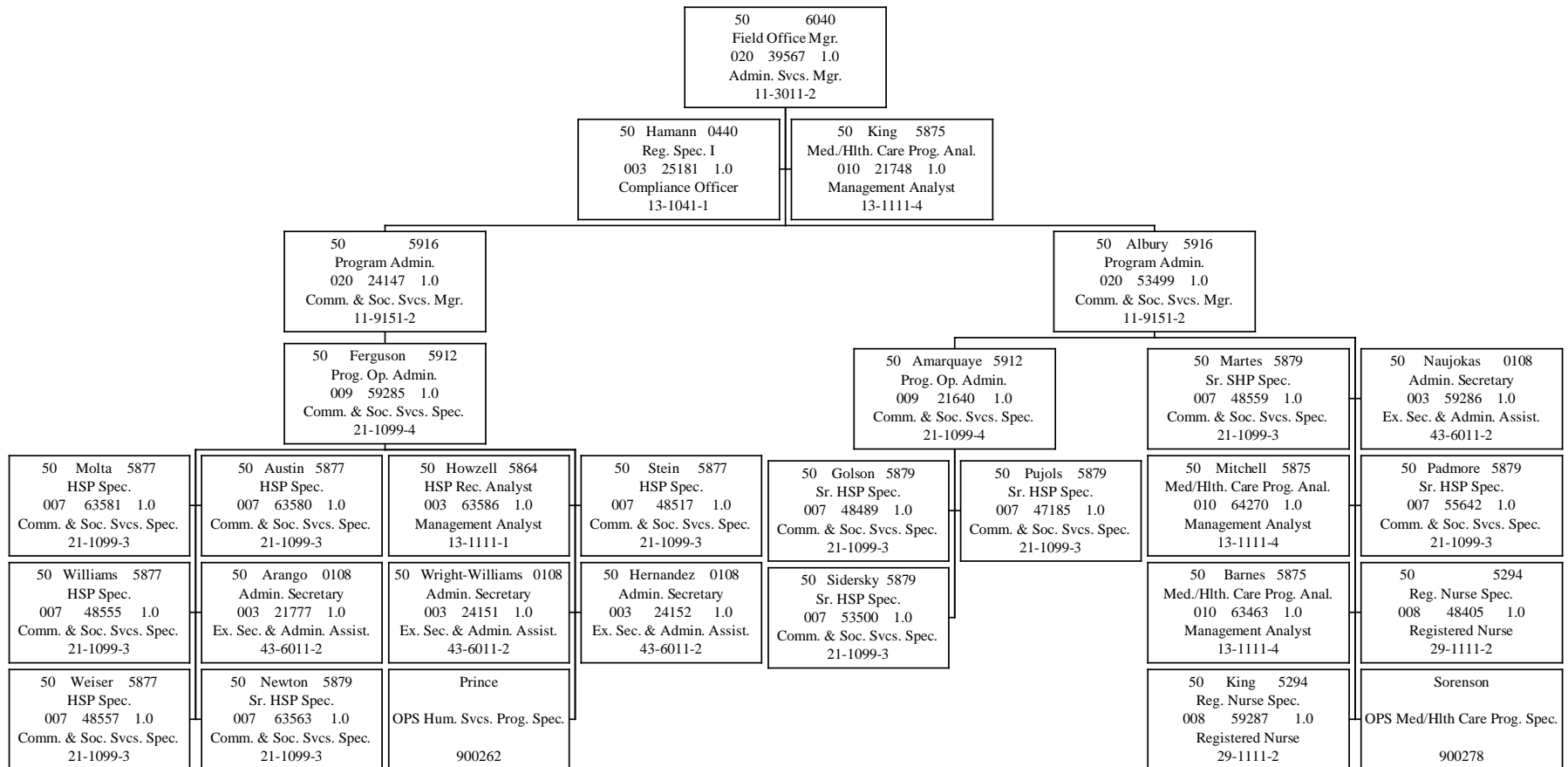
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 8 - Ft. Myers

Org. Level: 68 50 10 08 000
 Revised Date: July 1, 2010
 FTEs: 25 Positions: 25



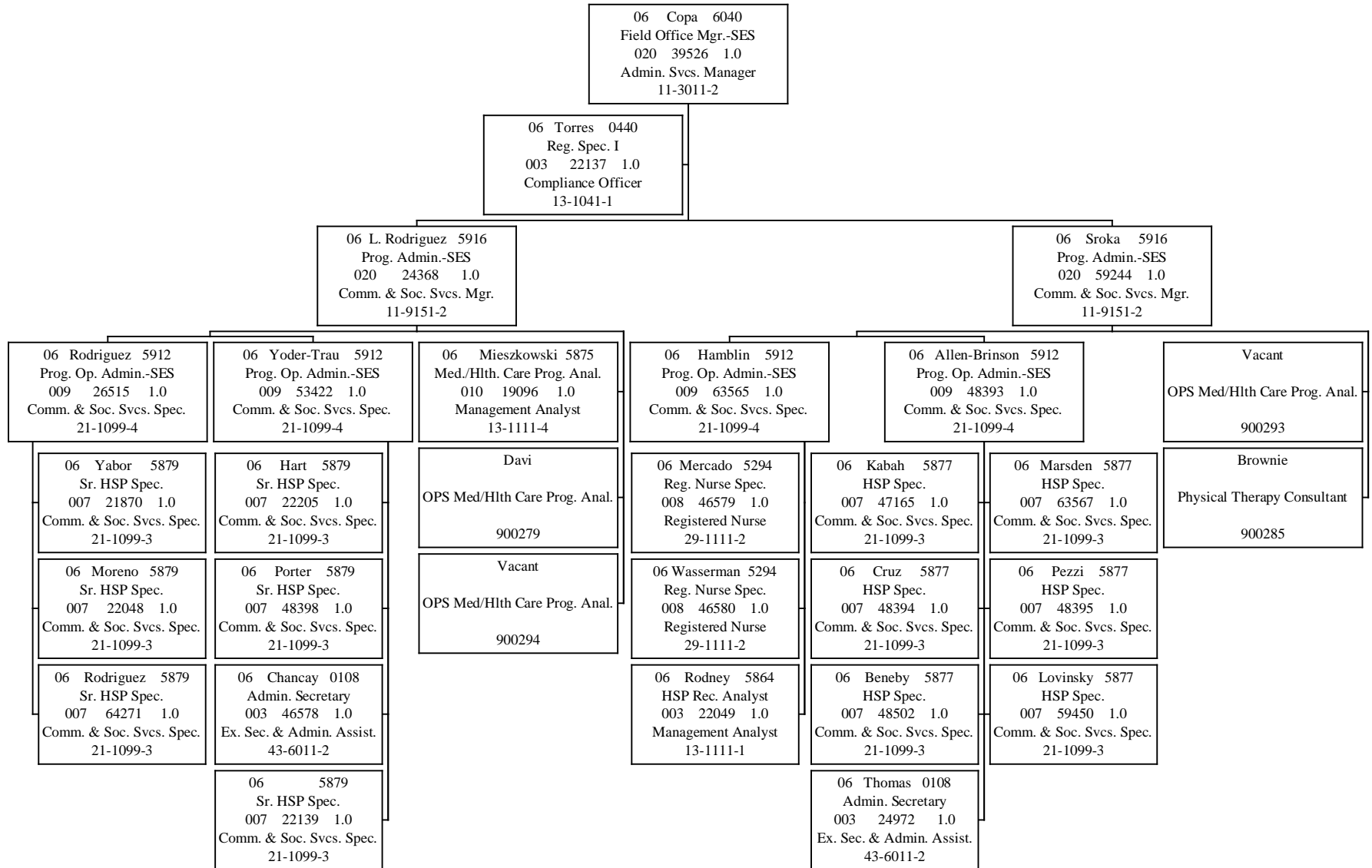
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 9 - West Palm Beach

Org. Level: 68 50 10 09 000
 Revised Date: July 1, 2010
 FTEs: 27 Positions: 27



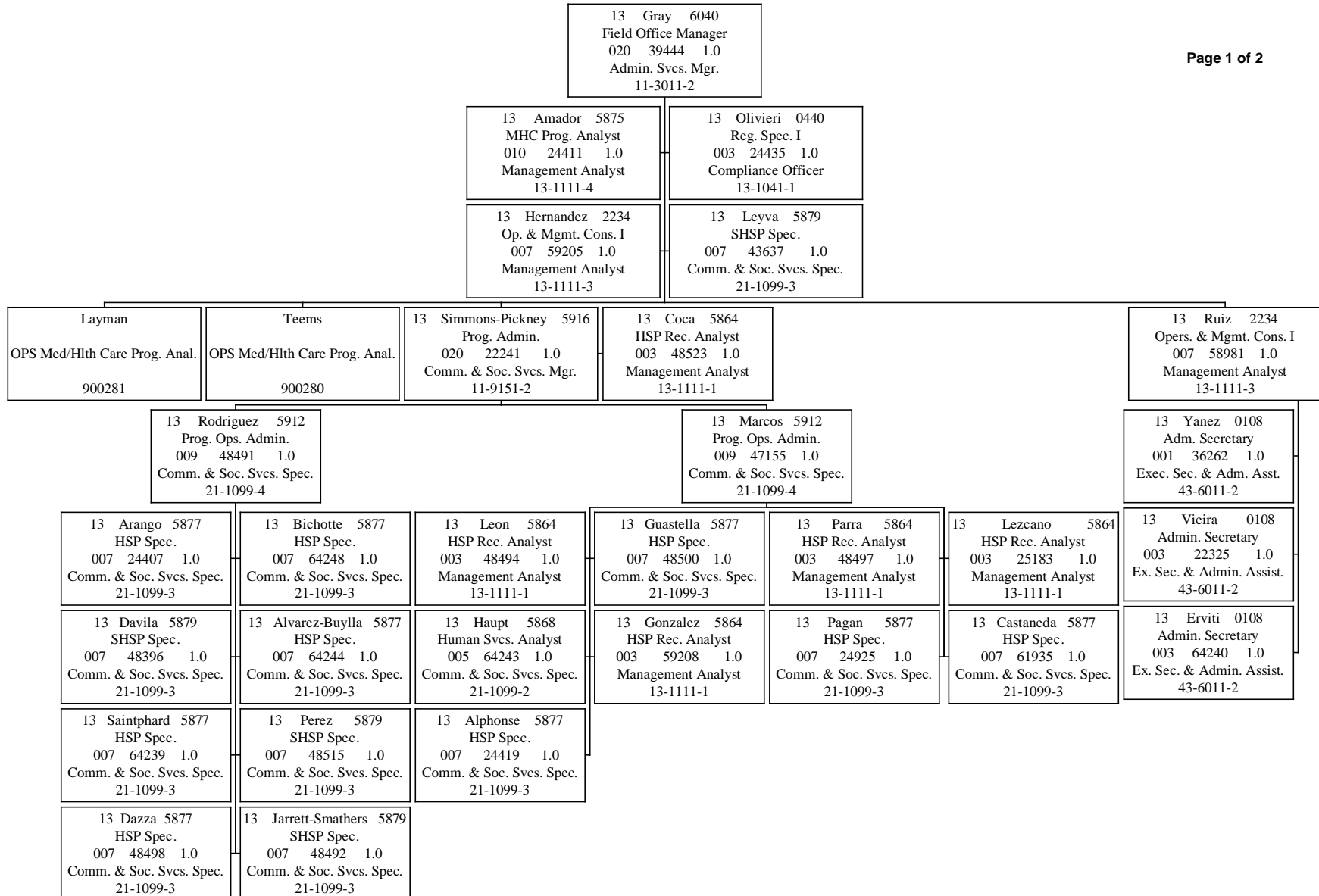
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 10 - Ft. Lauderdale

Org. Level: 68 50 10 10 000
 Revised Date: July 1, 2010
 FTEs: 26 Positions: 26



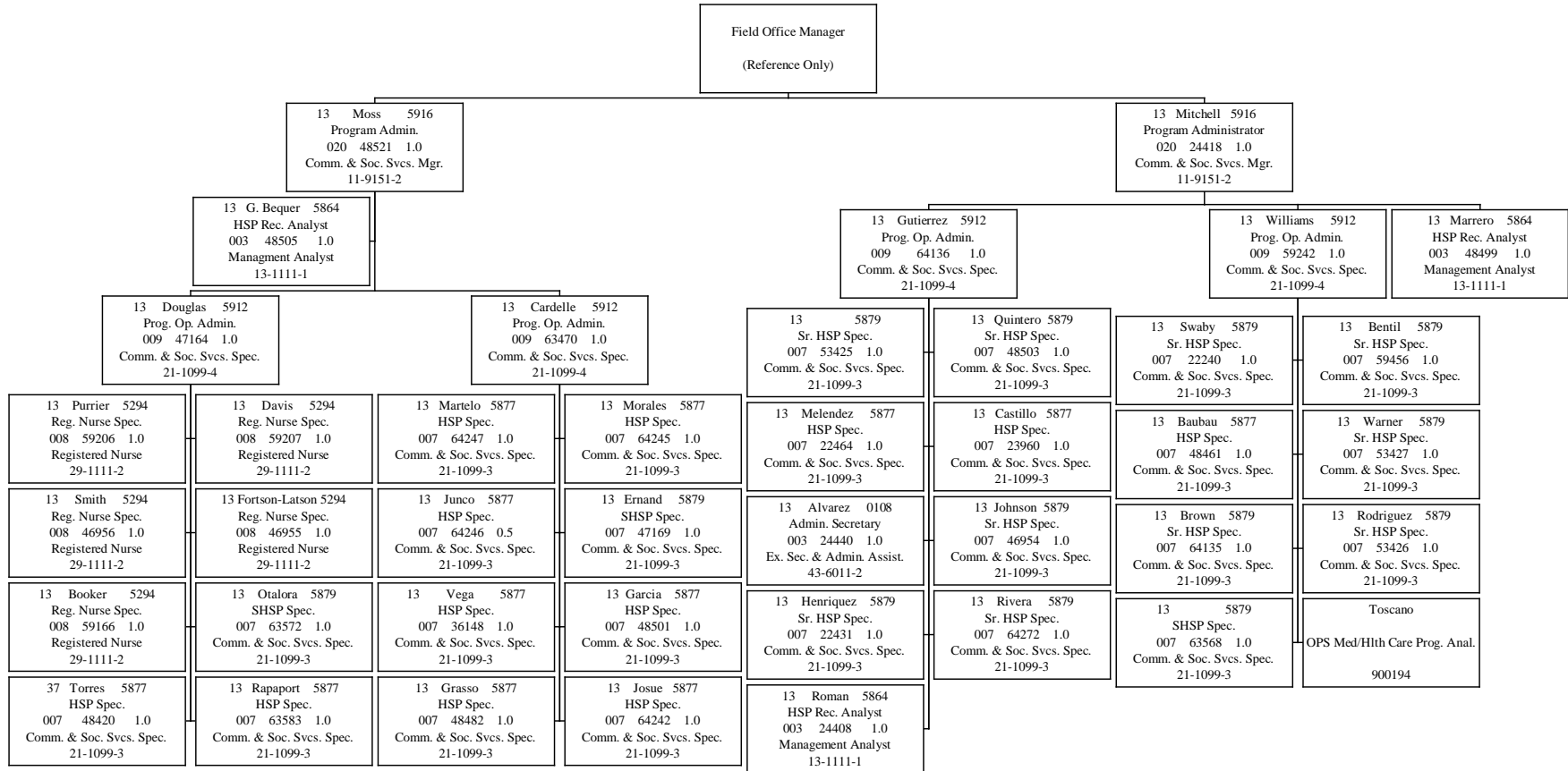
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
AREA 11 - Miami

Org. Level: 68 50 10 11 000
 Revised Date: July 1, 2010
 FTEs: 69.5 Positions: 70



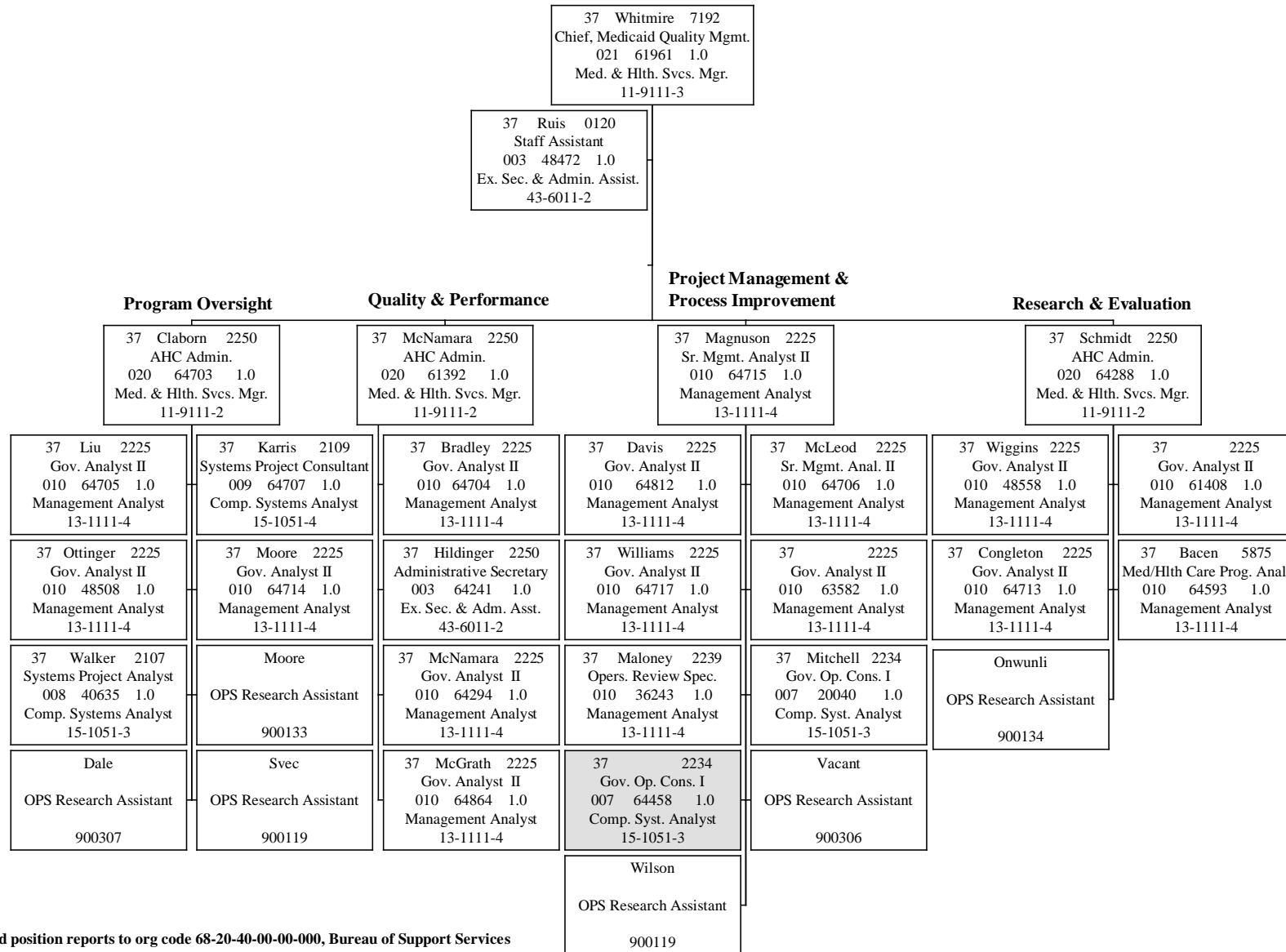
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
AREA 11 - Miami

Org. Level: 68 50 10 11 000
 Revised Date: July 1, 2010
 FTEs: 69.5 Positions: 70



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Medicaid Quality Management

Org Level: 68-50-20-00-000
 Revised Date: July 1, 2010
 FTE: 25 Positions: 25

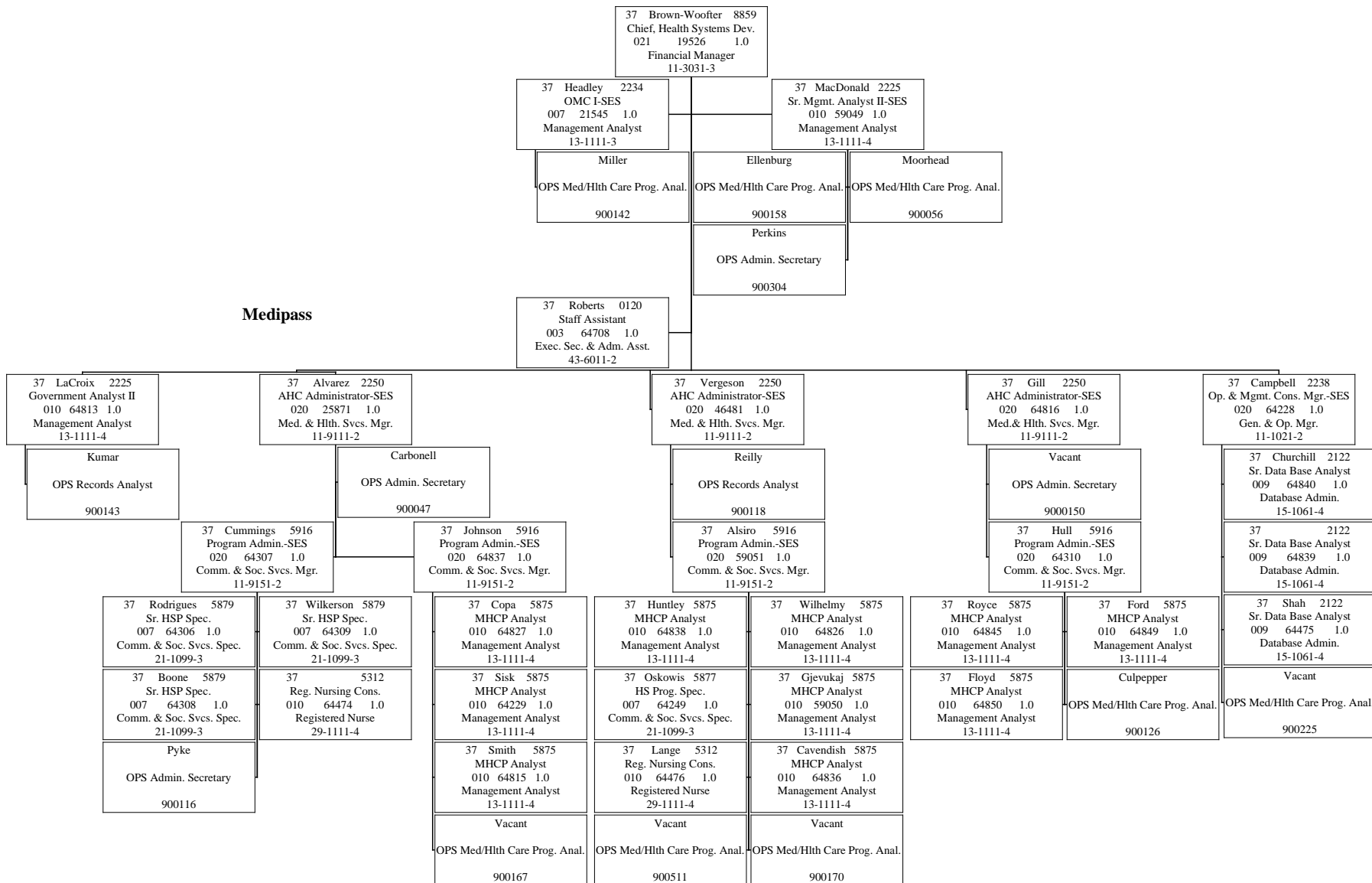


Shaded position reports to org code 68-20-40-00-000, Bureau of Support Services

AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Health Systems Development

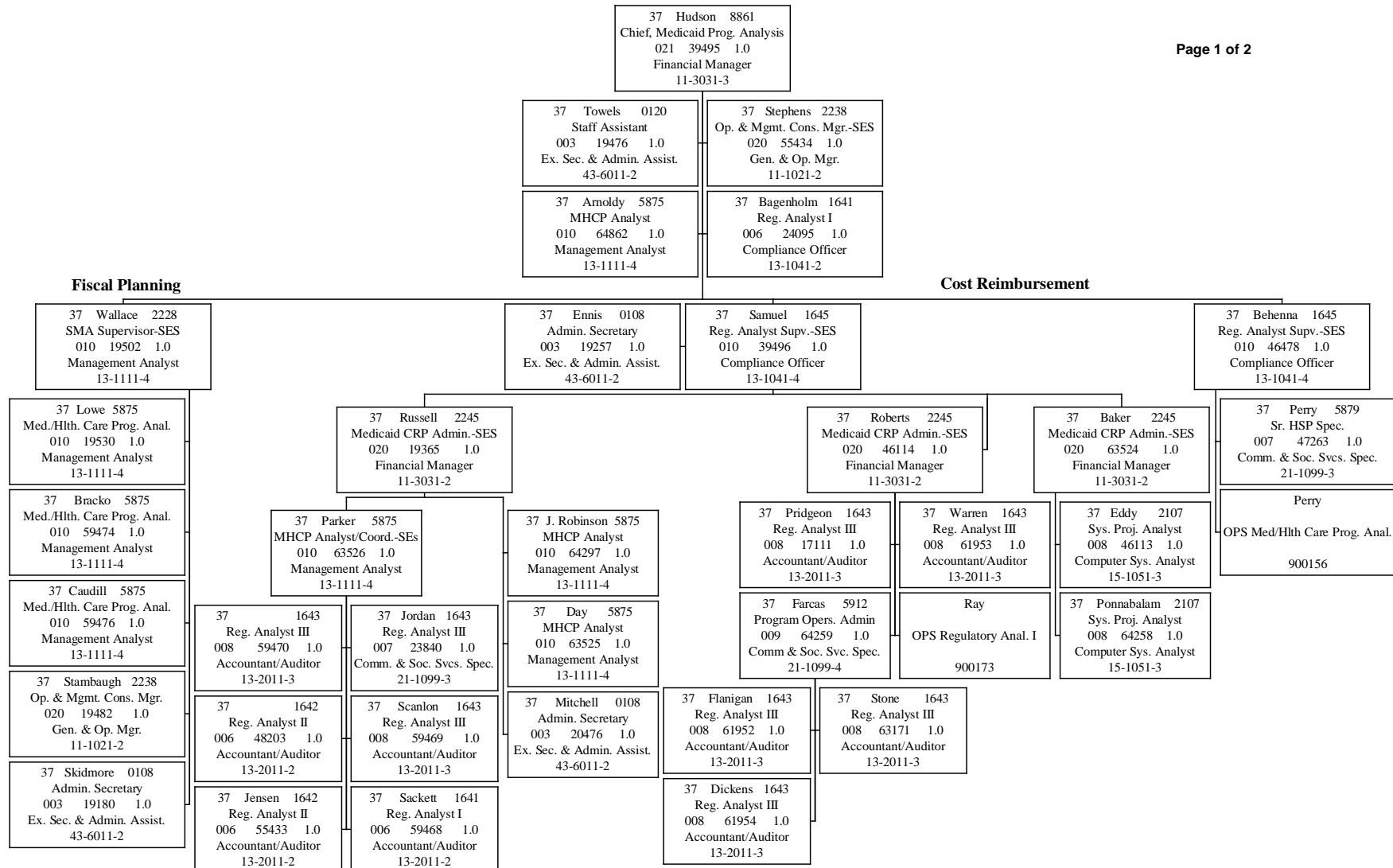
Org. Level: 68 50 40 00 000
 Revised Date: June, 2010
 FTEs: 32 Positions: 32

Medipass



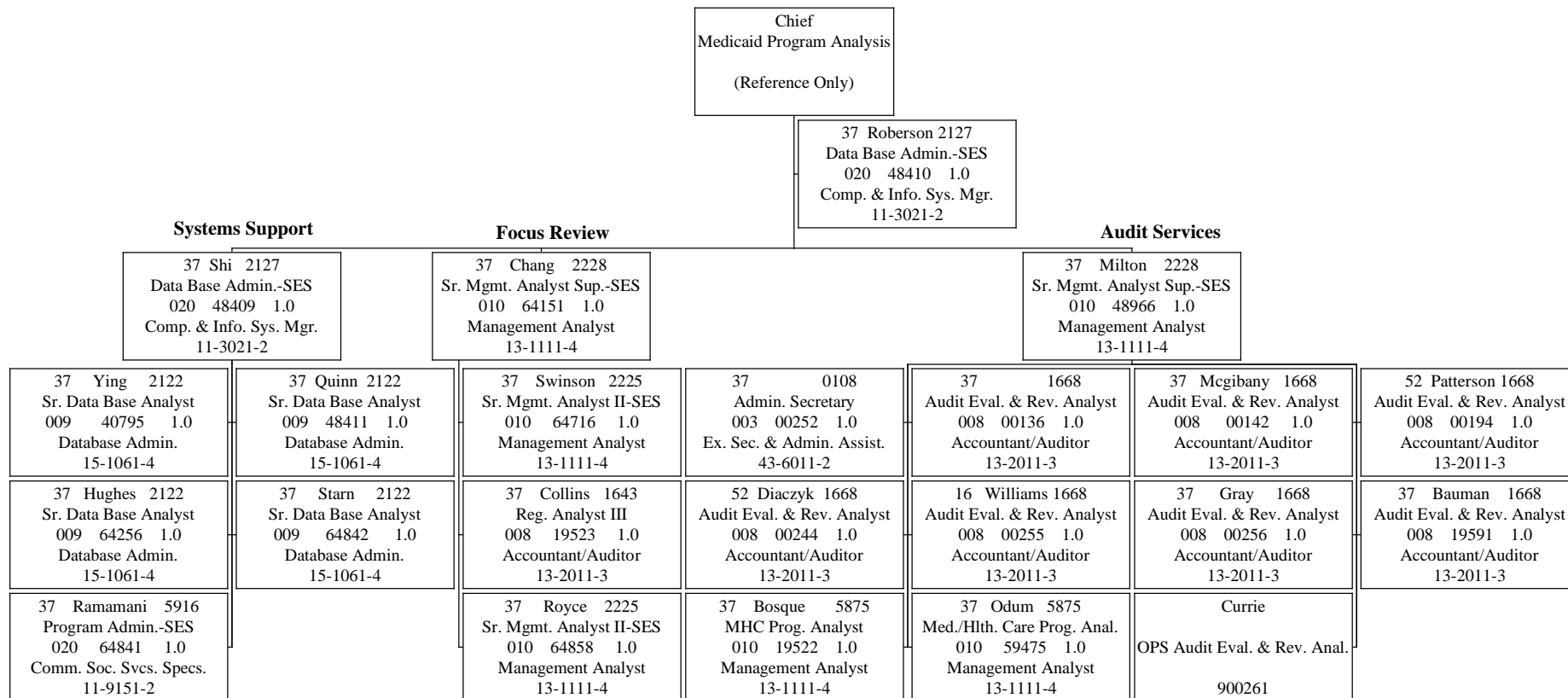
**AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
PROGRAM ANALYSIS**

Org. Level: 68 50 50 00 000
Revised Date: July 1, 2010
FTEs: 63 Positions: 63



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Program Analysis

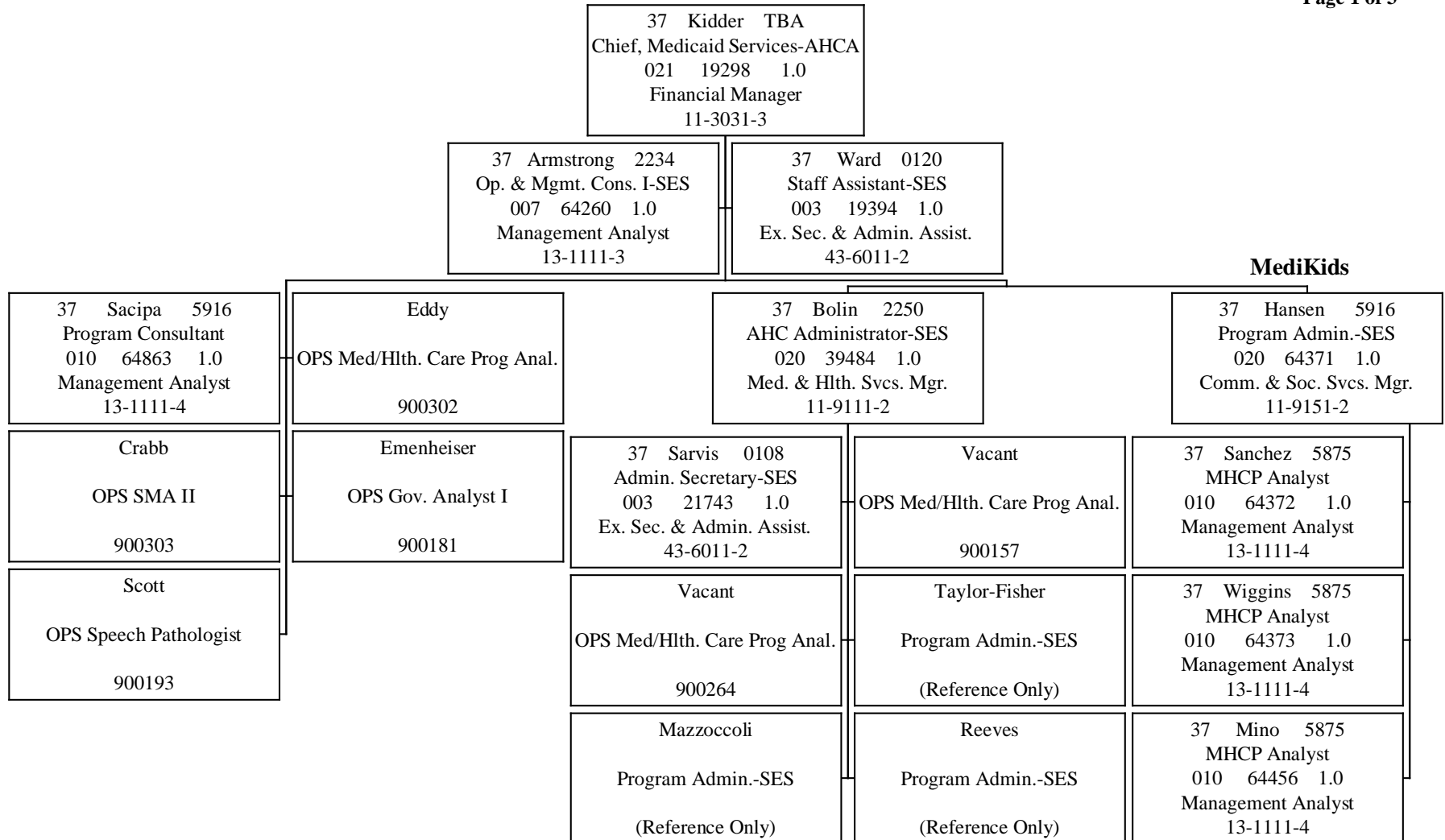
Org Level: 68505000000
 Revised Date: July 1, 2010
 FTE: 63 Positions: 63



AGENCY FOR HEALTH CARE ADMINISTRATION

**Medicaid
Medicaid Services**

Org Level: 68 50 60 00 000
Revised Date: July 1, 2010
FTEs: 68 Positions: 68



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Medicaid Services

Org. Level: 68 50 60 00 000
 Revised Date: July 1, 2010
 FTEs: 68 Positions: 68

Chief, Medicaid
 Services
 (Reference Only)

Bolin
 AHC Administrator-SES
 (Reference Only)

Medicaid State Plan

Acute Care Services

37 Taylor-Fisher 5916
 Program Admin.-SES
 020 46480 1.0
 Comm. & Soc. Svcs. Mgr.
 11-9151-2

37 Mazzoccoli 5916
 Program Admin.-SES
 020 59463 1.0
 Comm. & Soc. Svcs. Mgr.
 11-9151-2

37 Reeves 5916
 Program Admin.-SES
 020 59478 1.0
 Comm. & Soc. Svcs. Mgr.
 11-9151-2

37 Boone 5312 Reg. Nursing Consultant 010 25870 1.0 Registered Nurse 29-1111-4	37 Underwood 5875 MHCP Analyst 010 61450 1.0 Management Analyst 13-1111-4	37 Cerasoli 5875 MHCP Analyst 010 39485 1.0 Management Analyst 13-1111-4	37 Hudson 5312 Reg. Nursing Cons. 010 19528 1.0 Registered Nurse 29-1111-4	37 Stephens 5875 MHCP Analyst 010 59466 1.0 Management Analyst 13-1111-4	37 DeMarco 5312 Reg. Nursing Cons. 010 64255 1.0 Registered Nurse 29-1111-4	37 Canfield 5312 Reg. Nursing Cons. 010 59502 1.0 Registered Nurse 29-1111-4	37 Simpson 5875 MHCP Analyst 010 59467 1.0 Management Analyst 13-1111-4
37 Thomas 5875 MHCP Analyst 010 24167 1.0 Management Analyst 13-1111-4	37 Loar 5875 MHCP Analyst 010 59460 1.0 Management Analyst 13-1111-4	37 Anderson 5312 Reg. Nursing Cons. 010 64814 1.0 Registered Nurse 29-1111-4	37 Lucas 5312 Reg. Nursing Cons. 010 25875 1.0 Registered Nurse 29-1111-4	37 Kumar 5312 Reg. Nursing Cons. 010 19531 1.0 Registered Nurse 29-1111-4	37 Kenny 5312 Reg. Nursing Cons. 010 59462 1.0 Registered Nurse 29-1111-4	37 Brown-Jefferson 5875 MHCP Analyst 010 19512 1.0 Management Analyst 13-1111-4	37 Harper 5875 MHCP Analyst 010 19470 1.0 Management Analyst 13-1111-4
37 Core 5312 Reg. Nursing Consultant 010 59504 1.0 Registered Nurse 29-1111-4	37 Barker 5877 HSP Spec. 010 46484 1.0 Comm. & Soc. Svcs. Spec. 21-1099-3	37 McCollough 5312 Reg. Nursing Cons. 010 64473 1.0 Registered Nurse 29-1111-4	37 Kimball 0108 Admin. Secretary-SES 003 21558 1.0 Ex. Sec. & Admin. Assist. 43-6011-2	Deeb OPS Sr. Physician 900051	Fifer OPS Sr. Physician 900064	37 Gabric 5875 MHCP Analyst 010 59503 1.0 Management Analyst 13-1111-4	Dancy OPS Sr. Hum. Svcs. Prog. Spec. 900256
37 Shaperson 0108 Admin. Secretary-SES 003 56425 1.0 Ex. Sec. & Admin. Assist. 43-6011-2		Hansen OPS Dental Consultant 900252	Jones OPS Sr. Physician 900052	Klein OPS Sr. Physician 900063	Shepard OPS Sr. Physician 900054	Gambrell OPS Physical Therapy Consult. 900258	Hardiman OPS Sr. Physician 900048
		Walby OPS Sr. Physician 900178				Cox OPS Med/Hlth. Care Prog. Anal. 900287	Trull OPS Hum. Svcs. Prog Recs. Anal. 900218
						Huber OPS Sr. Physician 900065	Winter OPS Physical Therapy Consult. 900050

AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Medicaid Services

Org. Level: 68 50 60 00 000
 Revised Date: July 1, 2010
 FTEs: 68 Positions: 68

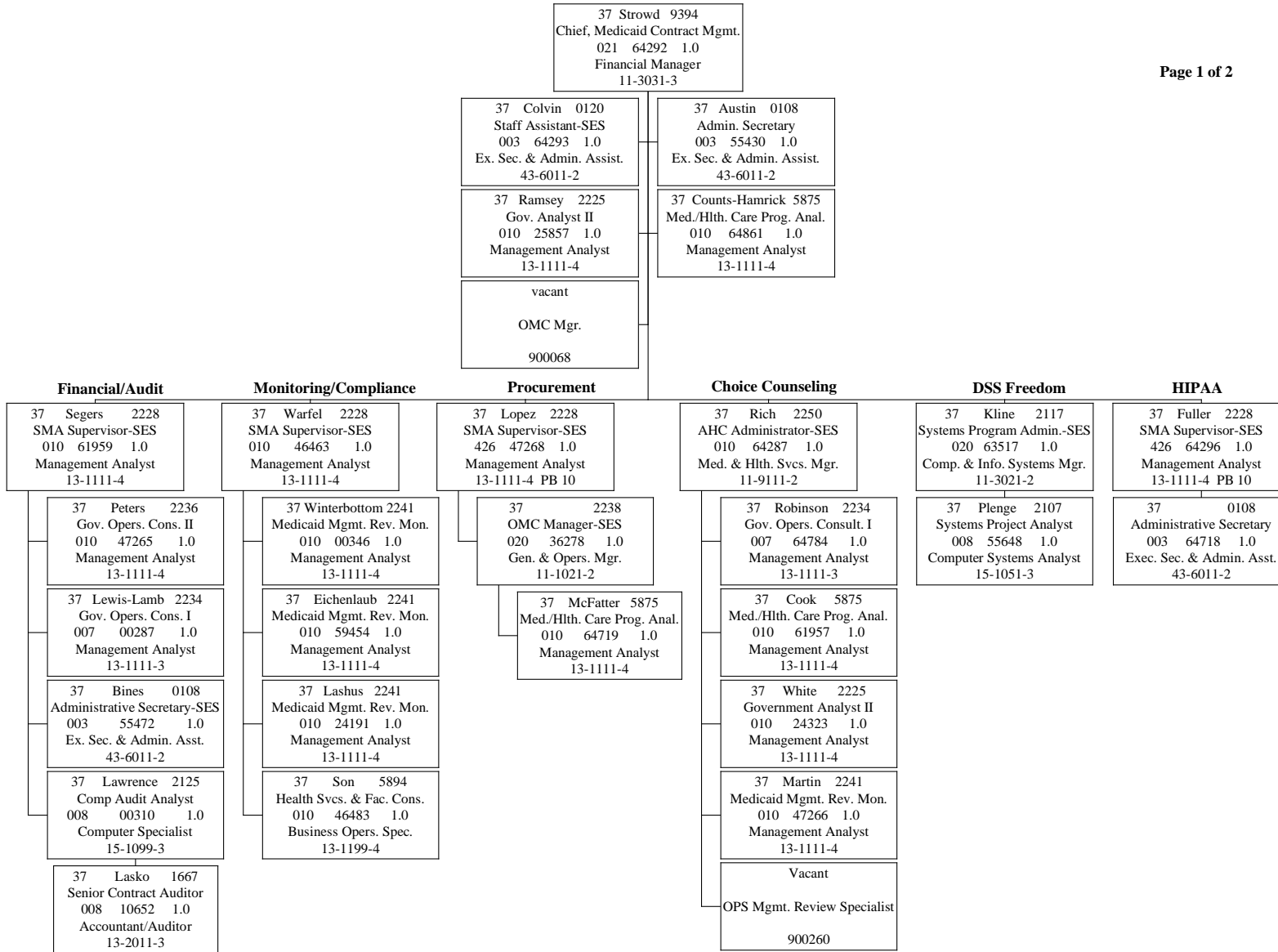
**Long Term &
 Behavioral Health Care**

Chief, Medicaid Services
(Reference Only)
37 Abbott 2250 AHC Administrator-SES 020 57053 1.0 Med. & Hlth. Svcs. Mgr. 11-9111-2

37 Butler-Moore 5916 Program Admin.-SES 020 56423 1.0 Comm. & Soc. Svcs. Mgr. 11-9151-2	37 Smith 5916 Program Admin.-SES 020 24162 1.0 Comm. & Soc. Svcs. Mgr. 11-9151-2	37 Harris 5916 Program Admin.-SES 020 39483 1.0 Comm. & Soc. Svcs. Mgr. 11-9151-2	37 Meadows 5916 Program Admin.-SES 020 64277 1.0 Comm. & Soc. Svcs. Mgr. 11-9151-2	37 Rhodes 2107 Sys. Proj. Analyst 008 61963 1.0 Computer Sys. Analyst 15-1051-3		
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	37 Mendie 5875 MHCP Analyst 010 22938 1.0 Management Analyst 13-1111-4	37 Weller 5312 Reg. Nursing Cons. 010 25877 1.0 Registered Nurse 29-1111-4	37 Jones-Garrett 5875 MHCP Analyst 010 64274 1.0 Management Analyst 13-1111-4	37 Richardson 0108 Admin. Secretary-SES 003 19525 1.0 Ex. Sec. & Admin. Assist. 43-6011-2
37 Pickle 2238 Govt. Ops. Cons. III 020 46732 1.0 Gen. & Op. Mgr. 11-1021-2	37 Tate 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	37 Holcomb 5875 MHCP Analyst 010 64843 1.0 Management Analyst 13-1111-4	37 Anthony-Davis 5312 Reg. Nursing Cons. 010 63527 1.0 Registered Nurse 29-1111-4	37 Smith 5875 MHCP Analyst 010 57052 1.0 Management Analyst 13-1111-4	Vacant OPS Med/Hlth. Care Prog. Anal. 900059
13 Rawlins 5875 MHCP Analyst 010 64852 1.0 Management Analyst 13-1111-4	37 Brothers 5875 MHCP Analyst 010 64853 1.0 Management Analyst 13-1111-4	37 Rinaldi 5875 MHCP Analyst 010 64844 1.0 Management Analyst 13-1111-4	37 Hengsebeck 5312 Reg. Nursing Cons. 010 19532 1.0 Registered Nurse 29-1111-4	37 Berg 5875 MHCP Analyst 010 64319 0.5 Management Analyst 13-1111-4	37 Kyllonen 5875 MHCP Analyst 010 63489 1.0 Management Analyst 13-1111-4	Vacant OPS Registered Nurse Consult. 900058
37 Whaley 5875 MHCP Analyst 010 59048 1.0 Management Analyst 13-1111-4	37 Shaperson 0108 Admin. Secretary 003 64295 1.0 Ex. Sec. & Admin. Assist. 43-6011-2	Vacant OPS Senior Clerk 900191	Roberts OPS Senior Clerk 900192	37 Walker 5875 MHCP Analyst 010 64192 1.0 Management Analyst 13-1111-4	37 Johnson 5875 MHCP Analyst 010 64592 1.0 Management Analyst 13-1111-4	Vacant OPS Admin. Secretary 900152
Dorceus OPS Med/Hlth. Care Prog. Anal. 900282	Hardin OPS Med/Hlth. Care Prog. Anal. 900129	Hermes OPS Med/Hlth. Care Prog. Anal. 900149	Vacant OPS Med/Hlth. Care Prog. Anal. 900135	37 Clarke 5875 MHCP Analyst 010 64828 1.0 Management Analyst 13-1111-4	37 Gould 0108 Admin. Secretary 003 46957 1.0 Ex. Sec. & Admin. Assist. 43-6011-2	
Eagle OPS Med/Hlth. Care Prog. Anal. 900233	Kulakowski OPS Med/Hlth. Care Prog. Anal. 900234	Vacant OPS Med/Hlth. Care Prog. Anal. 900139		Daniels OPS Med/Hlth. Care Prog. Anal. 900283	37 Pinkston 5871 HSP Analyst 007 60627 1.0 Comm & Soc. Svcs. Spec. 21-1099-3	
Fields OPS Med/Hlth. Care Prog. Anal. 900284				Hall OPS Med/Hlth. Care Prog. Anal. 900209	37 Rhodes 5875 MHCP Analyst 010 31740 1.0 Management Analyst 13-1111-4	
				Williams OPS Admin. Secretary 900222		

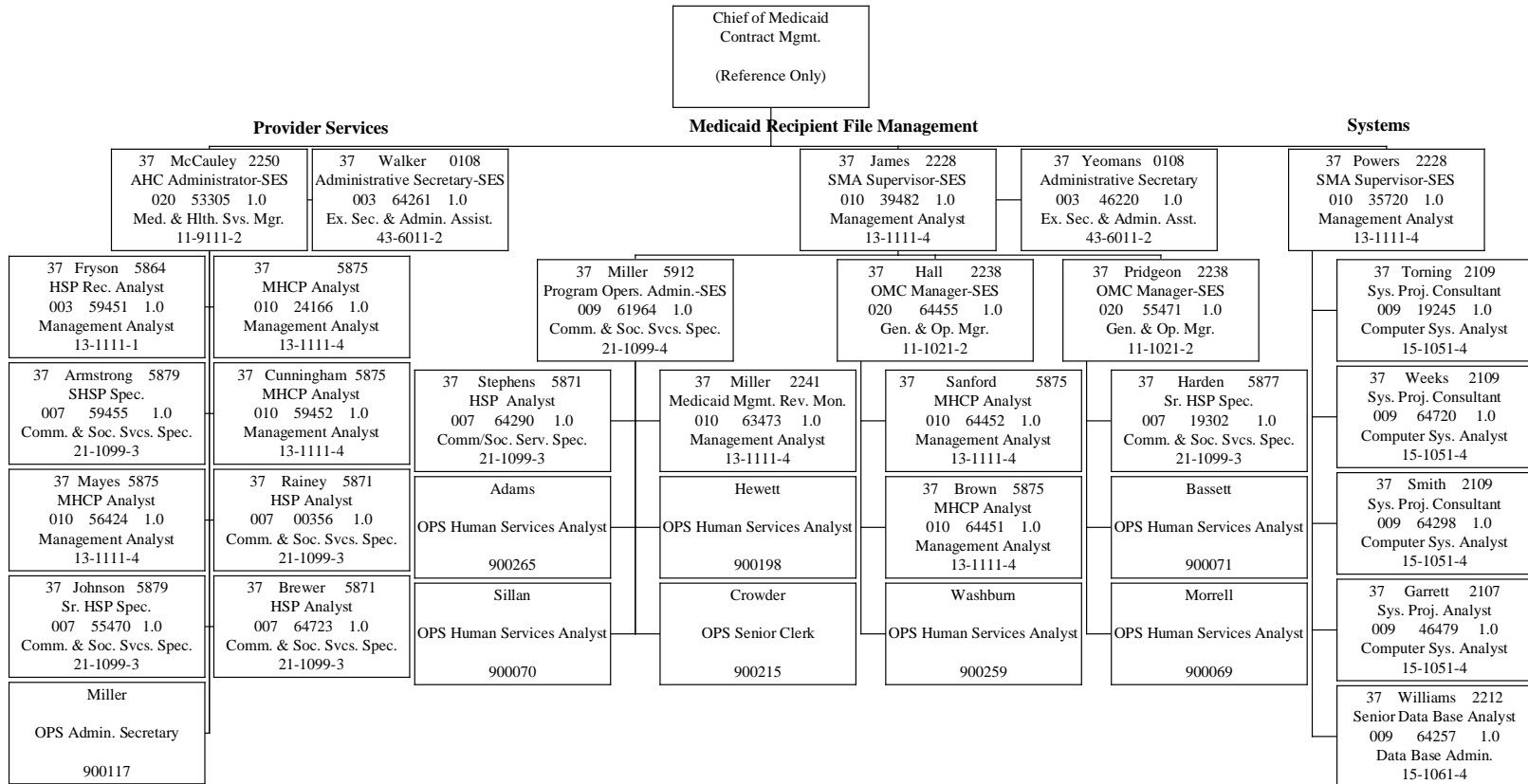
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Contract Management

Org. Level: 68 50 80 00 000
 Revised Date: July 1, 2010
 FTEs: 54 Positions: 54



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Contract Management

Org. Level: 68 50 80 00 000
 Revised Date: July 1, 2010
 FTEs: 54 Positions: 54



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Pharmacy Services

Org Level: 68-50-90-00-000
 Revised Date: July 1, 2010
 FTE: 19 Positions: 19

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		Vacant OPS Pharm. Prog. Manager 900253		
37 Elliott 2250 AHCA Administrator-SES 020 19357 1.0 Med. & Hlth. Svcs. Mgr. 11-9111-2		37 Coley 2250 AHCA Administrator-SES 020 61948 1.0 Med. & Hlth. Svcs. Mgr. 11-9111-2		37 Donnelly 2225 Gov. Anal. II 010 64846 1.0 Management Analyst 13-1111-4
37 Jones 5248 Sr. Pharmacist 011 61946 1.0 Pharmacist 29-1051-5	37 5248 Sr. Pharmacist 011 61947 1.0 Pharmacist 29-1051-5	37 Fortson 5875 Med./Hlth. Care Prog. Anal. 010 61968 1.0 Management Analyst 13-1111-4	37 Rubin 5248 Sr. Pharmacist 011 64809 1.0 Pharmacist 29-1051-5	37 Gibson 2225 Gov. Analyst II 010 61967 1.0 Management Analyst 13-1111-4
37 Freeman 5879 Sr. Human Serv. Prog. Spec. 007 64289 1.0 Comm./Soc. Serv. Spec. 21-1099-3	37 McKnight 5875 Med./Hlth. Care Prog. Anal. 010 61966 1.0 Management Analyst 13-1111-4	37 Wigglesworth 0108 Administrative Secretary 003 64785 1.0 Exe. Sec. & Admin. Asst. 43-6011-2	37 5248 Sr. Pharmacist 011 61955 1.0 Pharmacist 29-1051-5	37 Alsentzer 5875 Med./Hlth. Care Prog. Anal. 010 19511 1.0 Management Analyst 13-1111-4
37 2225 Gov. Analyst II 010 64722 1.0 Management Analyst 13-1111-4	37 Hamilton 2225 Gov. Analyst II 010 64811 1.0 Management Analyst 13-1111-4	Vacant OPS Hum. Svcs. Prog. Spec. 900189	Brown-Blount OPS Senior Pharmacist 900073	
37 Aldridge 2225 Gov. Analyst II 010 64783 1.0 Management Analyst 13-1111-4		Epelbaum OPS Senior Pharmacist 900174	Jasper OPS Senior Pharmacist 900175	
		Lewis OPS Senior Clerk 900196	Purvis OPS Sr. Hum. Svcs. Prog. Spec. 900075	
		Rizkallah OPS Senior Pharmacist 900177	Williams OPS Health Care Pract. 900076	

AGENCY FOR HEALTH CARE ADMINISTRATION		FISCAL YEAR 2009-10			
SECTION I: BUDGET		OPERATING	FIXED CAPITAL OUTLAY		
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		18,239,862,302	0		
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		1,163,627,975	0		
FINAL BUDGET FOR AGENCY		19,403,490,277	0		
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)					0
Prepaid Health Plans - Elderly And Disabled *		1,964,616	792.99	1,557,923,053	
Prepaid Health Plans - Families *		10,820,244	117.92	1,275,896,271	
Elderly And Disabled/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased		442,127	4,115.17	1,819,426,875	
Elderly And Disabled/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased		442,127	1,842.75	814,729,402	
Elderly And Disabled/Fee For Service/Medipass - Physician Services * Number of case months Medicaid program services purchased		442,127	1,093.40	483,422,083	
Elderly And Disabled/Fee For Service/Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased		442,127	743.63	328,777,618	
Elderly And Disabled/Fee For Service/Medipass - Supplemental Medical Insurance * Number of case months Medicaid program services purchased		303,567	2,887.12	876,435,294	
Elderly And Disabled/Fee For Service/Medipass - Early Periodic Screening Diagnosis And Treatment * Number of case months Medicaid program services purchased		83,664	151.49	12,674,075	
Elderly And Disabled/Fee For Service/Medipass - Patient Transportation * Number of case months Medicaid program services purchased		442,127	158.26	69,969,443	
Elderly And Disabled/Fee For Service/Medipass - Case Management * Number of case months Medicaid program services purchased		442,127	199.81	88,341,611	
Elderly And Disabled/Fee For Service/Medipass - Home Health Services * Number of case months Medicaid program services purchased		442,127	83.86	37,077,469	
Elderly And Disabled/Fee For Service/Medipass - Therapeutic Services For Children * Number of case months Medicaid program services purchased		83,664	214.76	17,967,421	
Elderly And Disabled/Fee For Service/Medipass - Hospital Insurance Benefit * Number of case months Medicaid program services purchased		264,602	425.26	112,525,718	
Elderly And Disabled/Fee For Service/Medipass - Hospice * Number of case months Medicaid program services purchased		442,127	533.43	235,843,295	
Elderly And Disabled/Fee For Service/Medipass - Private Duty Nursing * Number of case months Medicaid program services purchased		83,664	2,462.31	206,007,027	
Elderly And Disabled/Fee For Service/Medipass - Other * Number of case months Medicaid program services purchased		442,127	1,336.61	590,953,317	
Women And Children/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased		901,829	1,415.46	1,276,498,430	
Women And Children/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased		901,829	262.23	236,483,059	
Women And Children/Fee For Service / Medipass - Physician Services * Number of case months Medicaid program services purchased		901,829	576.16	519,594,146	
Women And Children/Fee For Service / Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased		901,829	589.52	531,646,686	
Women And Children/Fee For Service / Medipass - Supplemental Medical Insurance * Number of case months Medicaid program services purchased		941	170,198.79	160,157,062	
Women And Children/Fee For Service / Medipass - Early Periodic Screening Diagnosis And Treatment * Number of case months Medicaid program services purchased		720,496	210.84	151,907,144	
Women And Children/Fee For Service / Medipass - Patient Transportation * Number of case months Medicaid program services purchased		901,829	63.10	56,902,917	
Women And Children/Fee For Service / Medipass - Case Management * Number of case months Medicaid program services purchased		901,829	11.92	10,752,005	
Women And Children/Fee For Service / Medipass - Home Health Services * Number of case months Medicaid program services purchased		901,829	106.19	95,766,191	
Women And Children/Fee For Service / Medipass - Therapeutic Services For Children * Number of case months Medicaid program services purchased		720,496	74.52	53,694,340	
Women And Children/Fee For Service / Medipass - Clinic Services * Number of case months and Medicaid program services purchased		901,829	114.36	103,135,930	
Women And Children/Fee For Service / Medipass - Other * Number of case months Medicaid program services purchased		901,829	413.90	373,270,720	
Medically Needy - Hospital Inpatient * Number of case months Medicaid program services purchased		28,166	8,756.74	246,642,337	
Medically Needy - Prescribed Medicines * Number of case months Medicaid program services purchased		28,166	3,673.51	103,468,005	
Medically Needy - Physician Services * Number of case months Medicaid program services purchased		28,166	1,980.25	55,775,643	
Medically Needy - Hospital Outpatient * Number of case months Medicaid program services purchased		28,166	2,354.41	66,314,306	
Medically Needy - Supplemental Medical Insurance * Number of case months Medicaid program services purchased		3,696	1,466.03	5,418,456	
Medically Needy - Early Periodic Screening Diagnosis And Treatment * Number of case months Medicaid program services purchased		4,759	138.89	666,969	
Medically Needy - Patient Transportation * Number of case months Medicaid program services purchased		28,166	89.81	2,529,543	
Medically Needy - Case Management * Number of case months Medicaid program services purchased		28,166	56.12	1,580,585	
Medically Needy - Home Health Services * Number of case months Medicaid program services purchased		28,166	34.75	978,686	
Medically Needy - Therapeutic Services For Children * Number of case months Medicaid program services purchased		4,759	7.53	35,849	
Medically Needy - Other * Number of case months Medicaid program services purchased		28,166	40,977.27	1,154,165,825	
Refugees - Hospital Inpatient * Number of case months Medicaid program services purchased		4,636	1,281.69	5,941,903	
Refugees - Prescribed Medicines * Number of case months Medicaid program services purchased		4,636	58,458.72	271,014,635	
Refugees - Physician Services * Number of case months Medicaid program services purchased		4,636	1,360.98	6,309,492	
Refugees - Hospital Outpatient * Number of case months Medicaid program services purchased		4,636	289.95	1,344,208	
Refugees - Early Periodic Screening Diagnosis And Treatment * Number of case months Medicaid program services purchased		569	257.56	146,550	
Refugees - Patient Transportation * Number of case months Medicaid program services purchased		4,636	6.47	30,000	
Refugees - Case Management * Number of case months Medicaid program services purchased		4,636	0.20	923	
Refugees - Home Health Services * Number of case months Medicaid program services purchased		4,636	30.43	141,089	
Refugees - Therapeutic Services For Children * Number of case months Medicaid program services purchased		569	1.24	704	
Refugees - Other * Number of case months Medicaid program services purchased		4,636	268.92	1,246,693	
Nursing Home Care * Number of case months Medicaid program services purchased		75,662	36,468.71	2,759,295,227	
Home And Community Based Services * Number of case months Medicaid program services purchased		87,754	11,613.82	1,019,158,765	
Intermediate Care Facilities For The Developmentally Disabled - Sunland Centers * Number of case months Medicaid program services purchased		729	181,406.31	132,245,197	
Mental Health Disproportionate Share Program * Number of case months Medicaid program services purchased		720	93,226.42	67,123,021	
Long Term Care - Other * Number of case months Medicaid program services purchased		27,420	22,810.49	625,463,723	
Purchase Medikids Program Services * Number of case months		26,210	2,085.74	54,667,161	
Purchase Children's Medical Services Network Services * Number of case months		23,347	5,966.81	139,307,167	
Purchase Florida Healthy Kids Corporation Services * Number of case months		203,579	1,326.84	270,115,847	
Certificate Of Need/Financial Analysis * Number of certificate of need (CON) requests/financial reviews conducted		2,669	666.75	1,779,543	
Health Facility Regulation (compliance, Licensure, Complaints) - Tallahassee * Number of licensure/certification applications		24,278	555.21	13,479,397	
Facility Field Operations (compliance, Complaints) - Field Offices Survey Staff * Number of surveys and complaint investigations		42,410	1,056.67	44,813,511	
Health Standards And Quality * Number of transactions		2,559,853	1.57	4,015,461	
Plans And Construction * Number of reviews performed		4,564	1,390.65	6,346,923	
Managed Health Care * Number of HMO and workers' compensation arrangement surveys		177	16,169.63	2,862,024	
Organ And Tissue Donor * Number of donor designations		5,443,500	0.01	52,244	
Background Screening * Number of requests for screenings		66,393	13.50	896,112	
Subscriber Assistance Panel * Number of cases		506	1,897.93	960,355	
Health Facilities And Practitioner Regulation - Medicaid Choice Counseling *		334,088	5.74	1,918,077	
TOTAL				19,166,024,758	
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER				203,238,468	
REVERSIONS				34,227,206	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				19,403,490,432	

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

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

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

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

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

Schedule XIV
Variance from Long Range Financial Outlook

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

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

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

Yes No

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

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

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

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

* R/B = Revenue or Budget Driver

Administration and Support Schedules

Schedule I Series

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2011 - 2012

Department Title: Agency for Health Care Administration
Trust Fund Title: Administrative Trust Fund
LAS/PBS Fund Number: 2021

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-10 (A)

Add/Subtract:

Prior Year Financial Statement Adjustment(s) (B)

Other Adjustment(s):

G/L 15XXX & 16XXX Accounts Receivables (C)

G/L 3XXXX Other Accounts Payable (C)

ADJUSTED BEGINNING TRIAL BALANCE: (D)

UNRESERVED FUND BALANCE, SCHEDULE IC (E)

DIFFERENCE: (F)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011-2012
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Health Care Trust Fund
LAS/PBS Fund Number:	68200000
	2003

	Balance as of 6/30/2010		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	[]	(A)	[]		-
ADD: Other Cash (See Instructions)	[]	(B)	[]		-
ADD: Investments	[]	(C)	[]		-
ADD: Outstanding Accounts Receivable	[]	(D)	[]		-
ADD: _____	[]	(E)	[]		-
Total Cash plus Accounts Receivable	[]	(F)	[]	-	-
LESS: Allowances for Uncollectibles	[]	(G)	[]		-
LESS: Approved "A" Certified Forwards	[]	(H)	[]		-
Approved "B" Certified Forwards	[]	(H)	[]		-
Approved "FCO" Certified Forwards	[]	(H)	[]		-
LESS: Other Accounts Payable (Nonoperating)	[]	(I)	[]		-
LESS: Payables not Certified Forwards	[]		[]		-
LESS: Reduction to Payables	[]	(J)	[]		-
Unreserved Fund Balance, 07/01/10	[]	(K)	[]	-	-

Notes:

*SWFS = Statewide Financial Statement

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

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011-2012
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Administrative Trust Fund
LAS/PBS Fund Number:	Department Level
	2021

	Balance as of 6/30/2010		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	4,985,515.00	(A)			4,985,515.00
ADD: Other Cash (See Instructions)		(B)			-
ADD: Investments		(C)			-
ADD: Outstanding Accounts Receivable	108,313.00	(D)	258.00		108,571.00
ADD: _____		(E)			-
Total Cash plus Accounts Receivable	5,093,828.00	(F)	258.00		5,094,086.00
LESS: Allowances for Uncollectibles		(G)			-
LESS: Approved "A" Certified Forwards	672,196.00	(H)			672,196.00
Approved "B" Certified Forwards		(H)			-
Approved "FCO" Certified Forwards		(H)			-
LESS: Other Accounts Payable (Nonoperating)	2,632.00	(I)	1,886,809.00		1,889,441.00
LESS: Payables not Certified Forwards	2,513,346.00				2,513,346.00
LESS: Compensated Absences Liability	19,103.00	(J)			19,103.00
Unreserved Fund Balance, 07/01/10	1,886,551.00	(K)	(1,886,551.00)		- **

Notes:

*SWFS = Statewide Financial Statement

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

Health Care Services Schedules

Children Special Health Care

Schedule I Series

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011-2012
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Tobacco Settlement Trust Fund
LAS/PBS Fund Number:	68500100
	2122

	Balance as of 6/30/2010		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	62,646,331.00	(A)		62,646,331.00
ADD: Other Cash (See Instructions)		(B)		-
ADD: Investments		(C)		-
ADD: Outstanding Accounts Receivable		(D)		-
ADD: _____		(E)		-
Total Cash plus Accounts Receivable	62,646,331.00	(F)	-	62,646,331.00
LESS: Allowances for Uncollectibles		(G)		-
LESS: Approved "A" Certified Forwards	872,221.00	(H)		872,221.00
Approved "B" Certified Forwards		(H)		-
Approved "FCO" Certified Forwards		(H)		-
LESS: Other Accounts Payable (Nonoperating)		(I)	61,774,110.00	61,774,110.00
LESS: _____		(J)		-
Unreserved Fund Balance, 07/01/10	61,774,110.00	(K)	(61,774,110.00)	- **

Notes:

*SWFS = Statewide Financial Statement

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

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011 - 2012
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Grants and Donation Trust Fund
LAS/PBS Fund Number:	68500100
	2339

	Balance as of 6/30/2010	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(1,065,842.00) (A)		(1,065,842.00)
ADD: Other Cash (See Instructions)	907,056.00 (B)		907,056.00
ADD: Investments			-
ADD: Outstanding Accounts Receivable		2,056,449.00 (D)	2,056,449.00
ADD: _____			-
Total Cash plus Accounts Receivable	(158,786.00) (F)	2,056,449.00	1,897,663.00
LESS: Allowances for Uncollectibles			-
LESS: Approved "A" Certified Forwards	1,897,663.00 (H)		1,897,663.00
Approved "B" Certified Forwards			-
Approved "FCO" Certified Forwards			-
LESS: Other Accounts Payable (Nonoperating)			-
LESS: Deferred Revenues			-
Unreserved Fund Balance, 07/01/10	(2,056,449.00) (K)	2,056,449.00	- **

Notes:

*SWFS = Statewide Financial Statement

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

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011 - 2012
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Medical Care Trust Fund
LAS/PBS Fund Number:	68500100
	2474

	Balance as of 6/30/2010	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(4,570,361.00) (A)		(4,570,361.00)
ADD: Other Cash (See Instructions)			-
ADD: Investments			-
ADD: Outstanding Accounts Receivable	9,942,313.00 (D)	2,896,825.00	12,839,138.00
ADD: _____			-
Total Cash plus Accounts Receivable	5,371,952.00 (F)	2,896,825.00	8,268,777.00
LESS: Allowances for Uncollectibles			-
LESS: Approved "A" Certified Forwards	20,522,817.00 (H)	(12,254,040.00)	8,268,777.00
Approved "B" Certified Forwards			-
Approved "FCO" Certified Forwards			-
LESS: Other Accounts Payable (Nonoperating)			-
LESS: Deferred Revenues			-
Unreserved Fund Balance, 07/01/10	(15,150,865.00) (K)	15,150,865.00	- **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2011 - 2012

Department Title: Agency for Health Care Administration
Trust Fund Title: 68500100 Grant and Donations Trust Fund
LAS/PBS Fund Number: 2339

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-10 -2,056,450 (A)

Add/Subtract:

Prior Year Financial Statement Adjustment(s) (B)

Other Adjustment(s):

G/L 15XXX & 16XXX Accounts Receivables 2,056,450 (C)

G/L 3XXXX Other Accounts Payable (C)

ADJUSTED BEGINNING TRIAL BALANCE: 0 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 0 (E)

DIFFERENCE: 0 (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2011 - 2012

Department Title: Agency for Health Care Administration
Trust Fund Title: 68500100 Medical Care Trust Fund
LAS/PBS Fund Number: 2474

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-10 (A)

Add/Subtract:

Prior Year Financial Statement Adjustment(s) (B)

Other Adjustment(s):

G/L 15XXX & 16XXX Accounts Receivables (C)

G/L 3XXXX Other Accounts Payable (C)

ADJUSTED BEGINNING TRIAL BALANCE: (D)

UNRESERVED FUND BALANCE, SCHEDULE IC (E)

DIFFERENCE: (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2011 - 2012

Department Title: Agency for Health Care Administration
Trust Fund Title: 68500100 Tobacco Settlement Trust Fund
LAS/PBS Fund Number: 2122

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-10 61,774,110 (A)

Add/Subtract:

Prior Year Financial Statement Adjustment(s) (B)

Other Adjustment(s):

G/L 15XXX & 16XXX Accounts Receivables (C)

G/L 3XXXX Other Accounts Payable 61,774,110 (C)

ADJUSTED BEGINNING TRIAL BALANCE: 0 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 0 (E)

DIFFERENCE: 0 (F)*

***SHOULD EQUAL ZERO.**

Executive Direction and Support Services

Schedule I Series

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011 - 2012
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Grants and Donation Trust Fund
LAS/PBS Fund Number:	68500200
	2339

	Balance as of 6/30/2010	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(328,856.00) (A)		(328,856.00)
ADD: Other Cash (See Instructions)	(B)		-
ADD: Investments	(C)		-
ADD: Outstanding Accounts Receivable	11,571.00 (D)	630,053.00	641,624.00
ADD: _____	(E)		-
Total Cash plus Accounts Receivable	(317,285.00) (F)	630,053.00	312,768.00
LESS: Allowances for Uncollectibles	(G)		-
LESS: Approved "A" Certified Forwards	29,890.00 (H)	282,878.00	312,768.00
Approved "B" Certified Forwards	(H)		-
Approved "FCO" Certified Forwards	(H)		-
LESS: Other Accounts Payable (Nonoperating)	(I)		-
LESS: Deferred Revenues	(J)		-
Unreserved Fund Balance, 07/01/10	(347,175.00) (K)	347,175.00	- **

Notes:

*SWFS = Statewide Financial Statement

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

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011 - 2012
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Medical Care Trust Fund
LAS/PBS Fund Number:	68500200
	2474

	Balance as of 6/30/2010		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	22,254,055.00	(A)			22,254,055.00
ADD: Other Cash (See Instructions)	435.00	(B)			435.00
ADD: Investments		(C)			-
ADD: Outstanding Accounts Receivable	80,551,071.00	(D)	(52,868,717.00)		27,682,354.00
ADD: _____		(E)			-
Total Cash plus Accounts Receivable	102,805,561.00	(F)	(52,868,717.00)		49,936,844.00
LESS: Allowances for Uncollectibles		(G)			-
LESS: Approved "A" Certified Forwards	49,422,861.00	(H)			49,422,861.00
Approved "B" Certified Forwards		(H)			-
Approved "FCO" Certified Forwards		(H)			-
LESS: Other Accounts Payable (Nonoperating)	35,813.00	(I)	21,104.00		56,917.00
LESS: Other Payables	457,066.00	(J)			457,066.00
LESS:		(J)			-
Unreserved Fund Balance, 07/01/10	52,889,821.00	(K)	(52,889,821.00)		- **

Notes:

*SWFS = Statewide Financial Statement

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

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011 - 2012
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Grants and Donation Trust Fund
LAS/PBS Fund Number:	68500200
	2339

	Balance as of 6/30/2010	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(328,856.00) (A)		(328,856.00)
ADD: Other Cash (See Instructions)			-
ADD: Investments			-
ADD: Outstanding Accounts Receivable	11,571.00 (D)	630,053.00	641,624.00
ADD: _____			-
Total Cash plus Accounts Receivable	(317,285.00) (F)	630,053.00	312,768.00
LESS: Allowances for Uncollectibles			-
LESS: Approved "A" Certified Forwards	29,890.00 (H)	282,878.00	312,768.00
Approved "B" Certified Forwards			-
Approved "FCO" Certified Forwards			-
LESS: Other Accounts Payable (Nonoperating)			-
LESS: Deferred Revenues			-
Unreserved Fund Balance, 07/01/10	(347,175.00) (K)	347,175.00	- **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2011 - 2012

Department Title: Agency for Health Care Administration
Trust Fund Title: 68500200 Grant and Donations Trust Fund
LAS/PBS Fund Number: 2339

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-10 -347,174 (A)

Add/Subtract:

Prior Year Financial Statement Adjustment(s) (B)

Other Adjustment(s):

G/L 15XXX & 16XXX Accounts Receivables 630,053 (C)

G/L 3XXXX Other Accounts Payable 282,879 (C)

ADJUSTED BEGINNING TRIAL BALANCE: 0 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 0 (E)

DIFFERENCE: 0 (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2011 - 2012

Department Title:	Agency for Health Care Administration
Trust Fund Title:	68500200 Medical Care Trust Fund
LAS/PBS Fund Number:	2474

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-10	<input type="text" value="52,889,821"/> (A)
---	---

Add/Subtract:

Prior Year Financial Statement Adjustment(s)	<input type="text"/> (B)
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Other Adjustment(s):

G/L 15XXX & 16XXX Accounts Receivables	<input type="text" value="-52,868,717"/> (C)
--	--

G/L 3XXXX Other Accounts Payable	<input type="text" value="-21,104"/> (C)
----------------------------------	--

ADJUSTED BEGINNING TRIAL BALANCE:	<input type="text" value="0"/> (D)
--	------------------------------------

UNRESERVED FUND BALANCE, SCHEDULE IC	<input type="text" value="0"/> (E)
---	------------------------------------

DIFFERENCE:	<input type="text" value="0"/> (F)*
--------------------	-------------------------------------

***SHOULD EQUAL ZERO.**

Medicaid Services to Individuals

Schedule I Series

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011-2012
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Health Care Trust Fund
LAS/PBS Fund Number:	68501400
	2003

	Balance as of 6/30/2010		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	305,986,161.00	(A)		305,986,161.00
ADD: Other Cash (See Instructions)		(B)		-
ADD: Investments		(C)		-
ADD: Outstanding Accounts Receivable		(D)	4,895,312.00	4,895,312.00
ADD: _____		(E)		-
Total Cash plus Accounts Receivable	305,986,161.00	(F)	4,895,312.00	310,881,473.00
LESS: Allowances for Uncollectibles		(G)		-
LESS: Approved "A" Certified Forwards		(H)		-
Approved "B" Certified Forwards		(H)		-
Approved "FCO" Certified Forwards		(H)		-
LESS: Other Accounts Payable (Nonoperating)		(I)	270,000,000.00	270,000,000.00
LESS: Payables not Certified Forwards				-
LESS: Reduction to Payables		(J)		-
Unreserved Fund Balance, 07/01/10	305,986,161.00	(K)	(265,104,688.00)	40,881,473.00 **

Notes:

*SWFS = Statewide Financial Statement

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

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011-2012
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Tobacco Settlement Trust Fund
LAS/PBS Fund Number:	68501400
	2122

	Balance as of 6/30/2010	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(54,474,110.00) (A)		(54,474,110.00)
ADD: Other Cash (See Instructions)			-
ADD: Investments			-
ADD: Outstanding Accounts Receivable		61,774,110.00	61,774,110.00
ADD: _____			-
Total Cash plus Accounts Receivable	(54,474,110.00) (F)	61,774,110.00	7,300,000.00
LESS: Allowances for Uncollectibles			-
LESS: Approved "A" Certified Forwards			-
Approved "B" Certified Forwards			-
Approved "FCO" Certified Forwards			-
LESS: Other Accounts Payable (Nonoperating)	7,299,999.00 (I)	1.00	7,300,000.00
LESS: _____			-
Unreserved Fund Balance, 07/01/10	(61,774,109.00) (K)	61,774,109.00	- **

Notes:

*SWFS = Statewide Financial Statement

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

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011 - 2012
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Grants and Donation Trust Fund
LAS/PBS Fund Number:	68501400
	2339

	Balance as of 6/30/2010	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	133,629,580.00 (A)		133,629,580.00
ADD: Other Cash (See Instructions)	8,099,206.00 (B)		8,099,206.00
ADD: Investments			-
ADD: Outstanding Accounts Receivable	168,210,486.00 (D)	(18,986.00)	168,191,500.00
ADD: _____			-
Total Cash plus Accounts Receivable	309,939,272.00 (F)	(18,986.00)	309,920,286.00
LESS: Allowances for Uncollectibles	2,563,494.00 (G)		2,563,494.00
LESS: Approved "A" Certified Forwards	288,558,187.00 (H)		288,558,187.00
Approved "B" Certified Forwards			-
LESS: Transfer of Fund Balance 68501500		11,186,212.00 (H)	11,186,212.00
LESS: Other Accounts Payable (Nonoperating)		(14,358,377.00) (I)	(14,358,377.00)
LESS: Deferred Revenues	16,604,470.00 (J)		16,604,470.00
Unreserved Fund Balance, 07/01/10	2,213,121.00 (K)	3,153,179.00	5,366,300.00 **

Notes:

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SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011 - 2012
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Medical Care Trust Fund
LAS/PBS Fund Number:	68501400
	2474

	Balance as of 6/30/2010	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	3,112,409,422.00 (A)		3,112,409,422.00
ADD: Other Cash (See Instructions)	430,757.00 (B)		430,757.00
ADD: Investments	469,422,238.00 (C)		469,422,238.00
ADD: Outstanding Accounts Receivable	1,960,929,251.00 (D)	(536,093,484.00)	1,424,835,767.00
ADD: _____			-
Total Cash plus Accounts Receivable	5,543,191,668.00 (F)	(536,093,484.00)	5,007,098,184.00
LESS: Allowances for Uncollectibles	4,450,491.00 (G)		4,450,491.00
LESS: Approved "A" Certified Forwards	943,638,374.00 (H)	3,092,266,110.00	4,035,904,484.00
Approved "B" Certified Forwards			-
Approved "FCO" Certified Forwards			-
LESS: Other Accounts Payable (Nonoperating)	4,693,147.00 (I)		4,693,147.00
LESS: Balance Brought Forward AP	469,429,690.00		469,429,690.00
LESS: Deferred Revenues	32,456,276.00 (J)		32,456,276.00
Unreserved Fund Balance, 07/01/10	4,088,523,690.00 (K)	(3,628,359,594.00)	460,164,096.00 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2011 - 2012

Department Title:	Agency for Health Care Administration
Trust Fund Title:	68501400 Health Care Trust Fund
LAS/PBS Fund Number:	2003

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-10	305,986,161 (A)
---	------------------------

Add/Subtract:

Prior Year Financial Statement Adjustment(s)	(B)
--	-----

Other Adjustment(s):

G/L 15XXX & 16XXX Accounts Receivables	4,895,312 (C)
--	---------------

G/L 3XXXX Other Accounts Payable	270,000,000 (C)
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ADJUSTED BEGINNING TRIAL BALANCE:	40,881,473 (D)
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UNRESERVED FUND BALANCE, SCHEDULE IC	40,881,473 (E)
---	-----------------------

DIFFERENCE:	0 (F)*
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***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2011 - 2012

Department Title: Agency for Health Care Administration
Trust Fund Title: 68501400 Grant and Donations Trust Fund
LAS/PBS Fund Number: 2339

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-10 -22,131,240 (A)

Add/Subtract:

Prior Year Financial Statement Adjustment(s) (B)

Other Adjustment(s):

G/L 15XXX & 16XXX Accounts Receivables -18,986 (C)

G/L 3XXXX Other Accounts Payable -27,516,526 (C)

ADJUSTED BEGINNING TRIAL BALANCE: 5,366,300 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 5,366,300 (E)

DIFFERENCE: 0 (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2011 - 2012

Department Title: Agency for Health Care Administration
Trust Fund Title: 68501400 Tobacco Settlement Trust Fund
LAS/PBS Fund Number: 2122

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-10 -61,774,110 (A)

Add/Subtract:

Prior Year Financial Statement Adjustment(s) (B)

Other Adjustment(s):

G/L 15XXX & 16XXX Accounts Receivables 61,774,110 (C)

G/L 3XXXXX Other Accounts Payable (C)

ADJUSTED BEGINNING TRIAL BALANCE: 0 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 0 (E)

DIFFERENCE: 0 (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2011 - 2012

Department Title:	Agency for Health Care Administration
Trust Fund Title:	68501400 Medical Care Trust Fund
LAS/PBS Fund Number:	2474

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-10	4,088,523,691	(A)
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Add/Subtract:

Prior Year Financial Statement Adjustment(s)		(B)
--	--	-----

Other Adjustment(s):

G/L 15XXX & 16XXX Accounts Receivables	-536,093,484	(C)
--	--------------	-----

G/L 3XXXX Other Accounts Payable	-3,092,266,111	(C)
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ADJUSTED BEGINNING TRIAL BALANCE:	460,164,096	(D)
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UNRESERVED FUND BALANCE, SCHEDULE IC	460,164,096	(E)
---	--------------------	-----

DIFFERENCE:	0	(F)*
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***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2011 - 2012

Department Title: Agency for Health Care Administration
Trust Fund Title: Public Medical Assistance Trust Fund
LAS/PBS Fund Number: 2565

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-10 107,307,684 (A)

Add/Subtract:

Prior Year Financial Statement Adjustment(s) -412,577 (B)

Other Adjustment(s):

G/L 15XXX & 16XXX Accounts Receivables (C)

G/L 3XXXX Other Accounts Payable 1 (C)

ADJUSTED BEGINNING TRIAL BALANCE: 107,720,260 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 107,720,260 (E)

DIFFERENCE: 0 (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2011 - 2012

Department Title: Agency for Health Care Administration
Trust Fund Title: Refugee Assistant Trust Fund
LAS/PBS Fund Number: 2579

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-10 (A)

Add/Subtract:

Prior Year Financial Statement Adjustment(s) (B)

Other Adjustment(s):

G/L 15XXX & 16XXX Accounts Receivables (C)

G/L 3XXXX Other Accounts Payable (C)

ADJUSTED BEGINNING TRIAL BALANCE: (D)

UNRESERVED FUND BALANCE, SCHEDULE IC (E)

DIFFERENCE: (F)*

***SHOULD EQUAL ZERO.**

Medicaid Long Term Care

Schedule I Series

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011-2012
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Health Care Trust Fund
LAS/PBS Fund Number:	68501500
	2003

	Balance as of 6/30/2010		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(232,155,608.00)	(A)			(232,155,608.00)
ADD: Other Cash (See Instructions)		(B)			-
ADD: Investments		(C)			-
ADD: Outstanding Accounts Receivable		(D)	270,000,000.00		270,000,000.00
ADD: _____		(E)			-
Total Cash plus Accounts Receivable	(232,155,608.00)	(F)	270,000,000.00		37,844,392.00
LESS: Allowances for Uncollectibles		(G)			-
LESS: Approved "A" Certified Forwards	37,844,392.00	(H)			37,844,392.00
Approved "B" Certified Forwards		(H)			-
Approved "FCO" Certified Forwards		(H)			-
LESS: Other Accounts Payable (Nonoperating)		(I)			-
LESS: Payables not Certified Forwards					-
LESS: Reduction to Payables		(J)			-
Unreserved Fund Balance, 07/01/10	(270,000,000.00)	(K)	270,000,000.00		- **

Notes:

*SWFS = Statewide Financial Statement

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

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011 - 2012
Trust Fund Title:	<u>Agency for Health Care Administration</u>
Budget Entity:	<u>Grants and Donation Trust Fund</u>
LAS/PBS Fund Number:	<u>68501500</u>
	<u>2339</u>

	Balance as of 6/30/2010	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	17,118,333.00 (A)		17,118,333.00
ADD: Other Cash (See Instructions)	(B)		-
ADD: Investments	(C)		-
ADD: Outstanding Accounts Receivable	1,150,374.00 (D)	253,843.00	1,404,217.00
ADD: _____	(E)		-
Total Cash plus Accounts Receivable	18,268,707.00 (F)	253,843.00	18,522,550.00
LESS: Allowances for Uncollectible	503,490.00 (G)		503,490.00
LESS: Approved "A" Certified Forwards	34,647,677.00 (H)		34,647,677.00
Approved "B" Certified Forwards	(H)		-
LESS: Transfer of Fund Balance 68501400	(H)	(11,186,212.00)	(11,186,212.00)
LESS: Other Accounts Payable (Nonoperating)	(I)	(32,729,079.00)	(32,729,079.00)
LESS: Unearned Revenue and Other Payables	27,286,674.00 (J)		27,286,674.00
Unreserved Fund Balance, 07/01/10	(44,169,134.00) (K)	44,169,134.00	- **

Notes:

*SWFS = Statewide Financial Statement

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

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011 - 2012
Trust Fund Title:	<u>Agency for Health Care Administration</u>
Budget Entity:	<u>Medical Care Trust Fund</u>
LAS/PBS Fund Number:	<u>68501500</u>
	<u>2474</u>

	Balance as of 6/30/2010	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(3,018,448,462.00) (A)		(3,018,448,462.00)
ADD: Other Cash (See Instructions)	4,705.00 (B)		4,705.00
ADD: Investments			-
ADD: Outstanding Accounts Receivable	483,563.00 (D)	3,325,412,018.00	3,325,895,581.00
ADD: _____			-
Total Cash plus Accounts Receivable	(3,017,960,194.00) (F)	3,325,412,018.00	307,451,824.00
LESS: Allowances for Uncollectibles			-
LESS: Approved "A" Certified Forwards	356,120,853.00 (H)	(48,669,029.00)	307,451,824.00
Approved "B" Certified Forwards			-
Approved "FCO" Certified Forwards			-
LESS: Other Accounts Payable (Nonoperating)			-
LESS: Deferred Revenues			-
Unreserved Fund Balance, 07/01/10	(3,374,081,047.00) (K)	3,374,081,047.00	- **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2011 - 2012

Department Title: Agency for Health Care Administration
Trust Fund Title: 68501500 Grant and Donations Trust Fund
LAS/PBS Fund Number: 2339

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-10 -44,168,134 (A)

Add/Subtract:

Prior Year Financial Statement Adjustment(s) (B)

Other Adjustment(s):

G/L 15XXX & 16XXX Accounts Receivables 253,843 (C)

G/L 3XXXX Other Accounts Payable -43,914,291 (C)

ADJUSTED BEGINNING TRIAL BALANCE: 0 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 0 (E)

DIFFERENCE: 0 (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2011 - 2012

Department Title: Agency for Health Care Administration
Trust Fund Title: 68501500 Medical Care Trust Fund
LAS/PBS Fund Number: 2474

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-10 (A)

Add/Subtract:

Prior Year Financial Statement Adjustment(s) (B)

Other Adjustment(s):

G/L 15XXX & 16XXX Accounts Receivables (C)

G/L 3XXXX Other Accounts Payable (C)

ADJUSTED BEGINNING TRIAL BALANCE: (D)

UNRESERVED FUND BALANCE, SCHEDULE IC (E)

DIFFERENCE: (F)*

***SHOULD EQUAL ZERO.**

Health Facility Regulation

Health Facility Regulation

Schedule I Series

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 68 Health Care Administrati **Budget Period: 2011-12**
Program: 68700700 Health Care Regulation
Fund: 2003 Health Care Trust Fund

Specific Authority: Various Sections of the following Chapters 112, 383, 390, 394, 395, 400, 483, 641, 765, F.S.

Purpose of Fees Collected: The fees are necessary to enable the Agency to administer its regulatory responsibilities.

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

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL	ESTIMATED	REQUEST
	FY 2009 - 10	FY 2010 - 11	FY 2011 - 12
<u>Receipts:</u>			
<u>Abortion Clinic</u>	23,867	25,147	25,147
<u>AFCH</u>	91,566	99,597	99,597
<u>ALF Facility</u>	3,957,942	4,109,136	4,109,136
<u>ADC Facility</u>	37,237	38,168	38,168
<u>Amb. Surgical Center</u>	410,272	435,709	435,709
<u>Birth Center</u>	6,766	6,935	6,935
<u>Crisis Stabilization Units</u>	109,389	117,177	117,177
<u>Diagnostic imaging</u>	0	0	0
<u>Forensic Lab</u>	160,587	161,903	161,903
<u>HMO</u>	2,346,167	2,756,512	2,756,512
<u>HMO-WC</u>	437,743	250,000	250,000
<u>H, C, & Ss</u>	180,159	199,292	199,292
<u>Health Care Clinics</u>	2,591,029	2,660,728	2,660,728
<u>Health Care Services Pool</u>	231,497	237,284	237,284
<u>Home Health</u>	5,860,878	5,919,487	5,919,487
<u>Home Medical Equipment</u>	491,106	515,170	515,170
<u>Home Spec. Service</u>	3,979	4,178	4,178
<u>Hospice</u>	29,922	30,670	30,670
<u>Hospital</u>	1,171,191	1,800,718	1,800,718
<u>ICF/DD</u>	415,833	428,308	428,308
<u>Laboratory</u>	1,816,407	1,861,818	1,861,818
<u>Multiphasic Center</u>	3,246	3,327	3,327
<u>Nurse Registry</u>	668,218	684,924	684,924

Organ & Tissue Donor	104,807	107,427	107,427
Organ Procurement	262,939	269,512	269,512
PPECS	18,622	18,884	18,884
Radiation Therapy	0	0	0
Residential Treatment	201,558	190,774	190,774
Risk Management	181,851	183,670	183,670
SNF Home	6,110,948	6,263,722	6,263,722
Trans. Living	49,842	51,088	51,088
UTIL Review	1,586	1,626	1,626
Plans Review	3,461,614	3,548,154	3,548,154

Total Fee Collection to Line (A) - Section III 31,438,770 32,981,045 32,981,045

SECTION II - FULL COSTS

Direct Costs:

Salaries and Benefits			
Other Personal Services			
Expenses			
Operating Capital Outlay			
Direct Cost Allocation	22,806,066	23,627,312	23,627,312

Indirect Costs Charged to Trust Fund 10,945,225 11,339,363 11,339,363

Total Full Costs to Line (B) - Section III 33,751,291 34,966,675 34,966,675

Basis Used: _____

SECTION III - SUMMARY

TOTAL SECTION I	(A)	31,438,770	32,981,045	32,981,045
TOTAL SECTION II	(B)	33,751,291	34,966,675	34,966,675
TOTAL - Surplus/Deficit	(C)	(2,312,521)	(1,985,630)	(1,985,630)

EXPLANATION of LINE C:

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

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011-2012
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Health Care Trust Fund
LAS/PBS Fund Number:	68700700
	2003

	Balance as of 6/30/2010		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	59,273,407.00	(A)		59,273,407.00
ADD: Other Cash (See Instructions)	267,176.00	(B)		267,176.00
ADD: Investments		(C)		-
ADD: Outstanding Accounts Receivable	8,343,932.00	(D)	4,880,000.00	13,223,932.00
ADD: <u>Advance To Other Fund</u>	20,000.00	(E)		20,000.00
Total Cash plus Accounts Receivable	67,904,515.00	(F)	4,880,000.00	72,784,515.00
LESS: Allowances for Uncollectibles	4,337,406.00	(G)		4,337,406.00
LESS: Approved "A" Certified Forwards	1,359,718.00	(H)		1,359,718.00
Approved "B" Certified Forwards		(H)		-
Approved "FCO" Certified Forwards		(H)		-
LESS: Other Accounts Payable (Nonoperating)	1,244,313.00	(I)	80,438.00	1,324,751.00
LESS: Unearned Revenue and Other Payables	590,464.00			590,464.00
LESS: Deferred Revenue	1,549,731.00	(J)		1,549,731.00
Unreserved Fund Balance, 07/01/10	58,822,883.00	(K)	4,799,562.00	63,622,445.00 **

Notes:

*SWFS = Statewide Financial Statement

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

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2011 - 2012
Trust Fund Title:	<u>Agency for Health Care Administration</u>
Budget Entity:	<u>Quality of Long-Term Care Facility Improvement Trust Fund</u>
LAS/PBS Fund Number:	<u>68700700</u>
	<u>2126</u>

	Balance as of 6/30/2010	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	3,688,581.00 (A)	-	3,688,581.00
ADD: Other Cash (See Instructions)	-	-	-
ADD: Investments	-	-	-
ADD: Outstanding Accounts Receivable	-	-	-
ADD: _____	-	-	-
Total Cash plus Accounts Receivable	3,688,581.00 (F)	-	3,688,581.00
LESS: Allowances for Uncollectibles	-	-	-
LESS: Approved "A" Certified Forwards	41,800.00 (H)	-	41,800.00
Approved "B" Certified Forwards	-	-	-
Approved "FCO" Certified Forwards	-	-	-
LESS: Other Accounts Payable (Nonoperating)	8,979.00 (I)	-	8,979.00
LESS: _____	-	-	-
Unreserved Fund Balance, 07/01/10	3,637,802.00 (K)	-	3,637,802.00 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2011 - 2012

Department Title:	Agency for Health Care Administration
Trust Fund Title:	Quality Long-Term Care Trust Fund
LAS/PBS Fund Number:	2126

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-10	<input type="text" value="3,637,802"/>	(A)
---	--	-----

Add/Subtract:

Prior Year Financial Statement Adjustment(s)	<input type="text"/>	(B)
--	----------------------	-----

Other Adjustment(s):

G/L 15XXX & 16XXX Accounts Receivables	<input type="text"/>	(C)
--	----------------------	-----

G/L 3XXXX Other Accounts Payable	<input type="text"/>	(C)
----------------------------------	----------------------	-----

ADJUSTED BEGINNING TRIAL BALANCE:	<input type="text" value="3,637,802"/>	(D)
--	--	-----

UNRESERVED FUND BALANCE, SCHEDULE IC	<input type="text" value="3,637,802"/>	(E)
---	--	-----

DIFFERENCE:	<input type="text" value="0"/>	(F)*
--------------------	--------------------------------	------

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2011 - 2012

Department Title: Agency for Health Care Administration
Trust Fund Title: Health Care Trust Funded
LAS/PBS Fund Number: 2003

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-10 58,822,883 (A)

Add/Subtract:

Prior Year Financial Statement Adjustment(s) (B)

Other Adjustment(s):

G/L 15XXX & 16XXX Accounts Receivables 4,880,000 (C)

G/L 3XXXX Other Accounts Payable 80,438 (C)

ADJUSTED BEGINNING TRIAL BALANCE: 63,622,445 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 63,622,445 (E)

DIFFERENCE: 0 (F)*

***SHOULD EQUAL ZERO.**

**AGENCY FOR HEALTH CARE
ADMINISTRATION
SCHEDULE IV-B
FOR
ONLINE LICENSING AND
RECONCILIATION SYSTEM
FOR
FISCAL YEAR 2011-12**



State of Florida

The Florida Legislature

Governor's Office of Policy and Budget

September 20, 2010

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I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Agency for Health Care Administration	Schedule IV-B Submission Date: September 20, 2010
Project Name: Licensing System Upgrade	Is this project included in the Agency's LRPP? _X_ Yes ___ No
FY 2011-12 LBR Issue Code:	FY 2011-12 LBR Issue Title: Online Licensing and Reconciliation System
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address):	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head:	Date:
Printed Name: Elizabeth Dudek	
Agency Chief Information Officer:	Date:
Printed Name: Scott Ward	
Budget Officer:	Date:
Printed Name:	
Planning Officer:	Date:
Printed Name:	
Project Sponsor:	Date:
Printed Name: Molly McKinstry	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Jane Boerger/Molly McKinstry
Cost Benefit Analysis:	
Risk Analysis:	
Technology Planning:	Scott Ward
Project Planning:	

II. Project Risk Assessment

The inability to complete this project would result in the loss of an opportunity to improve service delivery and communication with citizens and the health care community. An assessment of overall risk incurred by the project will improve the likelihood of project success.

A. Risk Assessment Tool

1. Strategic Area - Medium Risk

Nbr	Criteria	Answer
1.01	Are project objectives clearly aligned with the agency's legal mission?	81% to 100% -- All or nearly all objectives aligned
1.02	Are project objectives clearly documented and understood by all stakeholder groups?	Informal agreement by stakeholders
1.03	Are the project sponsor, senior management, and other executive stakeholders actively involved in meetings for the review and success of the project?	Most regularly attend executive steering committee meetings
1.04	Has the agency documented its vision for how changes to the proposed technology will improve its business processes?	Vision is partially documented
1.05	Have all project business/ program area requirements, assumptions, constraints, and priorities been defined and documented?	81% to 100% -- All or nearly all defined and documented
1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed
1.07	Are any project phase or milestone completion dates fixed by outside factors, e.g., state or federal law or funding restrictions?	All or nearly all
1.08	What is the external (e.g. public) visibility of the proposed system or project?	Extensive external use or visibility
1.09	What is the internal (e.g. state agency) visibility of the proposed system or project?	Multiple agency or state enterprise visibility
1.10	Is this a multi-year project?	Between 1 and 3 years

2. Technology Assessment - Low Risk

Nbr	Criteria	Answer
2.01	Does the agency have experience working with, operating, and supporting the proposed technology in a production environment?	Installed and supported production system more than 3 years
2.02	Does the agency's internal staff have sufficient knowledge of the proposed technology to implement and operate the new system?	Internal resources have sufficient knowledge for implementation and operations
2.03	Have all relevant technology alternatives/ solution options been researched, documented and considered?	All or nearly all alternatives documented and considered
2.04	Does the proposed technology comply with all relevant agency, statewide, or industry technology standards?	Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards
2.05	Does the proposed technology require significant change to the agency's existing technology infrastructure?	Moderate infrastructure change required
2.1	Are detailed hardware and software capacity requirements defined and documented?	Capacity requirements are based on historical data and new system design specifications and performance requirements

3. Change Management - Medium Risk

Nbr	Criteria	Answer
3.01	What is the expected level of organizational change that will be imposed within the agency if the project is successfully implemented?	Moderate changes to organization structure, staff or business processes structure
3.02	Will this project impact essential business processes?	Yes
3.03	Have all business process changes and process interactions been defined and documented?	41% to 80% -- Some process changes defined and documented
3.04	Has an Organizational Change Management Plan been approved for this project?	No

FY 2011-12 SCHEDULE IV-B FEASIBILITY STUDY FOR
ONLINE LICENSING & RECONCILIATION SYSTEM

3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	1% to 10% FTE count change
3.06	Will the number of contractors change as a result of implementing the project?	Less than 1% contractor count change
3.07	What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented?	Extensive change or new way of providing/receiving services or information)
3.08	What is the expected change impact on other state or local government agencies as a result of implementing the project?	Moderate changes
3.09	Has the agency successfully completed a project with similar organizational change requirements?	Recently completed project with similar change requirements

4. Communication - Medium Risk

Nbr	Criteria	Answer
4.01	Has a documented Communication Plan been approved for this project?	No
4.02	Does the project Communication Plan promote the collection and use of feedback from management, project team, and business stakeholders (including end users)?	Proactive use of feedback will be included in Plan
4.03	Have all required communication channels been identified and documented in the Communication Plan?	No. A Communications Plan will be developed if funding received.
4.04	Are all affected stakeholders included in the Communication Plan?	Yes
4.05	Have all key messages been developed and documented in the Communication Plan?	Plan does not include key messages
4.06	Have desired message outcomes and success measures been identified in the Communication Plan?	The Agency's LRPP includes an outcome of at least 50% of the licenses completed through an online system within 5 years. This will be identified in the communication plan.

**FY 2011-12 SCHEDULE IV-B FEASIBILITY STUDY FOR
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4.07	Does the project Communication Plan identify and assign needed staff and resources?	No
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5. Fiscal Area - Medium Risk

Nbr	Criteria	Answer
5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	No
5.02	Have all project expenditures been identified in the Spending Plan?	41% to 80% - Some defined and documented
5.03	What is the estimated total cost of this project over its entire lifecycle?	Between \$2 M and \$ 10 M
5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	No
5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within 10%)
5.06	Are funds available within existing agency resources to complete this project?	No
5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency
5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received
5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	All or nearly all project benefits have been identified and validated
5.10	What is the benefit payback period that is defined and documented?	Within 3 years
5.11	Has the project procurement strategy been clearly determined and agreed to by affected stakeholders?	Stakeholders have reviewed and approved the proposed procurement strategy
5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Combination Federal Financial Participation (FFP) and Time and Expense (T&E)

5.13	What is the planned approach for procuring hardware and software for the project?	Purchase all hardware and software at start of project to take advantage of one-time discounts
5.14	Has a contract manager been assigned to this project?	Contract manager is the project manager
5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes
5.16	Have all procurement selection criteria and outcomes been clearly identified?	All or nearly all section criteria and expected outcomes have been defined and documented.
5.17	Does the procurement strategy use a multi-stage evaluation process to progressively narrow the field of prospective vendors to the single, best qualified candidate?	Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor
5.18	For projects with total cost exceeding \$10 million, did/will the procurement strategy require a proof of concept or prototype as part of the bid response?	Not applicable

6. Project Organization Area - Medium Risk

Nbr	Criteria	Answer
6.01	Is the project organization and governance structure clearly defined and documented within an approved project plan?	No. Project Plan is not final until funding is received.
6.02	Have all roles and responsibilities for the executive steering committee been clearly identified?	Some have been defined and documented
6.03	Who is responsible for integrating project deliverables into the final solution?	System Integrator (contractor)
6.04	How many project managers and project directors will be responsible for managing the project?	1

6.05	Has a project staffing plan specifying the number of required resources (including project team, program staff, and contractors) and their corresponding roles, responsibilities and needed skill levels been developed?	Some or most staff roles and responsibilities and needed skills have been identified.
6.06	Is an experienced project manager dedicated fulltime to the project?	No. Project manager assigned more than half-time, but less than full-time to project
6.07	Are qualified project management team members dedicated full-time to the project	No. Business, functional or technical experts dedicated more than half-time but less than full-time to project
6.08	Does the agency have the necessary knowledge, skills, and abilities to staff the project team with in-house resources?	Completely staffed from in-house resources
6.09	Is agency IT personnel turnover expected to significantly impact this project?	Moderate impact
6.10	Does the project governance structure establish a formal change review and control board to address proposed changes in project scope, schedule, or cost?	Yes
6.11	Are all affected stakeholders represented by functional manager on the change review and control board?	Yes, all stakeholders are represented by functional manager

7. Project Management Area - Medium Risk

Nbr	Criteria	Answer
7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	Yes, Microsoft Project
7.02	For how many projects has the agency successfully used the selected project management methodology?	More than 3

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7.03	How many members of the project team are proficient in the use of the selected project management methodology?	All or nearly all. Project Mgmt Professionals (PMP) are available within the agency both in the business unit area and Bureau of Information Technology to coordinate and assist.
7.04	Have all requirements specifications been unambiguously defined and documented?	41% to 80% -- Some have been defined
7.05	Have all design specifications been unambiguously defined and documented?	41% to 80% -- Some have been defined
7.06	Are all requirements and design specifications traceable to specific business rules?	81% to 100% -- All or nearly all requirements and specifications are traceable
7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	Some deliverables and acceptance criteria have been defined and documented
7.08	Is written approval required from executive sponsor, business stakeholders, and project manager for review and sign-off of major project deliverables?	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables
7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	41 to 80% -- Some have been defined to the work package level
7.10	Has a documented project schedule been approved for the entire project lifecycle?	No. Drafted Project Plan dependent upon funding.
7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints), critical milestones, and resources?	No. Drafted Project Plan is dependent upon funding and will leverage existing technologies within the agency.
7.12	Are formal project status reporting processes documented and in place to manage and control this project?	Project team and executive steering committee use formal status reporting processes
7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	Some templates are available
7.14	Has a documented Risk Management Plan been approved for this project?	No

7.15	Have all known project risks and corresponding mitigation strategies been identified?	Some have been defined and documented
7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes
7.17	Are issue reporting and management processes documented and in place for this project?	Yes

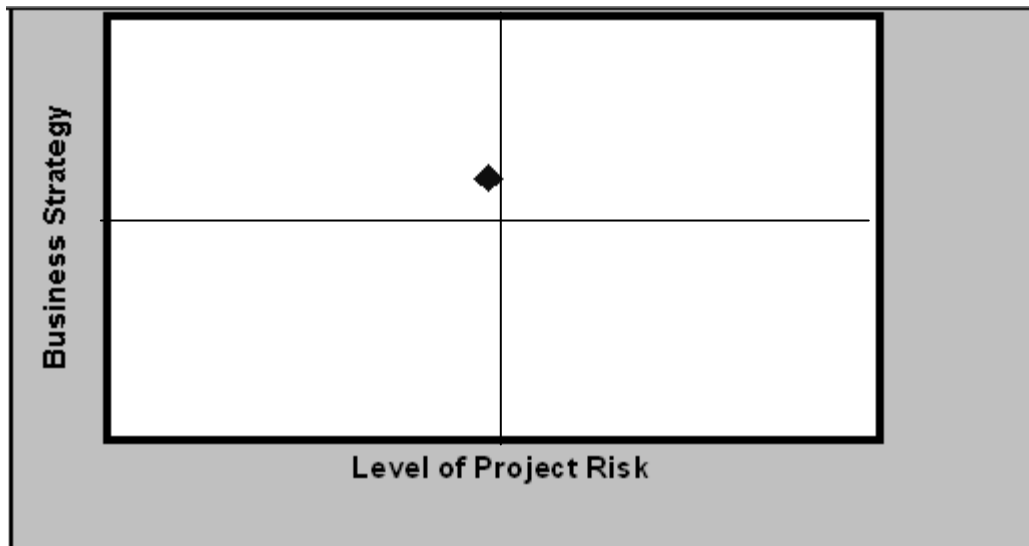
8. Complexity Area - Medium Risk

Nbr	Criteria	Answer
8.01	How complex is the proposed solution compared to the current agency systems?	More complex
8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	More than 3 sites
8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location
8.04	How many external contracting or consulting organizations will this project require?	1 to 3 external organizations
8.05	What is the expected project team size?	Less than 5
8.06	How many external entities (e.g., other agencies, community service providers, or local government entities) will be impacted by this project or system?	35,000 regulated health care providers
8.07	What is the impact of the project on state operations?	Agency-wide business process change
8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes
8.09	What type of project is this?	Online application and system integration
8.10	Has the project manager successfully managed similar projects to completion?	No recent experience

8.11	Does the agency management have experience governing projects of equal or similar size and complexity to successful completion?	Similar size and complexity
------	---	-----------------------------

B. Risk Assessment Summary

The Agency believes the risk of implementing an online licensing and reconciliation system which uses established technology will be LOW. However, the overall risk assessment is MEDIUM due mainly to the significant changes in internal and external business processes related to the on-line services available to the public.



Project Risk Area Breakdown	
Risk Assessment Areas	<i>Risk Exposure</i>
Strategic Assessment	MEDIUM
Technology Exposure Assessment	LOW
Organizational Change Management Assessment	MEDIUM
Communication Assessment	MEDIUM
Fiscal Assessment	MEDIUM
Project Organization Assessment	MEDIUM
Project Management Assessment	MEDIUM
Project Complexity Assessment	MEDIUM
<i>Overall Project Risk</i>	MEDIUM

III. Technology Planning

Technology Planning Section	\$1-1.99M	\$2 - 10 M		> \$10 M
		Routine upgrades & infrastructure	Business or organizational change	
Current Information Technology Environment		X	X	X
Proposed Solution Description	X	X	X	X
Capacity Planning	X	X	X	X
Analysis of Alternatives	X	X	X	X

A. Proposed Solution Description

- The following list of benefits will be realized with the online licensing and reconciliation project.
 - Streamline application process
 - Integrate stand-alone systems
 - Keep up with shift in corporate structure/ownership in health care industry
 - Enhance ability to track and report on Anti-Fraud Effort
 - Eliminate write-offs and lost interest due to delinquent payment
 - Use corporate ownership structure to identify and collect money due
 - Utilize electronic payment
 - Reduce costs related to mail and collection
 - Staff shift/reduction due to workload changes
- The following shows the summary level funding requirements for proposed system upgrade to Versa Regulation:

FY 11-12 Non-Recurring Contracted Services: \$1,751,600
Source of Funds: Health Care Trust Fund

FY 12-13 Non-Recurring Contracted Services: \$2,322,800
Source of Funds: Health Care Trust Fund and Quality of Care Trust Fund

FY 13-14 Non-Recurring Contracted Services: \$1,087,200
Source of Funds: Health Care Trust Fund

3. The Agency is scheduled to use a state primary data center, Northwood Shared Resource Center (NSRC). Service Level Agreements (SLA) will be negotiated to support the proposed system. All network system availability and capacity requirements will be agreed to in the SLA.

B. Capacity Planning

1. Summary

This issue requests funding for full implementation of online licensing for 29 provider types in the Division of Health Quality Assurance, including online payment, integration with document management, web portal for providers to submit applications, check status, and update licensure information between license renewals. The project will provide single sign-on capability to providers to have one user account for multiple online systems, email notifications for reminders and deadlines, requests for additional information (omissions) and will integrate with all Agency fees, assessments, overpayments, fines to facilitate full collection before licenses are issued.

The total number of providers under the jurisdiction and authority of the Division of Health Quality Assurance and the total number of applications processed for these providers continues to increase. Agency staff process initial and renewal applications for licensure and/or certification and required inspections for these providers. To date, the Agency has been able to meet the needs of this caseload growth without requiring additional resources; however, the ability to continue to stretch existing resources to meet growing needs can only be accomplished through the development of efficiencies such as electronic automation of paper-and-labor-intensive processes.

During FY 09/10 AHCA wrote off \$4,246,215 in uncollectable money due. Improvements in regulations governing disclosure of ownership for licensure and the liability of controlling interests significantly improves AHCA's authority to collect overpayments if our system can support connecting the owner/controlling interest relationships between providers and our accounts receivable are retained in an integrated system that allows easy connection to the licensing process.

Major efficiencies to be gained from upgrading the current licensing system include:

- Enabling online licensure applications for health care providers; thus reducing application processing time, increasing accuracy, and providing transparency. A recent survey of Agency licensees found that 81.2% of 335 respondents would prefer to submit the renewal application online.

81.6% would prefer to check the status of the application online rather than making a phone call to the Agency.

- Interfacing with other agency data systems which reduces duplicative data entry, allows for sharing of data and provides interface with electronic documents.
- Enhancing the ability to track ownership interest relationships by connecting people and entities to all related health care providers. This will improve the Agency's ability to identify new applicants that may have a poor regulatory history or outstanding sanctions even if they apply for licensure as another type of health care provider.

2. Scope of the Plan

The scope of the plan includes the following areas of functionality:

- **Online Licensing**
Create online licensing for all Health Quality Assurance (HQA) licensure applications: Initial, Renewal, Change of Ownership, etc.
Enable intermittent reports of changes in licensure information between licensure renewal periods.
- **Online Payments**
Acceptance of money.
Interface with Treasury Deposit.
Pay licensure fees, fines, and outstanding money required before license is issued.
Feedback to Licensure when fees are deposited (cleared).
Bad Check Communication (restrict license issuance).
- **Integration with Document Management**
Accept attachments with Application.
Retain copy of online application in document management system.
Interface with Web DM – push documents to the web – copies of license, application, supporting documents etc – utilize existing interface with Web Document Management and Florida Health Finder front end.
- **External Interface (Provider View)**
Utilize Single Sign-On – building on Background Screening Systems Single Sign-On (being developed with a Federal Grant)
Manage Applications.
Provide Status View on users “page”, Requests for additional information, Issuance of license, Reminder / Due Dates
- **Account Receivable (AR) Reconciliation**
Fox Pro Applications
All Lists / Systems that track Money Due, including:
Florida Medicaid Management Information System (FMMIS)
Versa Regulation
Fraud and Abuse Case Tracking System (FACTS)
Misc Lists (Excel, etc.) – 17 known

Invoicing Process - expand existing system that IT built to interface with Receipts and Accounts Receivable Application (RARA).
Assessments e.g.: Public Medical Assistance Trust Fund (PMATF), Annual Assessments

3. Methods Used

Costing, scaling, and scoping were collaboratively performed by the Agency Division of IT, Division of Health, Quality, and Assurance, and the Division of Operations in producing the amounts shown in the section above.

4. Assumptions & Constraints

- Success of the project depends largely on the ability to provide on-line services to the public
- The project will receive continued support from upper management
- There are sufficient resources to complete the project and to implement changes required for integrating with other systems/applications
- There is sufficient budget to fund the project
- The Division of Health Quality Assurance will act as business leaders for the project
- Staff will be heavily involved in establishing and conducting test scenarios
- Business system standards and change management will be centralized
- IT staff will receive specific system training

There is no direct change in the regulatory function nor on other state or federal agencies.

C. Analysis of Alternatives

During a limited pilot in 2008-2009, focusing on a relatively small number of nursing homes, manual staff research and collection efforts resulted in collection of \$1,248,989 in nursing home overpayments/money due to relationships to other providers and the threat of licensure actions if payments were not made. It is not feasible to manually research and collect every overpayment/money due without an automated system for doing so.

IV. Project Management Planning

Project Management Section	\$1-1.99 M	\$2 - 10 M		> \$10 M
		Routine upgrades & infrastructure	Business or organizational change	
Project Charter	X	X	X	X
Work Breakdown Structure	X	X	X	X
Project Schedule	X	X	X	X
Project Budget	X	X	X	X
Project Organization			X	X
Project Quality Control			X	X
External Project Oversight			X	X
Risk Management			X	X
Organizational Change Management			X	X
Project Communication			X	X
Special Authorization Requirements			X	X

A. Project Charter

The Agency for Health Care Administration seeks to provide better health care for all Floridians. In support of this mission, the Agency seeks to implement online licensing for HQA for 29 provider types, including online payment, integration with document management, web portal for providers to submit applications, check status, and update licensure information between license renewals. Solution will provide single sign-on capability to providers to have one user account for multiple online systems, email notifications for reminders and deadlines, requests for additional information (omissions). Integration with all Agency fees, assessments, overpayments, fines to facilitate full collection before licenses are issued.

To ensure that the system deliverables fulfill both functional and technical requirements and to ensure that the project itself is operating successfully, the project team will develop and follow plans. These plans will address:

- Review of the deliverables to ensure the project meets the business goals and functional requirements of the system
- Review of deliverables to ensure the technical approach utilized to meet goals is valid.
- Review project status to ensure that the project's resources are being managed appropriately.
- Communication with executive sponsors, program areas and the project team to discuss status, resolve issues and avoid project delays.
- Creation of a disciplined environment for proactive decision making

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- Establishment of a change control strategy to address design changes and modifications throughout the project
- Performance of stress/performance testing, system integration testing and user acceptance testing.
- Approach and methodology to be used to conduct training on the operations, maintenance and use of the upgraded system.

B. Resource Loaded Project Schedule

Purpose: To indicate the planned timetable for all project-related work and estimate the appropriate staffing levels necessary to accomplish each task, produce each deliverable, and achieve each milestone.

Legislative Budget Request 2010 for FY11/12 & IT Resources	Task	Resource Type	Count	Estimated Rate	Time-Hours	Estimated Amount for Staffing	Est cost	Time in Weeks
Use VR Web Services - Build Core Application (have Core form); Create applications for all licensed provider types -29 Provider types – begin with Nursing Homes								
	Project Manager (PM)	PM	1	85	2080	\$176,800.00		12 Mos.
	Business Analyst (BA)	BA	2	75	1040	\$156,000.00		July 2011 - June 2012
	Database Administration Developer	DBA	2	125	1040	\$260,000.00		
	Developers	DEV	3	100	1040	\$312,000.00		
	Network Engineer - Internal to AHCA		1	50	80	\$4,000.00		
	Dev - Internal to AHCA - Review		2	50	80	\$8,000.00		
						\$916,800.00	\$916,800.00	
Online Payments - Acceptance of money (F&A); Interface with Treasury Deposit; Pay licensure fees; Pay fines and any outstanding money required before license is issued including assessments, NFQA/ ICFQA, delinquent ; Fees for other AHCA programs (e.g.: OPC) and Medicaid ARs; Feedback to Licensure when fees are deposited (cleared); Bad Check Communication (restrict license issuance)								
	Project Manager (PM)	PM	1	85	2080	\$176,800.00		12 Mos
	Business Analyst (BA)	BA	2	75	1040	\$156,000.00		July 2012 - June 2013
	Database Administration Developer	DBA	2	125	2080	\$520,000.00		
	Developer	DEV	3	100	1040	\$312,000.00		
	DBA - Internal AHCA - Review		1	50	80	\$4,000.00		
	Network Engineer - Internal to AHCA		1	50	80	\$4,000.00		
	Dev - Internal to AHCA - Review		1	50	80	\$4,000.00		
					80	\$1,176,800.00	\$1,176,800.00	
Integration with Document Management - Accept attachments with Application; Retain copy of online application in document management system; Interface with Web DM – push documents to the web – copies of license, application, supporting documents etc – utilize existing interface with Web DM and Florida Health Finder front end								
	Project Manager (PM)	PM	1	85	2080	\$176,800.00		12 Mos.
	Business Analyst (BA)	BA	3	75	1040	\$234,000.00		July 2012 - June 2013
	DBA	DBA	2	125	1040	\$260,000.00		
	Developer	DEV	3	100	2080	\$624,000.00		
	Network Engineer - Internal to AHCA		1	50	80	\$4,000.00		
	DBA - Internal AHCA review		1	50	160	\$8,000.00		
	Developer - Internal AHCA review		2	50	160	\$16,000.00		

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					\$1,146,000.00	\$1,146,000.00	
External Interface (Provider View) - Utilize Single Sign-On – building on BGS Single Sign-On (Federal Grant); Enable same account for multiple systems / licensee manages their users based on the application/ access; Manage Applications; Ability to begin an application (save) and return to complete later; Status View/ Email notices – trigger notification plus post to status on users “page”; Requests for additional information; Issuance of license; Reminder / Due Dates							
Project Manager (PM)	PM	1	85	2080	\$176,800.00		12 Mos.
Business Analyst (BA)	BA	3	75	1040	\$234,000.00		July 2011 - June 2012
DataBase Administrator	DBA	2	125	800	\$200,000.00		
Developer	DEV	2	100	1040	\$208,000.00		
Network Engineer - Internal to AHCA	NW	1	50	80	\$4,000.00		
DBA - Internal AHCA Review		1	50	80	\$4,000.00		
Developer - Internal AHCA review		2	50	80	\$8,000.00		
					\$834,800.00	\$834,800.00	
Account Receivable (AR) Reconciliation - Fox Pro Applications-All Lists / Systems that track \$ Due; FMMIS, Versa Reg, FACTS, Misc Lists (Excel, etc.) – 17 known; Invoicing Process (expand existing system that IT built to interface with RARA); Assessments e.g.: PMATF, Annual Assessments							
Project Manager (PM)	PM	1	85	3120	\$265,200.00		18 Months
Business Analyst (BA)	BA	3	75	1040	\$234,000.00		January 2013- July 2014
Developer	DEV	3	100	1040	\$312,000.00		
DBA - Staff Aug	DBA	2	125	1040	\$260,000.00		
Network Engineer- Internal to AHCA	DBA	1	50	80	\$4,000.00		
DBA - Internal to AHCA	DBA	1	50	80	\$4,000.00		0.25 Mos
Developer - Internal to AHCA	Dev	2	50	80	\$8,000.00		
					\$1,087,200.00	\$1,087,200.00	
Total				30240		\$5,161,600.00	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2011 - 2012

Department: Agency for Health Care Administration

Chief Internal Auditor: Damon Rodriguez

Budget Entity: Inspector General/Internal Audit

Phone Number: 412-3980

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
AUDITS FOR FISCAL YEAR 2009-2010					
08-07	2008/09 FY	Medicaid Contract Management	<p>Finding 08-07 We noted inefficiencies in the provider change of address process.</p> <p>Recommendation We recommend the Bureau of Medicaid Contract Management develop new procedures and technology that would give Medicaid Providers the ability to electronically update their Change of Address. By giving the provider the ability to perform this update, the Agency can hold them solely responsible for ensuring the correct address is maintained in FMMIS. The Medicaid Handbook should be updated to clearly define the timeframe in which providers should notify the Agency of address changes. Additional the Medicaid fiscal agent, Electronic Data Systems, Inc. (EDS) personnel should be assigned to assist with inputting address changes while this technology is being developed to address the backlog of Change of Address requests. We further recommend Medicaid Contract Management (MCM) continue to monitor the fiscal agent and assess penalties as appropriate where contractual requirements are not being met. Should the Bureau choose not to allow providers to input their changes of address directly into FMMIS, then MCM should ensure EDS assigns sufficient personnel to alleviate the change of address backlog and meet contractual requirements going forward.</p>	<p>At this time, MCM is not opting to allow providers to input their Change of Address (COAs) directly into FMMIS via the secure Web Portal. MCM reported that the security supporting the Web Portal is sufficient for the types of transactions currently allowed, but additional security must be installed before providers are allowed direct access to alter data in their provider files. Ensuring that the person requesting the change is the actual owner of the provider file is critical and in keeping with the grand jury report on Medicaid Fraud from the mid 1900's. Rampant fraud involving misdirected funds obtained through false COA requests was one finding in that report which instigated the current process requiring the serialized forms to request a COA. MCM must ensure that the person requesting the COA is the owner of the provider file.</p>	

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				<p>The agency has a team investigating the use of electronic signatures as part of agency-wide efforts to go paperless. The level of security necessary to allow an electronic signature on contractual documents would also support the type of direct access that the audit recommended. MCM will revisit the option once the agency has determined the correct course for electronic signatures.</p> <p>The original COA design which required the provider to order a COA Request on the Web Portal has been altered so that providers can generate their own serialized request form after logging into the Web Portal. This removes the need for the provider to call the fiscal agent and wait for the form to be delivered through the mail.</p> <p>EDS has added additional personnel two different times which has allowed them to clear out the outstanding inventory of provider applications and to ensure timely processing of individual request such as the COAs. The Provider Unit also relocated to a site closer to the document preparation areas which gives greater control over provider documents and allows faster turnaround times for delivery of mail, imaging, and filing of documents.</p> <p>EDS reports to MCM weekly on the oldest date or receipt for any COA updates that are still unprocessed. They have been consistently completing COAs within 24-48 hours of receipt which is a great improvement over the two to three weeks we saw during the fiscal agent transition. MCM continues to work with them to move them within RFP compliance.</p>	

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09-10	1/1/04 to 12/31/2008	Medicaid Services	<p>Finding 09-10-01 The current design of the Durable Medical Equipment (DME) Prior Authorization (PA) process involves multiple PA request submission points, costly document mailings, and duplicate data entry. This leads to inefficient and inconsistent review and approval of PA requests and creates the potential for lost documents and delays in the approval process.</p> <p>Recommendation - Medicaid Services 1) Require all DME PA requests be sent directly to the fiscal agent, encouraging use of the web portal; 2) Require all PA reviewers to review and approve/deny the PA requests on-line in the Service Authorization module; 3) Develop formal written procedures to help ensure consistency and quality performance in the DME PA review process; 4) Provide FMMIS and DME process training to all DME staff; 5) Discontinue use of the Oracle tracking system; and 6) Amend the DME Handbook to reflect any changes made to the process.</p>	<p>FMMIS is not currently set up to distribute submitted prior authorizations via the web, as there are system glitches and delays with EDS processing. Medicaid Services will begin joint meetings with EDS and Medicaid Contract Management to work toward this goal. Medicaid Services will create formal written procedures to help ensure consistency and quality performance in the DME PA review process. Medicaid Services will also work with the local field office managers to ensure proper FMMIS training is taking place.</p> <p>Medicaid Services has meet with MCM to discuss system issues and possible resolutions. As a result of legislative mandates, Medicaid services had to delay the extensive revision of the DME handbook. Medicaid Services had to begin immediate rule promulgation to expand diaper coverage and EPDST exception process. However, the revision process will begin in 2010. We have reached out to the Area Offices to verify that the reviewing staff has FMMIS training.</p>	

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			<p>Alternate Recommendation - Medicaid Services</p> <p>1) Develop formal written procedures to help ensure consistency and quality performance in the current DME process;</p> <p>2) Provide FMMIS and DME process training to all DME staff; and</p> <p>3) Coordinate with the Bureau of Information Technology to enhance Oracle to capture needed dates.</p> <p>Recommendation - Medicaid Contract Management</p> <p>1. Ensure the fiscal agent electronically distributes all DME PA requests to the Agency in a timely manner;</p> <p>2. Coordinate with the fiscal agent to establish procedures for verifying the availability and legibility of all documents scanned into OnBase; and</p> <p>3. Enhance FMMIS to capture returned to provider (RTP) dates</p> <p>Finding 09-10-02 Audits in FMMIS that are designed to verify effective dates, end dates, and utilization limits are not working appropriately.</p>	<p>Medicaid Services will develop and route a policy checklist to distribute to the local area office as a "at a minimum" policy requirement reference. Medicaid will update and distribute the "Durable Medical Equipment Prior Authorization Database Training" Power Point Presentation. We have reached out to the Area Offices to verify that the reviewing staff has the proper FMMIS training. The DME database recently was updated to a new software and server. We will work with IT to submit a request to add new date fields in the DME database.</p> <p>Based on the work group discussions noted above by Medicaid Services we will consider what enhancements are feasible to implement the recommendations. However, it is important to note that any changes to the current workflow via the MMIS will require major enhancement to the core workflow design of the MMIS, as well as significant resources to implement. As such, this will require Agency prioritization. We will attempt to implement as best we can during this Fiscal Agent contract and we will ensure this is incorporated into the next Fiscal Agent contract of 2013.</p> <p>System changes are contingent on the recommendations of Medicaid Services. Once the work group recommendations are provided, MCM will consider what is feasible and create the necessary CSR requests.</p>	

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			<p>Recommendation - Medicaid Contract Management We recommend the Bureau of Medicaid Contract Management, as outlined in CSR 1239 activate FMMIS Audit criteria to ensure DMEs will not by-pass the prior authorization process. We further recommend that MCM re-process all DME PA claims that have paid incorrectly since July 1, 2008 and recoup all monies owed to the Agency.</p> <p>Finding 09-10-03 Our review disclosed that the average time for completion of a DME PA review exceeded newly established performance goals. We also noted data integrity issues in both FMMIS and the Oracle tracking database that reduce the reliability of any timeliness calculations.</p> <p>Recommendation - Medicaid Contract Management We recommend MCM assist the fiscal agent in establishing procedures to ensure all documents are date stamped upon receipt by EDS, and the date that is stamped on the DME PAs is accurately reflected in the "received date" field in FMMIS. We further recommend MCM assist the fiscal agent in establishing procedures to allow FMMIS to capture Return to Provider (RTP) dates so this timeframe can be taken into consideration when determining the processing time for PAs.</p> <p>Finding 09-10-04 The is no FMMIS Impact Analysis Environment (Test Box) available to facilitate user testing of the impact of potential process changes or the adequacy of potential programming changes resulting from customer service requests.</p>	<p>CSR 1239 was implemented and closed on 9/18/09. The reprocessing task for all impacted claims (15459) was production-approved on 10/23/09 and completed on 11/03/2009.</p> <p>As of February 2010, MCM and the Fiscal Agent updated the current procedures to ensure there is a clearer ability to determine the timeliness of processing.</p>	

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			<p>Recommendation - Medicaid Contract Management We recommend MCM coordinate with the fiscal agent to ensure that an Impact Analysis Environment is available that allows business users to test actual or potential changes to business rules and procedures.</p>	<p>It is not a feasible expectation to have an open test environment for the user testing. The majority of users of the system would not have the technical expertise, time or tools necessary to initialize the test environment for the bulk of the testing, not to mention the challenges required to maintain a viable test environment in such a situation would be overwhelming at best.</p> <p>Considering the complexity of the system and the technical expertise required for most of the testing, the current testing approach that we have meets the State's needs (i.e. having the fiscal agent conduct any testing that the State requires under a controlled environment for the State review and approval). It is also significant to note, for the User Interface related testing, we do provide the user with on-line access to a test environment in order to test a User Interface that they are familiar with before production implementation. We also require testing of all rules related changes prior to production implementation to be reviewed and approved by MCM systems staff before production implementation.</p>	

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			<p>Finding 09-10-05 The DME Handbook does not provide sufficient criteria for each DME code that requires prior authorization. Approximately one-fifth of the approved DME PAs did not meet the established criteria.</p> <p>Recommendation - Medicaid Services We recommend the Bureau of Medicaid Services develop additional criteria necessary for the review of DME PAs and include these criteria in the DME Handbook. We further recommend the Bureau of Medicaid Services develop a criteria checklist for each DME code requiring prior authorization to assist the reviewers in ensuring that PA requests meet the criteria. The checklist could be submitted with the PA documentation for monitoring purposes. If the PA process is revised as recommended above, this criteria checklist could be added to the review screen and completed on-line within the Service Authorization module.</p>	<p><i>Auditor's Response:</i> Internal Audit agrees that the fiscal agent should conduct testing on all programming changes prior to promoting the changes into the production environment, and we acknowledge that a level of technical expertise is required when performing integration testing. However, the testing the fiscal agent performs should not be the only testing conducted. When change requests originate outside of Medicaid Contract Management and the fiscal agent, user acceptance testing should be performed by the user group requesting the change subsequent to the fiscal agent's tests. There should be a separate User Acceptance Testing Environment that closely mirrors the FMMIS production environment to facilitate this testing. We feel that this environment is not only feasible, but reiterate that it is a contractual requirement.</p> <p>Medicaid Services will review existing criteria for the review of DME PAs. We will make edits or additions as required. Medicaid Services will develop a criteria checklist for the Area Office wheelchair and wheelchair repairs. We will develop a criteria checklist for prior authorization of hospital bed reviews. We will examine the feasibility and potential benefits of a criteria checklist added to the review screen and completed on-line within the Service Authorization module.</p>	

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			<p>Finding 09-10-06 During our review, we determined that negotiating value for DME trade-ins as outlined in the DME handbook was not occurring.</p> <p>Recommendation - Medicaid Services We recommend Medicaid Services review the DME Handbook relating to DME trade-ins, and make necessary revisions establishing criteria to specify applicable equipment eligible for trade-in value (Hospital beds, manual or motorized wheelchairs, etc) and a means for determining the depreciated value. One potential solution would be to assign a percentage of residual value based on the age of the chair. For example is a chair is traded in that is less than 3 years old it is worth 30% of its original value, 3 to 5 years old would be worth 20% of its original value, and over 5 years old would be worth 10% of its value. Exceptions could be made for trade-ins that have no actual residual value.</p> <p>Finding 09-10-07 Web Portal submissions are not being processed in a timely fashion, and submitted images of supporting documentation are not always legible.</p>	<p>As a result of legislative mandates, Medicaid services had to delay the extensive revision of the DME handbook. Medicaid Services had to begin immediate rule promulgation to expand diaper coverage and EPDST exception process. However, the revision process will begin in 2010. Medicaid Services will develop a policy checklist to distribute to the local area office as a "at a minimum" policy requirement reference. Will meet with MCM and Medicaid Management to discuss need for an automated online system checklist.</p> <p>Medicaid Services agrees that our existing policy/criteria are not clear. Medicaid Services will re-examine current language and propose new criteria through the rule making process.</p> <p>As a result of legislative mandates, Medicaid services had to delay the extensive revision of the DME handbook. Medicaid Services had to begin immediate rule promulgation to expand diaper coverage and EPDST exception process. However, the revision process will begin in 2010. We will revise this section of the DME handbook.</p>	

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			<p>Recommendation - Medicaid Services Identify a criteria checklist for each DME code requiring prior authorization to assist the reviewers in ensuring that PA requests meet the criteria. The checklist could be submitted with the PA documentation for monitoring purposes. Request CSR so that PA Module could be re-engineered for the submission of both the PA data and supporting documentation from the same site. If a checklist is created as suggested in Finding 5, that checklist could be included on the web portal site to help assist providers in submitting the complete set of required documents.</p> <p>Recommendation - Medicaid Contract Management Make the necessary enhancements to the web portal submission process to ensure the timeliness and legibility of PA requests submitted via the web portal. MCM should also continue to monitor PAs submitted through the web portal to ensure all documents are legible.</p>	<p>Medicaid Services will develop a criteria checklist for the Area Office wheelchair and wheelchair repairs. We will develop a criteria checklist for prior authorization of hospital bed reviews. Medicaid Services does not agree that a checklist for EACH prior authorized codes is required as policy criteria are clear for most of the procedure codes. We will examine the feasibility and benefits of a criteria checklist added to the review screen and completed on-line within the Service Authorization module.</p> <p>As a result of legislative mandates, Medicaid services had to delay the extensive revision of the DME handbook. Medicaid Services had to begin immediate rule promulgation to expand diaper coverage and EPDST exception process. However, the revision process will begin in 2010.</p> <p>Based on the work group discussions noted above we will discuss any operational changes that can be implemented immediately, as well as any system enhancements that can be implemented. However, it is important to note that any changes to the current workflow via the MMIS will require major enhancement to the core workflow design of the MMIS, as well as significant resources to implement. As such, this will require Agency prioritization.</p> <p>We will attempt to implement as best we can during this Fiscal Agent contract and we will ensure this is incorporated into the next Fiscal Agent contract of 2013.</p>	

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OAG #2010-25	2008/09 FY	IT Audit of FMMIS/DSS	<p>Finding 2010-25-01 The Agency and the Medicaid fiscal agent, EDS, lacked appropriate access control documentation to demonstrate the business justification for access privileges granted within FMMIS, DSS, and the related software.</p> <p>Recommendation The Agency, with the assistance of EDS, should develop documentation of user roles and access privileges to guide in the assignment of employee and contractor access. In addition, access authorization records should be consistently maintained to document the access privileges requested, approved, and granted.</p>	<p>System changes are contingent on the recommendations of Medicaid Services. Once the work group recommendations are provided, MCM will consider what is feasible and create the necessary CSR requests.</p> <p>The Agency responded as follows: 1) The roles in MEUPS (FMMIS/DSS application) have been updated with the appropriate clarification to assist in the understanding of the functionality that the role provides. 2) EDS created a Role Definition by Position to help guide the assignment of FMMIS/DSS user roles. 3) EDS updated the Security Access forms and procedures to include a clear justification of the requested roles.</p> <p>However, it is important to note that even though a document was created to guide requesters and reviews in the basic roles for a particular position (job title) there will always be exceptions. There are various functions a user may perform based on skill set and/or assignment; these exceptions are documented on the request form.</p> <p>4) A refined business process was implemented to maintain the Agency user request forms and approvals in a central location.</p>	

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			<p>Finding 2010-25-02 In some instances, system access privileges were inconsistent with employee or contractor job functions. In addition, neither the Agency nor EDS performed periodic reviews of the appropriateness of access privileges.</p> <p>Recommendation The Agency, together with EDS, should review, and adjust as appropriate, the above-listed access privileges in question. In addition, the Agency should ensure that periodic reviews are conducted of the ongoing appropriateness of system access privileges to facilitate the timely detection and correction of excessive or unnecessary capabilities.</p>	<p>1) We acknowledge the finding; however there will always be examples outside the norm based on the specialty job functions that are limited to specific users. These exceptions are now being documented on the Security Request form within the business justification section.</p> <p>2) Access to promote changes is limited to users with Super Users (SU) access. This access has been reviewed and limited to 19 users. Technical Support staff has been briefed on the process and will continue to receive periodic refresher training, as needed. All support staff are required to review the Change Order (CO) Programming Checklist detailing these requirements. Each Systems Manager is responsible for ensuring employees within their areas of responsibility follow these guidelines and documentation requirements.</p> <p>3) EDS removed the capability of Help Desk users to assign themselves as a System Administrator.</p> <p>4) EDS has refined the procedures around reviewing the appropriateness of access. Super User access for Databases/ Servers/VCTL is reviewed weekly by the Project Managers. MEUPS (FMMIS application) roles are reviewed quarterly by the Security Officer. EDS has developed a schedule to review all users for all databases and servers.</p>	

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			<p>Finding 2010-25-03 Some former contractor access privileges were not removed in a timely manner.</p> <p>Recommendation The Agency should work with EDS to ensure that the access privileges of former contractors are promptly removed.</p> <p>Finding 2010-25-04 Generic user identifications (IDs) for database administration were being shared by contractor staff.</p> <p>Recommendation The Agency should require EDS to assign unique user IDs to all individual users authorized to perform database administration functions for FMMIS and DSS.</p> <p>Finding 2010-25-05 Certain access controls were deficient in the areas of user authentication, session controls, and logging of system activity.</p>	<p>The agency acknowledges all of the documented findings. The NACO's (Network Application Control Online System) identifications (IDs) (i.e. EDS VPN IDs) control all areas. In order to access to the before mentioned areas a VPN connection must be established first. There is a system report card SLA to monitor that all ids are terminated within 4 hours of an employees' termination. However, EDS has implemented procedures improving the timeliness of removal of the terminated users and the database/server levels.</p> <p>It was discovered that database administration roles have been performed with these three IDs. As a result of this finding EDS is changing the privileges associated to the IDs and educating the users. EDS will include these IDs in their ongoing auditing procedures.</p>	

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			<p>Recommendation The Agency should implement the appropriate access controls in the areas of user authentication, session controls, and logging of system activity to ensure the continued confidentiality, integrity, and availability of Agency data and IT resources.</p> <p>Finding 2010-25-06 Program and data change controls for FMMIS and DSS needed improvement.</p> <p>Recommendation The Agency, with the assistance of EDS as applicable, should accurately document and enforce effective program and data change controls that provide for the involvement of the end user; timely testing and approval of changes; and an appropriate separation of duties for programming, testing, approval, and implementation of program and data changes.</p>	<p>We have carefully reviewed the findings and have implemented some of your recommendations. However some of the recommendations will not be implemented because they may be covered via another medium. We are preparing a response for each of the reported findings for internal documentation purposes.</p> <p>1) Cycle Monitoring Procedures, the Customer Service Request (CSR) Process, and the Change Order (CO) Process documentation have been updated and can be found on iTrace. 2) According to procedures, our SE can no longer release code. The Cycle Monitors do this with the Project Manager's approval. There is an exception to this process in order to allow a few selected SE's the ability to promote code in emergency situations normally related to nightly cycles. These special code promotions are tracked in the Florida Interactive Portal (FIP) with the cycle monitoring CO type and ultimately approved by the State, after the fact. 3) The Agency acknowledges the finding. The code promotion process has been changed, requiring EDS release teams and configuration managers to review all objects for promotion to ensure everything is tied to a CO and the CO has been approved There are reports available to identify what was released for any particular week. 4) The FIP has been modified to prevent this from reoccurring. The defect CO type is no longer available.</p>	

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				<p>5) The CO workflow has now been updated to ensure AHCA approval before a CO can be closed.</p> <p>6) We acknowledge this finding. The examples provided were during a time period when many procedural changes were occurring. The current promotion process will avoid future occurrences of this finding.</p> <p>7) This is contrary to our procedures. Management has reemphasized the appropriate procedures to EDS and AHCA staff and further clarified within the promotions procedures.</p> <p>8) The Agency acknowledges the eight occurrences reported were examples in which business analyst documentation was necessary. However, it is important to note that the various business areas within FMMIS have unique testing requirements regarding the code promotion. Therefore, not all COs will have Business Analyst testing.</p> <p>9) The Agency acknowledges the reported examples were not emergency situations. However, there will continue to be situations for which documentation after the fact or limited documentation will occur i.e., cycle monitor promotions and specific coding promotion that do not fit into the normal documentation requirements.</p> <p>10) The Agency acknowledges the findings. Although the reported examples were not emergency situations, it is important to note that instances of this nature will continue to occur for emergency situations. EDS and the Agency have defined such scenarios when this would be appropriate and also set up a procedure in which the developer is required to perform a walk through with another senior developer prior to promoting the code.</p>	

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OAG #2010-139	FYs 2007-2009	Medicaid Payments and Related Controls	<p>Finding 2010-25-07 Agency reconciliation documentation of FFMIS data with DSS data was incomplete and contained discrepancies, limiting the Agency's ability to demonstrate the accuracy and completeness of DSS data.</p> <p>Recommendation The Agency should address the inaccuracies in the DSS Claims Balance Reports and maintain appropriate documentation to demonstrate that complete reconciliations of FFMIS data with DSS data are performed.</p> <p>Finding 2010-139-01 Because of claim payment system functionality issues, emergency payments totaling approximately \$792 million were made to providers. These payments were made based on estimates rather than specific claims information submitted by the provider. Absent specific claims information and the Agency's preaudit of that information, whether by electronic or other means, the Agency was unable to demonstrate at the time of payment, on a claim-by-claim basis, that the providers were qualified, benefitting recipients were eligible, and the charges for the medical services provided were valid and allowable Medicaid expenditures.</p>	<p>AHCA acknowledges the finding. The DSS Team created an on-demand report within Business Objects that balances claim payment totals, expenditures, and accounts receivable every week to the corresponding OnBase BAC-Y report. The new balancing report was completed and implemented on November 9, 2009 and directly queries the detailed claims data instead of aggregate tables. This report is also available online as a public report.</p>	

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			<p>Recommendation The Agency should continue efforts to ensure that FMMIS payment issues are resolved so that Medicaid claims can be processed by FMMIS and subjected to the controls designed to prevent payment of unallowable claims. Additionally, the Agency should hold the contractor accountable for the timely resolution of the payment issues that are preventing providers from submitting claims through FMMIS. The Agency should also consider inclusion in future State Plans submitted for Federal review and approval, provisions to allow emergency payments to providers on a limited basis under specified circumstances.</p> <p>Finding 2010-139-02 The Agency had not developed policies or procedures specifically related to the calculation of the amount of emergency payments.</p>	<p>The Agency has always pursued efforts to ensure that FMMIS payment issues are resolved as quickly and appropriately as possible. The Agency monitors and works with the contractor on a daily basis to hold the contractor accountable to timely resolutions of claims payment. The Agency has authority to make emergency payments through Florida statute. No additional provision to the State Plan is necessary. The Agency used several methodologies and analytical means to assess that the interim payments were legitimate, were to valid providers and would address provider claims that, at a point in time, the FMMIS was not capable of processing on a claim by claim basis, because of System processing errors occurring at transition. At present, the Agency has collected 99.2% of all the interim payments made through February 2010.</p> <p><i>In response to this finding, the Agency indicated that it had the authority to make emergency payments through Florida Statute. The Agency did not cite a specific statute in its response; however, the provisions of law and directive that were identified by the Agency during the course of our audit work are listed in the finding. We continue to question whether these provisions of law provide the Agency with clear on-point authorization to make payments to Medicaid providers in advance of the receipt and processing of proper claims.</i></p>	

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			<p>Recommendation The Agency should develop written policies and procedures for the calculation of emergency payments. In developing these policies and procedures, the Agency's policies and procedures should detail the methodology to be employed when calculating the payment amount as well as the types of Agency and provider documentation required.</p> <p>Finding 2010-139-03 The responsibility for the final authorization and approval of emergency payments was assigned to the same Agency staff who initiated and calculated the payments. Also, large payments were not subjected to additional levels of review and approval.</p> <p>Recommendation The Agency should establish policies and procedures regarding the identification, calculation, and authorization of emergency payments. These procedures should provide for adequate separation of duties between persons calculating, authorizing, and approving emergency payments.</p> <p>Finding 2010-139-04 After an emergency payment had been issued to a provider, an account receivable was to be established and the provider was to be notified that recoupment of the emergency payment would occur in a recoupment period during which a certain percentage of each claim submitted by the provider would be held back and applied to the account receivable until the balance was offset. The Agency process for recouping emergency payments did not include provisions to timely identify and collect the balances due from those providers that did not file claims during the recoupment period.</p>	<p>In addition to responses to Auditor General "Memos of Understanding," the Agency provided documents that addressed both in general terms and specific circumstances, the procedures used to derive interim payments. The Agency has since formalized the general procedures used since July 2008 with a set of guidelines for subsequent use.</p> <p>Final authorization and approval was performed by the Medicaid Contract Management (MCM) Bureau Chief, with other MCM staff performing the calculations; large payments were reviewed and/or approved by the Assistant Deputy Secretary for Medicaid Finance or the Deputy Secretary for Medicaid.</p>	

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			<p>Recommendation The Agency should enhance procedures to ensure that FMMIS is timely updated to record Medicaid Program provider terminations and that provider recoupment schedules are modified, as needed, to maximize the collection of outstanding receivable balances. Additionally, the Agency should initiate collection efforts for providers with an outstanding receivable balance that have either ceased billing the Medicaid Program or who have been terminated from the Program.</p> <p>Finding 2010-139-05 According to the available performance reports, the Medicaid fiscal agent, Electronic Data Systems, Inc. (EDS) was not performing at contractually required levels. Additionally, the Agency was not timely reviewing and scoring levels of contractor performance.</p> <p>Recommendation In order to effectively monitor contractor performance, the Agency should timely review and score contractually required performance measures and take punitive actions, including the assessment of liquidated damages, for nonperformance. The Agency should also consider requiring the contractor to submit performance measures that address whether claims are accurately processed.</p> <p>Finding 2010-139-06 Reporting requirements were not sufficient to allow the Agency to effectively monitor subcontractor performance.</p>	<p>The Agency, over the course of the months in which interim payments have been made, has reviewed the Accounts Receivables (AR) subsidiary accounts and sent out, on at least 3 occasions, various collection letters to providers identified as delinquent on repayment of their ARs to the State. This started on July 28, 2009.</p> <p>The Agency established a "Report Card" monitoring tool as a component of the Request for Proposal (Contract). Agency staff were involved with fiscal agent transition issues and very intensely monitored the change from the old, outdated FMMIS to the new architecture FMMIS, and the transition between fiscal agent operations and staff. Report card monitoring is an evolving activity, and at present the Agency is now "caught-up" with the monthly report cards.</p>	

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			<p>Recommendation The Agency should enhance subcontractor monitoring by requiring that data pertaining to the accuracy of claims processed by the subcontractor's pharmacy benefits system be reported to the Agency at required intervals.</p> <p>Finding 2010-139-07 Controls were not sufficient to ensure that Medicaid claims submitted to the Florida Medicaid Management Information System (FMMIS) were paid in accordance with applicable laws, rules, and regulations.</p> <p>Recommendation The Agency should ensure that, in accordance with State law, Medicaid claims are paid only to providers with valid provider agreements in place. Additionally, the Agency should develop Coverage and Limitation Handbooks for all Medicaid service types and improve automated edits and related procedures to ensure that claims are processed in accordance with applicable Medicaid policies and fee schedules.</p>	<p>The Agency receives a variety of reporting tools from the contractor and subcontractor regarding the pharmacy benefits management (PBM) component of operation. The Agency's Pharmacy Bureau reviews those reports on a daily and weekly basis. The Agency will review the possibility of adding a unique Report Card to the existing 10+ cards in use today that addresses the PBM operations separately.</p> <p>The new FMMIS was installed effective June/July 2008. A large component of the transition, which includes design, development, and implementation (DDI) also, includes conversion--the transfer of coding and logic from the old MMIS architecture to the new architecture. The DDI effort was designed to review that conversion, all 16 billion records, to assess the success of that effort. Multiple forms of testing were created and the Agency, as well as other entities, set parameters of test completion and success prior to a go-live date for transition. Under all these circumstances the Agency</p>	

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OAG #2010-165	FYE 6-30-09	Federal Awards Audit	<p>Finding FS 09-001 As previously reported, the FAHCA, Bureau of Finance and Accounting (Bureau), did not record a receivable and deferred revenue to represent its claim on Federal financial resources related to the incurred but not reported (IBNR) Medicaid claims liabilities.</p> <p>Recommendation We again recommend that the Bureau establish procedures to record net receivables and deferred revenue in recognition of its claim on Federal resources related to the IBNR Medicaid claims.</p> <p>Finding FS 09-002 Emergency payments to Medicaid providers were recorded and reported as expenditures rather than receivables by the FAHCA, Bureau of Finance and Accounting (Bureau).</p>	<p>made the transition, and while a small percentage of the thousands of controls were found to not perform as expected, the vast majority were sufficient and replicated the controls in the old FMMIS--all designed to ensure claims are paid in accordance with applicable laws, rules, and regulations. The Agency has now resumed its provider re-enrollment efforts with the contractor (delayed because of several previous contract extensions with the prior contractor, due to legal protests</p> <p>associated with the contract award, etc), and the new automated approach will ensure valid, current provider agreements are in place. Coverage and Limitations handbooks are promulgated for all but three applicable Medicaid services. Each of the three is already in development and are expected to begin rule promulgation by the date in parentheses in the next column. These handbooks will always continue to address edits, audits and controls applicable to appropriate claims processing.</p> <p>The financial statement checklist has been updated to include this task. The checklist is used during management review.</p>	

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			<p>Recommendation We recommend that the Bureau enhance its procedures to ensure that all appropriate recognition criteria are considered prior to recognizing payments on behalf of Federal programs as expenditures.</p> <p>Finding FS 09-003 The FAHCA, Bureau of Finance and Accounting (Bureau), did not fully record amounts due from counties for disproportionate share hospital (DSH), low income pool (LIP), exemptions to ceilings, and other Statewide issue receivables.</p> <p>Recommendation We recommend that the Bureau enhance controls over the use of the spreadsheet to ensure the accurate recording of amounts due, amounts received and amounts receivable from the counties.</p> <p>Finding FS 09-004 As previously reported, the FAHCA, Bureau of Finance and Accounting (Bureau), did not record an uncollectible allowance related to net receivables for drug rebates.</p> <p>Recommendation We again recommend that the Bureau ensure that fiscal year-end procedures are performed to appropriately record all accounts receivable uncollectible allowances.</p>	<p>In accordance with State statutes and Federal directives, emergency payments have been processed for Medicaid providers. An accounts receivable is established and subsequent claims are processed and posted to the accounts receivable. Finance and Accounting will initiate communication with Medicaid Contract Management to identify any outstanding ARs related to emergency payments and will post adjusting entries accordingly.</p> <p>Finance and Accounting will maintain a master copy of the DSH/LIP spreadsheet. The Bureau will update based on actual deposits or adjustments received by Medicaid Program Analysis.</p> <p>The financial statement checklist has been updated to include this task. The checklist is used during management review.</p>	

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			<p>Finding FA 09-055 Payments made to providers on behalf of clients for medical service claims were not always paid in accordance with established Medicaid policy and fee schedules. Specifically, the payments were for improper amounts or for unallowable services.</p> <p>Recommendation We recommend that FAHCA ensure that appropriate electronic or manual controls are in place and operating effectively to ensure that Medicaid claims are accurately and properly processed by FMMIS. Additionally, FAHCA should ensure that FMMIS is updated timely with the proper information.</p>	<p>Waiver service providers bill with a Place of Service Code 99. In accordance with the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, effective July 2008: Place of Service Code 14 Group Home is defined as: Congregate residential foster care setting for children and adolescents in state custody that provides some social, health care, and educational support services and that promotes rehabilitation and reintegration of residents into the community. Place of Service Code 99 Other Unlisted Facility is defined as: Other service facilities not identified above. Payments were made correctly in accordance with established Medicaid policy and fee schedules for the provider type. Issue 1: Home Health Claims Paying Without A Prior Authorization – The problem has been addressed with the appropriate staff in the Bureau of Medicaid Contract Management. The claims that were identified by the AG's Office would not have bypassed the prior authorization requirements in the MMIS if they were processed for payment today. Issue 2: Private Duty Nursing (PDN) Claims Paying Less Than The Allowable Amount - A CSR has been</p>	

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			<p>Finding FA 09-056 Overpayments made to HMO plans on behalf of deceased clients were not timely recouped.</p> <p>Recommendation We recommend that FAHCA ensure the timely recoupment of claim overpayments.</p>	<p>submitted to change the way the MMIS processes these claims. Once the CSR is implemented, PDN claims will not pay unless more than 2 units of service are billed on the claim per day. Practitioner Services Unit research current FLMMIS coding and contact the Medicaid fiscal agent if needed to identify why: Chiropractic services providers were reimbursed for visits in excess of 24 per year, without obtaining required prior authorization; Chiropractic providers were paid for services furnished in places of service not allowed by program policy. File Maintenance and/or Change Orders are submitted to the fiscal agent, as necessary, to prevent future overpayments of chiropractic services.</p> <p><i>In response to our finding concerning \$1,477,053.87 paid for Developmental Waiver Services Special Medical Home Care, FAHCA indicated that waiver service providers bill with a Place of Service Code 99 – Other, and that the claims were paid correctly. However, absent more specific description of the place of service, FAHCA records did not demonstrate that the claimed services were delivered in an allowable place of service (that is, a licensed group home).</i></p> <p>The Agency will make every effort to ensure overpayments made to HMO plans on behalf of deceased clients are recouped, as timely as possible. The Medicaid Third Party Liability Vendor will review claims paid after date of death as part of its Medicaid Overpayments Project.</p>	

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			<p>Finding FA 09-057 See Information Technology Operational Audit, report No. 2010-025, dated October 2009. Details of the findings and recommendations, as well as, FAHCA management's responses are included in that report.</p> <p>Finding FA 09-058 See Medicaid Payments and Related Controls Operational Audit, report No. 2010-139, dated March 2010 and Medicaid Facility Reimbursement Rates Operational Audit, report No. 2010-189, dated April 2010. Details of the findings and recommendations, as well as, FAHCA management's responses are included in that report.</p> <p>Finding FA 09-060 Contrary to Federal requirements, FAHCA reported on the CMS-64, Quarterly Medicaid Statement of Expenditures For the Medical Assistance Program reports expenditures that were not supported by provider claims.</p> <p>Recommendation We recommend that FAHCA report on the quarterly CMS-64 report only expenditures that are supported by actual claims.</p> <p>Finding FA 09-061 FAHCA procedures were not sufficient to ensure that expenditures reported on the CMS-64, Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program, included only activity pertaining to the applicable reporting period.</p>	<p>It was Finance and Accounting's understanding that the emergency payments reported were supported by actual claims. Finance and Accounting will ensure that future emergency payments will be supported by claims before they are reported on the CMS-64 report.</p>	

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			<p>Recommendation We recommend FAHCA ensure that expenditures reported on the quarterly CMS-64 report include only payments made to providers during the applicable reporting period. We also recommend FAHCA amend the reports and seek recovery of the additional \$47,737,395 of ARRA funds earned for payments made to providers on October 1, 2008.</p>	<p>The expenditures are reported in the quarter in which the expenditures are posted to the Agency's accounting records. The FMAP in effect when expenditures are posted to the Agency's accounting records are used. This is consistent with Section 2500 of the State Medicaid Manual, subsection D, Reporting Requirements, which says, "When reporting expenditures for Federal reimbursement, apply the FMAP rate in effect at the time the expenditure was recorded in your accounting system." Additionally, we were advised by the CMS analyst to use the FFP as of September 30th for those claims processed in the run dated September 27, 2008.</p> <p><i>FAHCA indicated in its response to this finding that expenditures are reported in the quarter in which the expenditures are posted to the Agency's accounting records, and that the FMAP in effect when the expenditures are posted to the Agency's accounting records is used. However, Section 2500, Subsection D of the Manual states that "An expenditure occurs when a cash payment is made to a provider."</i></p> <p><i>That Subsection further states "To establish the FMAP rate applicable to a given expenditure, determine when the expenditure was made." The claims processed on September 27, 2008, referenced in FAHCA's response, were not actually paid to providers until October 1, 2008. Thus, in accordance with the Manual, FAHCA should have applied the FMAP rate in effect on October 1, 2008, when the expenditures (cash payments) were made to the providers.</i></p>	

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			<p>Finding FA 09-064 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. FAHCA had not resolved issues relating to ICF-DD facilities for which the independent auditors disclaimed an opinion on the cost reports for the 2003-04 and 2004-05 fiscal years. Additionally, FAHCA had not performed monitoring of the vendor contracted to perform hospital cost report audits.</p>	<p>1) The annual fire safety surveys for the state licensed health care facilities conducted by the Office of Plans and Construction have been designated as the highest priority in OPC including state statute time mandates for plan review.</p> <p>2) A new set of Procedures for the review teams in OPC has been developed and published for all of the review and administrative staff who are responsible for the timely completion of these surveys.</p> <p>3) A verbal agreement of coordination has been instituted between OPC and the Field Offices to assure that all validation surveys for certification completed by the Field Office review staff will fall</p>	

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OAG #2010-189	FYs 2007-2009	Medicaid Facility Reimbursement Rates	<p>Recommendation We recommend that FAHCA develop policies and procedures to assist in the review and release of nursing home and ICF-DD audit reports, including time frames for the timely release of the audit reports. We 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. We also recommend that FAHCA ensure that procedures established to monitor contractual performance of the hospital cost report auditor (Medicare intermediary) are timely performed.</p> <p>Finding 2010-189-01 The Agency did not always calculate Medicaid reimbursement rates for hospitals and intermediate care facilities for the developmentally disabled (ICF-DDs) in accordance with established procedures and instructions.</p> <p>Recommendation The Agency should ensure that rates are calculated in accordance with established policy. The Agency should also enhance controls to ensure that calculations are performed correctly and based on complete cost reports submitted by the facility. Furthermore, the Agency should ensure that all manual profile sheets are reviewed by a second person to ensure that reimbursement rates are calculated using accurate information. Any corrections needed should be verified by the reviewer.</p>	<p>Medicaid management has been working with AHCA's General Counsel's Office to address the issues preventing the completion and release of certain nursing home and ICF-DD audits. The Agency recognizes the need to complete and issue these audits. The audit adjustments contained in the audit reports are subject to legal challenge and the Agency has to defend these adjustments. This increases the need for scrutiny of the working papers prior to the release of the audit reports, rather than decreasing the review through a sampling plan. The Agency is working to ensure the monitoring of the contractual performance of the contractor for hospital cost reports are timely performed.</p> <p>The Agency has and is continuing to ensure that all providers' rates are calculated in accordance with State and Federal policy. The Medicaid Cost Reimbursement Planning Administrator (MCRP Administrator) conducts a review process and signs each rate letter prior to distributing them to the hospital, ICF/DD and the Medicaid Fiscal Intermediary. The review process includes reviewing the manual profile sheet, rate computations, rate letter and the cost report (which produces the manual profile sheet, rate</p>	

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			<p>Finding 2010-189-02 The Agency calculated Medicaid reimbursement rates for hospitals and ICF-DDs using cost reports accepted after the deadline for cost report submission.</p> <p>Recommendation The Agency should enhance controls to ensure that Medicaid reimbursement rates are calculated using the correct cost report, in accordance with Medicaid policy and Florida law.</p>	<p>computations and rate letter). The Agency will continue to calculate Medicaid reimbursement rates for hospitals and ICF/DDs in accordance with established procedures and instructions. The Agency will develop and implement a process to document in a form of a checklist that will provide the required information to demonstrate that the agency is in compliance with the rate setting procedures. The Agency feels that the policies and procedures as defined in the state plan are followed however, the detailed supplemental instructions will be updated to reflect the changes required under the more current state plan.</p> <p>The Hospital Reimbursement Plan states each hospital shall submit a cost report 5 months after the close of its cost-reporting year; however, the Plan also states, all cost reports received by AHCA by April 15 and October 15 respectively shall be used to establish the reimbursement ceilings (rates). The Agency disagrees with the finding that ICF/DD cost reports were accepted after the filing deadline. The Agency has confirmed that the original cost reports were submitted prior to the established deadline. The Medicaid policy regarding amended/revised cost report is that the original cost report filing date is the factor for determining if a cost report is late.</p>	

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			<p>Finding 2010-189-03 The Agency did not always enter reimbursement rates into the Florida Medicaid Management Information System (FMMIS) prior to the effective date of the rate, resulting in claims being reimbursed at the previous rate. In addition, retroactive rate adjustments did not take into consideration required copayments, and overpayments were made.</p> <p>Recommendation The Agency should enhance controls to ensure that reimbursement rates are entered into FMMIS prior to the rates' effective dates. The Agency should also ensure that claims adjusted for a new rate are paid in the correct amount, considering any copayments required from the recipient. In addition, the Agency should identify overpayments related to copayments that resulted from retroactive rate adjustments and initiate actions to recoup the applicable amounts from providers.</p> <p>Finding 2010-189-04 Hospitals, ICF-DDs, and nursing homes did not always submit cost reports to the Agency within the required timeframes.</p>	<p><i>The Agency disagreed that the ICF/DD facility cost reports had been accepted after the filing deadline. As noted in our finding, we agree that the original cost reports were received before the filing deadline. However, the rates authorized were based on the revised cost reports rather than the most current acceptable cost report received by the applicable due date.</i></p> <p>The Bureau of Medicaid Program Analysis (MPA) has and will continue to ensure that providers' rates are submitted to MCM in a timely fashion in order to ensure that reimbursement rates are entered into FMMIS prior to the rate effective dates. The Agency is aware of issues regarding the overpayment to providers of copayments when retroactive rate adjustments are generated and CSR 1236 was created on July 29, 2009 and implemented into production October 5, 2009. The CSR corrected the business rules used in FMMIS to process retroactive claim adjustments for claims with copayments. The Agency will initiate actions to identify and recoup any overpayments made to providers due to this issue.</p>	

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			<p>Recommendation The Agency should revise the Medicaid State Plan to either develop new punitive measures, such as rate reductions, or enforce existing measures to ensure the timely submission of cost reports to the Agency.</p> <p>Finding 2010-189-05 Agency monitoring of the contract with First Coast Service Options, Inc. (FCSO), for hospital cost report audits was not sufficient.</p> <p>Recommendation The Agency should require that FCSO adhere to all contract provisions, including the submission of all required reports. In addition, to gain increased assurance that the audits are performed in accordance with the contract, the Agency should consider increasing the level of detail review employed during annual contract monitoring. Also, prior to entering into another hospital cost reports audit contract, the Agency should consider performing a cost analysis to evaluate the competitiveness of proposed rates or competitively procuring the services.</p> <p>Finding 2010-189-06 Facility reimbursement rate changes resulting from cost report audit adjustments were either not calculated or were calculated but not processed by the Agency.</p>	<p>The Bureau of Medicaid Program Analysis (MPA) is currently working with the Bureau of Medicaid Program Integrity and Office of the Inspector General to make a rule change to 59G-9.070 to establish punitive fines for providers who are not filing a timely cost report for rate setting.</p> <p>The Agency is amending the FCSO contract to more accurately reflect the status reports being employed. FCSO is submitting monthly reports of work submitted and an updated status of the budget to actual work completed. The contract monitoring for 2009-10 fiscal year will be completed during the contract period. The Agency will consider increasing the number of audits for a full working paper review. The Agency is currently exploring options to lower the hourly rate for the hospital cost report audit contract that will allow for increased audit hours when the contract is renewed.</p>	

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			<p>Recommendation The Agency should implement procedures to ensure that new ICF-DD rates are calculated when audit reports on ICF-DD cost reports are released. Furthermore, the Agency should enhance policies and procedures to ensure that cost report audits procured by the Agency are timely processed and that any rate changes resulting from cost report audits are timely calculated, entered into FMMIS, and retroactively applied.</p>	<p>Currently, there are procedures in place to ensure that new ICF/DD rates are calculated when audit reports on ICF/DD cost reports are released; however, the delay in processing the current audit is based solely on staff turnover within the unit. We are currently at full staff and the pending audits have been assigned to an analyst. In addition, procedures have been put in place regarding facilities undergoing a change of ownership. For an ICF-DD undergoing a change of ownership, the Licensure process consists of verifying outstanding audits and/or pending rate adjustments based on cost reports. A facility license will not be issued until these outstanding issues have been resolved with the old owner and new owner, with regard to repayment of any outstanding Medicaid liens.</p>	
AUDITS FOR FISCAL YEAR 2008-2009					
08-06	6/30/2008	Medicaid Operations	<p>Finding 08-06-01 The Choice Counseling Unit (Unit) has not developed a process to identify individuals who lose their Medicaid eligibility and restrict them from accessing their Enhanced Benefits (EB) account if their income exceeds 200 percent of the Federal Poverty Level (FPL).</p>		

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08-13	EDS FMMIS Project Impementation	Medicaid Operations	<p>Recommendation Request approval from the Centers for Medicare and Medicaid Services to amend the waiver to either allow Medicaid ineligible access to their EB accounts regardless of their FPL, or restrict account access until they regain Medicaid eligibility. All Medicaid ineligible will continue to lose account funds that are not spent within three years of loss of eligibility.</p> <p>Finding 08-06-02 The Enhanced Benefits Information System (EBIS) edits have not caught questionable drug transactions submitted for healthy behavior credit by the health plans.</p> <p>Recommendation In order to identify and reject improper pharmaceutical claims submitted for healthy behavior credits, we recommend that additional edits and/or revisions to current front-end edits be implemented in EBIS.</p> <p>Finding 08-13-01 During the design, development, and implementation (DDI) phase, the Agency did not have a process in place to facilitate independent project monitoring and project status communications with the Agency Management Team.</p>	<p>The Agency's Medicaid Division is currently evaluating the implementation of beneficiary notification, upon loss of Medicaid eligibility. The notice will provide them with a current balance and other information regarding usage of remaining credits. It will also advise them of the need to report if their income exceeds 200% the FPL. As a contingency, Medicaid Management is also exploring submitting an amendment to the 1115 waiver to address this requirement. Currently there is not a systematic process to track if the income of a beneficiary, who has left the Medicaid program, exceeds 200% FPL. If an amendment is submitted, it will require approval from the Centers for Medicare and Medicaid Services (CMS).</p> <p>The Agency's Medicaid Division will review the recommendation and will explore any opportunities to address this issue in the 2010-11 fiscal year, by additional system edits or health plan submission requirements. However, it should be noted that plans are not required to have the same dosage edits as the Medicaid Pharmacy system.</p>	

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			<p>Recommendation Continue to develop and refine processes to ensure adequate reporting to the Agency Management Team when planning and developing future systems projects.</p> <p>Finding 08-13-02 We noted that the “System Development” phase of the Florida Medicaid Management Information System / Decision Support System (FMMIS/DSS) project plan was considered one deliverable rather than being broken down into smaller deliverables by system modules and/or development phases.</p> <p>Recommendation Continue to evaluate the operations of the fiscal agent and assess monetary penalties where system limitations have caused operations to suffer. In addition, we recommend the Agency ensure future system projects include sufficient system component deliverables to allow accurate progress measurement. Finally, a thorough legal review of future system development contracts should be performed to ensure sufficient system component deliverables and associated penalties for nonperformance are included.</p>	<p>As implementation has already occurred, management response indicating corrective action to be taken is not required. However, we recommend the Agency consider this recommendation in future Agency system developments.</p> <p>AHCA-RFP-0514, the basis of the contract with EDS, allows the Agency to assess either liquidated or actual damages based on specified criteria found in Section 30 of the Request for Proposal (RFP). The Bureau of Medicaid Contract Management (MCM) conducts close monitoring of the fiscal agent performance in many aspects of ongoing operations, including the requirements that have damages attached to them. These monitoring activities will continue for the term of the contract with EDS with damages assessed as allowed in the terms and conditions of the contract.</p>	

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<p>08-14</p> <p>Status Reports: 10-19 & 10-25</p>	<p>11/14/2008</p> <p>9/11/2009</p> <p>3/30/2010</p>	<p>Medicaid Finance</p>	<p>These reports have been classified as CONFIDENTIAL in accordance with Section 282.318(2)(a)(5), Florida Statutes and thus is not available for public distribution.</p>	<p>MCM has applied several components of the criteria in Section 30 of the RFP, sanctioning EDS in May 2009, and has collected on that sanction. MCM staff also apply "penalties" for certain deficiencies with the monthly report cards. MCM has notified EDS of penalties for the October 2008 - May 2009 report cards, and has collected for the penalties assessed, through March 2009. MCM will continue to apply and collect on report card deficiencies, and also apply other sanctions when deemed appropriate.</p>	
<p>08-18</p>	<p>May '2009</p>	<p>Information Technology</p>	<p>Finding 08-18-01 Though there are informal daily procedures to detect rogue Access Points and other suspicious activity on the wireless network; it was not performed, reported, or monitored consistently during the audit period.</p> <p>Recommendation 1) Network manager assign and document the daily monitoring responsibilities to staff, and monitor the results to ensure it is being performed correctly and consistently; and 2) Information Security staff and other appropriate management review the monitoring results and assess whether implemented controls are working correctly and are sufficient in mitigating security risks.</p> <p>Finding 08-18-02 The Agency's <i>Guest Wireless Internet Service Policy</i> is maintained on the Agency network where guest users cannot view it. Additionally, it is not distributed to guest users upon request for wireless Internet access nor are the "terms of service" acknowledged.</p>	<p>Process problem resolved. Management will follow-up to ensure process is followed. Written procedures were formalized. COBIT statement is understood, but COBIT standards are not always applicable to the Bureau of Information Technology (IT).</p>	

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08-19	12/31/2007	Medicaid Pharmacy Services	<p>Recommendation Require each guest user to review the <i>Guest Wireless Internet Service Policy</i> and obtain an acknowledgement of the "terms of service" before granting access to the user.</p> <p>Finding 08-18-03 Several instances were noted where IT procedures were informal and had not been approved by the Agency's Chief Information Officer (CIO).</p> <p>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 management and the change advisory board in completing a comprehensive review for each of the requests for change.</p> <p>Finding 08-19-01 The Agency did not submit invoices for drug rebates for approximately two-thirds of the J-Code claims submitted during the 2006 and 2007 calendar years.</p>	<p>IT developed a splash screen for guests requiring them to review and accept the Guest Wireless Policy.</p> <p>Internal Audit's recommendations have been formally addressed in written policies and procedures. Corrective action is complete.</p>	

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			<p>Recommendation Continue to work collaboratively with Unisys and the Bureau of Medicaid Program Integrity to develop methods for ensuring maximum rebate invoicing and collections.</p> <p>Finding 08-19-02 The Agency continued to pay claims that did not contain the required NDC.</p>	<p>The current Fiscal Agent's claims processing system is programmed to pay specific J-Code claims that are submitted with a National Drug Code (NDC) without validating whether or not the submitted NDC is actually for the J-Code drug. Medicaid Pharmacy Services and Medicaid Contract Management (MCM) will have to instruct the Fiscal Agent to program the system to validate all NDCs that are submitted with J-Codes on claims.</p> <p>This will include the programming of the system with a cross walk between J-Codes and the NDCs to ensure that the correct NDC is being submitted for the J-Code. File maintenance must also be performed to update the pricing of the J-Codes.</p> <p>The Fiscal Agent created a proposal to bring the rebate process into compliance with the DRA 2005. MCM prepared and submitted an Advance Planning Document (APD) to CMS in June 2009 to get approval for the additional funding. The APD was approved in July 2009. The J-code NDC Crosswalk is in the programming queue at the Fiscal Agent. MCM confirms that it is a high priority.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Recommendation Enforce the requirement for the NDC to be included on all claims, including cross-over and UB claims, and work cooperatively with the fiscal agent to ensure the appropriate edits are in place in the Florida Medicaid Management Information System (FMMIS).</p> <p>Finding 08-19-03 The Bureau of Pharmacy Services lacks formal written procedures relating to the Medicaid drug rebate process.</p> <p>Recommendation Develop formal written procedures to help ensure consistency and quality performance in the Medicaid drug rebate process.</p> <p>Finding 08-19-04 Improvements are needed in the management and monitoring of contracts in the Bureau of Pharmacy Services.</p> <p>Recommendation Develop procedures to ensure coordination between the contract manager and liaisons and promotion of more effective management and monitoring of the contracts. Procedures Pharmacy Services should consider developing include the requirement of co-signatures on invoices and monitoring evaluation forms.</p>	<p>With the implementation of the system programming as outlined in Finding 08-19-01, the Fiscal Agent's claims processing system will only adjudicate those claims for Physician administered drugs that are submitted with a valid NDC number. Otherwise, claims will deny for invalid NDC number or NDC number missing. Claims processing will also appropriately manage the UB (institutional) claims as well as the Medicare B crossover claims.</p> <p>Medicaid Pharmacy Services has developed written procedures detailing the Medicaid drug rebate process.</p> <p>Medicaid Pharmacy Services developed an internal policy on the rebate program. All invoices are signed by the contract manager and liaison.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
OAG #2009-144	FYE 6-30-08	Federal Awards Audit	<p>We further recommend the Bureau of Pharmacy Services maintain all required monitoring documents in the contract file.</p> <p>Finding #FS 08-002 In the Governmental Activities financial statements, the Florida Agency for Health Care Administration (FAHCA), Bureau of Finance and Accounting (Bureau), did not record an estimate of incurred but not reported (IBNR) Medicaid claims liabilities and its corresponding expenses. Additionally, the Bureau did not record a receivable and deferred revenue in its governmental fund financial statements to represent its claim on Federal financial resources related to the IBNR amounts.</p> <p><i>Finding Repeated: See FS 09-001, Report #2010-165.</i></p> <p>Recommendation We recommend that the Bureau establish procedures to 1) estimate and record the long-term indebtedness relating to IBNR Medicaid claims liabilities, including the corresponding expenses; and 2) record the appropriate receivables and deferred revenues in recognition of its claim on Federal resources related to the IBNR claims.</p> <p>Finding #FS 08-003 The FAHCA, Bureau of Finance and Accounting (Bureau), did not record an uncollectible allowance related to accounts receivable for drug rebates.</p> <p><i>Finding Repeated: See FS 09-004, Report #2010-165.</i></p> <p>Recommendation We recommend that the Bureau ensure that fiscal year-end procedures are performed to appropriately record all accounts receivable uncollectible allowances.</p>	<p>Medicaid Pharmacy Services will include all monitoring documents in the contract file with the appropriate signatures. This requirement is now part of the Bureau's internal policies and procedures.</p> <p>We will establish a procedure to estimate and record the long-term indebtedness relating to IBNR Medicaid claims and to record the receivable and deferred revenue relative to the Federal resources.</p> <p>Management will more closely review the accounts receivable uncollectible allowances during the financial statement preparations.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Finding #FA 08-053 The Florida Department of Health (FDOH) implemented corrective actions to resolve issues noted during prior audits regarding capitation payments charged to the State Children's Insurance Program (SCHIP); however, the cash balance for the SCHIP capitation account remained high at June 30, 2008. We also noted that FAHCA and FDOH were working with Federal officials to resolve related prior audit findings.</p> <p>Recommendation We recommend that FAHCA and FDOH continue to monitor capitation rates to determine whether additional reductions are needed to prevent the accumulation of excess cash and work with Centers for Medicare and Medicaid Services (CMS) to promptly resolve other prior audit findings.</p>	<p>The KidCare Social Services Estimating Conference is the group that reviews the CMS capitation. FDOH presents to the KidCare Social Services Estimating Conference the Title XXI Children's Medical Services expenditure history, current enrollment, projected cost, projected enrollment and cash balance to reach consensus on this information.</p> <p>FDOH/CMS staff work with FAHCA staff on preparation of the materials used for the KidCare Social Services Estimating Conference.</p> <p>FAHCA provides the medical cost inflationary information used for projecting future cost based on projected Medicaid cost forecasts. FDOH/CMS uses this information to project future cost trends. FAHCA pays FDOH/CMS based on the rate set by the SSEC and as authorized in the General Appropriations Act for each enrolled child. FDOH agreed with the repayment of \$7,269,098.24. A legislative transfer of funds to support activities that were not restricted to Title XXI activities did occur in SFY 2003/04. Such transfers did not occur before that fiscal year or after that fiscal year.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Finding #FA 08-055 On the March 31, 2008, CMS 21 report, FAHCA overstated collections and understated net SCHIP expenditures by the amount of \$1,040,694.24.</p> <p>Recommendation Subsequent to our audit inquiries, FAHCA staff corrected FAHCA accounting records and correctly reported premiums on the June 30, 2008, CMS-21 report. We recommend that FAHCA review its procedures for recording transactions in FLAIR to ensure that premiums are appropriately coded.</p> <p>Finding #FA 08-056 Internal controls were not sufficient to ensure that certain medical service claims were paid in accordance with established Medicaid policy.</p> <p><i>Finding Repeated: See FA 09-055, Report #2010-165.</i></p> <p>Recommendation We recommend that FAHCA ensure that appropriate electronic or manual controls are in place and operating effectively to ensure that Medicaid claims are accurately and properly processed by the Florida Medicaid Management Information System (FMMIS).</p> <p>Finding #FA 08-057 Overpayments made to Health Maintenance Organization (HMO) plans on behalf of deceased clients were not timely recouped.</p> <p><i>Finding Repeated: See FA 09-056, Report #2010-165.</i></p>	<p>We concur. Management is monitoring the FLAIR entries to ensure correct account code information is being used.</p> <p>The Agency Medicaid Services bureau will coordinate with the Medicaid Contract Management bureau to ensure that appropriate modifications are made to the FMMIS for the noted discrepancies between how FMMIS processed certain claims and what is recorded in policy handbooks for the noted claim types.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Recommendation We recommend that FAHCA timely recoup claim overpayments.</p> <p>Finding #FA 08-059 FAHCA procedures were not sufficient to ensure that Medicaid providers receiving payments had a current provider agreement in effect.</p> <p><i>Finding Repeated: See FA 09-062, Report #2010-165.</i></p> <p>Recommendation We recommend that FAHCA improve its monitoring of the fiscal agent to ensure that provider files contain current information.</p>	<p>The Agency executed a new Medicaid Third Party Liability (TPL) Contract effective November 1, 2008. Through this contract, the new Vendor, ACS State Healthcare, LLC will conduct the Date of Death Project. The first Date of Death Project will include a five-year review to determine claims paid after the date of death. ACS will conduct the Date of Death Project on a regular basis, each time reviewing five years of paid claims data in order to help ensure timely recoupment of Medicaid funds. As the new TPL Vendor, ACS is currently in the process of receiving and converting to its system, five years of historical claims data. ACS will also receive updated paid claims data on a regular basis. This data is needed in order for ACS to conduct TPL activities as well as other recovery projects such as the Date of Death Project.</p> <p>As noted by the Agency, there were unanticipated delays regarding the re-enrollment processes, out of control of the Agency. Procedures are already in place and effective regarding the re-enrollment procedures. The Agency will ensure the re-enrollment processes are initiated in a timely manner.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Finding #FA 08-060 FAHCA procedures were not sufficient to ensure that facilities receiving Medicaid payments met the required health and safety standards.</p> <p><i>Finding Repeated: See FA 09-063, Report #2010-165.</i></p> <p>Recommendation We recommend that FAHCA increase its efforts to ensure that staff conduct Life Safety Surveys within the established time frames.</p>	<p>We will make the necessary rule, manpower availability and management review changes necessary to assure that Life Safety Surveys are conducted within the established time frames. The delay in surveying Doctors Memorial Hospital arose from an internal miscommunication, which has since been resolved. The Office of Plans and Construction performs fire life safety surveys annually on this hospital except in the years when the area office provides the survey as part of the certification process.</p> <p>The survey dates for the other four facilities were delayed by manpower shortages. The Agency will address this problem through a combination of rule revisions which will include the use of Joint Commission on third year. We will modify the rule in Florida Administrative Code (FAC) 59A-3 to accept JCAHO accreditation surveys every third year in lieu of the annual state licensure survey.</p> <p>Additionally, modifying the rule in FAC 59A-5 to allow ambulatory surgery centers to skip the year subsequent to the one in which they receive a deficiency-free survey on the first visit will free up man-hours to focus on the timely completion of required surveys of the remaining facilities. Management will improve its scheduling and review of these surveys to ensure they are conducted within the appropriate timeframes.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Finding #FA 08-061 FAHCA had not developed policies and procedures to provide for the timely review and release of cost report audits of Intermediate Care Facilities for the Developmentally Disabled (ICF-DD) and nursing homes. The cost report audits are performed to ensure that the institutions were paid at the appropriate rate.</p> <p><i>Finding Repeated: See FA 09-064, Report #2010-165.</i></p> <p>Recommendation We recommend that FAHCA develop policies and procedures to assist in the scheduling and release of nursing home and ICF-DD audit reports, including time frames for the timely release of the audit reports. We also recommend that FAHCA implement a quality assurance review process in which FAHCA staff review the supporting working papers for a sample of CPA audit reports in lieu of the current practice of reviewing the working papers for all audit reports.</p>	<p>The Agency acknowledges the amount of time the review process of Medicaid nursing home and ICF-DD audits takes and is taking steps to maintain maximum staffing levels in order to provide the needed oversight in this process. In addition, the Agency is requesting an additional audit analyst position through the Legislative Budget Request process. The additional analyst would help increase the ability to issue audits in a timelier manner and maintain the quality of the audit oversight. The Agency acknowledges that reducing the level of oversight for these audits to require a sample review of supporting working papers for CPA audit reports rather than a review of working papers for all audit reports may increase the number of audits issued in any given period. However, the provider has appeal rights under Chapter 120.57, Florida Statutes, upon issuance of the report.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
				<p>Issuing reports through a sample review of the working papers will not reduce, and may potentially increase, the amount of time required to defend these audits in the appeal process. Additional adjustments that may be added during the review process would be a lost opportunity for audits not reviewed. The Agency believes it is more prudent to ensure the accuracy of the reports due to the significant amount of overpayments this process produces.</p>	

Office of Policy and Budget - July 2010

Fiscal Year 2011-12 LBR Technical Review Checklist (Rev. 10-13-2010)

Department/Budget Entity (Service): Agency for Health Care Administration / Administration and Support
Agency Budget Officer/OPB Analyst Name: Michele Tallent / Kate West

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

	Program or Service (Budget Entity Codes)			
Action	68200000			

1. GENERAL

1.1 Are Columns A01, A02, A04, A05, A36, A90, A91, A92, A93, A94, A95, IA1, IA4, IA5, IP1, V1, 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)	Y				
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y				

AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y				
1.4 Has security been set correctly? (CSDR, CSA)	Y				
TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.					

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?	Y				
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?	Y				

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	N/A				
3.2 Are the 33XXXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y				

AUDITS:

		Program or Service (Budget Entity Codes)				
Action		68200000				
3.3	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y				
3.4	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y				
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.					
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.					
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.					
4. EXHIBIT D (EADR, EXD)						
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y				
4.2	Is the program component code and title used correct?	Y				
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.					
5. EXHIBIT D-1 (ED1R, EXD1)						
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y				
AUDITS:						
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y				
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Y				
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.)	Y				

		Program or Service (Budget Entity Codes)				
Action		68200000				
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.					
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 2009-10 approved budget. Amounts should be positive.					
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.					
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)						
6.1	Are issues appropriately aligned with appropriation categories?	Y				
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
7. EXHIBIT D-3A (EADR, ED3A)						
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)	Y				
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.)	Y				
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	Y				
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y				
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)	Y				
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y				
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.	Y				

Action		Program or Service (Budget Entity Codes)			
		68200000			
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/A			
7.9	Does the issue narrative reference the specific county(ies) where applicable?	N/A			
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 #11-006?	Y			
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N/A			
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A			

		Program or Service (Budget Entity Codes)			
Action		68200000			
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A			
7.14	Do the amounts reflect appropriate FSI assignments?	Y			
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)	Y			
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	Y			
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")	Y			
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))	N/A			
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.				

	Program or Service (Budget Entity Codes)				
Action	68200000				
<p>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).</p>					
<p>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.</p>					

	Program or Service (Budget Entity Codes)			
Action	6820000			

8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)				
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y		
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?	Y		
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?	Y		
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y		
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Y		
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y		
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A		
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?	N/A		
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?	Y		
8.10	Are the statutory authority references correct?	Y		
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)	Y		
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y		
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y		
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y		
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y		
8.16	Are the Schedule I revenues consistent with the FST's reported in the Exhibit D-3A?	Y		
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y		

		Program or Service (Budget Entity Codes)			
Action		68200000			
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y			
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y			
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y			
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y			
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y			
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y			
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y			
8.25	Are current year September operating reversions appropriately shown in column A02?	Y			
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y			
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y			
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y			
AUDITS:					
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y			
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y			
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y			
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 125 of the LBR Instructions.)				

		Program or Service (Budget Entity Codes)				
Action		68200000				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
9. SCHEDULE II (PSCR, SC2)						
AUDIT:						
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 157 of the LBR Instructions.)	Y				
10. SCHEDULE III (PSCR, SC3)						
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 87 of the LBR Instructions.)	Y				

		Program or Service (Budget Entity Codes)				
Action		68200000				
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 94 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	Y				
11. SCHEDULE IV (EADR, SC4)						
11.1	Are the correct Information Technology (IT) issue codes used?	Y				
TIP If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.						
12. SCHEDULE VIIIA (EADR, SC8A)						
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?	Y				
13. SCHEDULE VIIIB-1 (EADR, S8B1)						
13.1	Do the reductions comply with the instructions provided on pages 98 through 101 of the LBR Instructions regarding a 5% reduction in recurring and nonrecurring General Revenue and Trust Funds?	Y				
14. SCHEDULE VIIIB-2 (EADR, S8B2)						
14.1	Do the reductions comply with the instructions provided on pages 102 through 104 of the LBR Instructions regarding a 15% reduction in recurring General Revenue and Trust Funds?	Y				
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)						
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)	Y				
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?	Y				
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:						
15.3	Does the FY 2009-10 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y				
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")	Y				
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")	N/A				

		Program or Service (Budget Entity Codes)				
Action		68200000				
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Y				
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y				
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					

	Program or Service (Budget Entity Codes)			
Action	68200000			

16. MANUALLY PREPARED EXHIBITS & SCHEDULES

16.1	Do exhibits and schedules comply with LBR Instructions (pages 110 through 154 of the LBR Instructions), and are they accurate and complete?	Y				
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?	Y				
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y				

AUDITS - GENERAL INFORMATION

TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.					
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					

17. CAPITAL IMPROVEMENTS PROGRAM (CIP)

17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y				
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A				
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y				
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y				
17.5	Are the appropriate counties identified in the narrative?	Y				
17.6	Has the CIP-2 form (Exhibit B) been modified to include the agency priority for each project and the modified form saved as a PDF document?	Y				
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.					

18. FLORIDA FISCAL PORTAL

18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?	Y				
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Fiscal Year 2011-12 LBR Technical Review Checklist (Rev. 10-13-2010)

Department/Budget Entity (Service): Agency for Health Care Administration / Childrens' Special Health Care
Agency Budget Officer/OPB Analyst Name: Michele Tallent / Kate West

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

	Program or Service (Budget Entity Codes)			
Action	68500100			

1. GENERAL

1.1 Are Columns A01, A02, A04, A05, A36, A90, A91, A92, A93, A94, A95, IA1, IA4, IA5, IP1, V1, 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)	Y				
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y				

AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y				
1.4 Has security been set correctly? (CSDR, CSA)	Y				
TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.					

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?	Y				
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?	Y				

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	N/A				
3.2 Are the 33XXXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y				

AUDITS:

		Program or Service (Budget Entity Codes)				
Action		68500100				
3.3	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y				
3.4	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y				
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.					
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.					
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.					
4. EXHIBIT D (EADR, EXD)						
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y				
4.2	Is the program component code and title used correct?	Y				
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.					
5. EXHIBIT D-1 (ED1R, EXD1)						
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y				
AUDITS:						
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y				
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Y				
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.)	Y				

		Program or Service (Budget Entity Codes)				
Action		68500100				
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.					
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 2009-10 approved budget. Amounts should be positive.					
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.					
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)						
6.1	Are issues appropriately aligned with appropriation categories?	Y				
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
7. EXHIBIT D-3A (EADR, ED3A)						
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)	N/A				
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.)	N/A				
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	N/A				
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?	N/A				
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.)	N/A				
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.	N/A				
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				

Action		Program or Service (Budget Entity Codes)			
		68500100			
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/A			
7.9	Does the issue narrative reference the specific county(ies) where applicable?	N/A			
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 #11-006?	N/A			
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N/A			
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A			

		Program or Service (Budget Entity Codes)			
Action		68500100			
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?	N/A			
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)	N/A			
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	N/A			
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A			
AUDIT:					
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")	N/A			
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))	N/A			
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.				

	Program or Service (Budget Entity Codes)				
Action	68500100				
<p>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).</p>					
<p>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.</p>					

	Program or Service (Budget Entity Codes)			
Action	68500100			

8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)				
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y		
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?	Y		
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?	Y		
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y		
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Y		
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y		
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A		
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?	N/A		
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?	Y		
8.10	Are the statutory authority references correct?	Y		
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)	Y		
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y		
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y		
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y		
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y		
8.16	Are the Schedule I revenues consistent with the FST's reported in the Exhibit D-3A?	Y		
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y		

		Program or Service (Budget Entity Codes)				
Action		68500100				
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y				
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y				
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y				
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y				
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y				
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y				
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y				
8.25	Are current year September operating reversions appropriately shown in column A02?	Y				
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y				
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y				
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y				
AUDITS:						
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y				
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y				
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y				
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!					
TIP	Determine if the agency is scheduled for trust fund review. (See page 125 of the LBR Instructions.)					

		Program or Service (Budget Entity Codes)				
Action		68500100				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
9. SCHEDULE II (PSCR, SC2)						
AUDIT:						
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 157 of the LBR Instructions.)	N/A				
10. SCHEDULE III (PSCR, SC3)						
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 87 of the LBR Instructions.)	N/A				

		Program or Service (Budget Entity Codes)			
Action		68500100			
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 94 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	N/A			
11. SCHEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?	N/A			
TIP If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.					
12. SCHEDULE VIIIA (EADR, SC8A)					
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?	N/A			
13. SCHEDULE VIIIB-1 (EADR, S8B1)					
13.1	Do the reductions comply with the instructions provided on pages 98 through 101 of the LBR Instructions regarding a 5% reduction in recurring and nonrecurring General Revenue and Trust Funds?	N/A			
14. SCHEDULE VIIIB-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 102 through 104 of the LBR Instructions regarding a 15% reduction in recurring General Revenue and Trust Funds?	N/A			
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)					
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)	Y			
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?	Y			
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2009-10 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y			
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")	Y			
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")	N/A			

		Program or Service (Budget Entity Codes)				
Action		68500100				
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Y				
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y				
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					

	Program or Service (Budget Entity Codes)			
Action	68500100			

16. MANUALLY PREPARED EXHIBITS & SCHEDULES

16.1	Do exhibits and schedules comply with LBR Instructions (pages 110 through 154 of the LBR Instructions), and are they accurate and complete?	Y				
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?	Y				
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y				

AUDITS - GENERAL INFORMATION

TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.					
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					

17. CAPITAL IMPROVEMENTS PROGRAM (CIP)

17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y				
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A				
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y				
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y				
17.5	Are the appropriate counties identified in the narrative?	Y				
17.6	Has the CIP-2 form (Exhibit B) been modified to include the agency priority for each project and the modified form saved as a PDF document?	Y				
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.					

18. FLORIDA FISCAL PORTAL

18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?	Y				
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Fiscal Year 2011-12 LBR Technical Review Checklist (Rev. 10-13-2010)

Department/Budget Entity (Service): Agency for Health Care Administration / Executive Direction/Support Services
Agency Budget Officer/OPB Analyst Name: Michele Tallent / Kate West

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

	Program or Service (Budget Entity Codes)			
Action	68500200			

1. GENERAL

1.1 Are Columns A01, A02, A04, A05, A36, A90, A91, A92, A93, A94, A95, IA1, IA4, IA5, IP1, V1, 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)	Y				
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y				

AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y				
1.4 Has security been set correctly? (CSDR, CSA)	Y				
TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.					

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?	Y				
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?	Y				

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	N/A				
3.2 Are the 33XXXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y				

AUDITS:

		Program or Service (Budget Entity Codes)				
Action		68500200				
3.3	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y				
3.4	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y				
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.					
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.					
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.					
4. EXHIBIT D (EADR, EXD)						
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y				
4.2	Is the program component code and title used correct?	Y				
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.					
5. EXHIBIT D-1 (ED1R, EXD1)						
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y				
AUDITS:						
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y				
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Y				
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.)	Y				

		Program or Service (Budget Entity Codes)				
Action		68500200				
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.					
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 2009-10 approved budget. Amounts should be positive.					
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.					
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)						
6.1	Are issues appropriately aligned with appropriation categories?	Y				
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
7. EXHIBIT D-3A (EADR, ED3A)						
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)	Y				
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.)	Y				
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	Y				
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y				
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)	Y				
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y				
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.	Y				

Action		Program or Service (Budget Entity Codes)			
		68500200			
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/A			
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Y			
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 #11-006?	Y			
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N/A			
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A			

		Program or Service (Budget Entity Codes)			
Action		68500200			
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A			
7.14	Do the amounts reflect appropriate FSI assignments?	Y			
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)	Y			
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	Y			
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")	Y			
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))	N/A			
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.				

	Program or Service (Budget Entity Codes)				
Action	68500200				
<p>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).</p>					
<p>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.</p>					

	Program or Service (Budget Entity Codes)			
Action	68500200			

8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)

8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y				
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?	Y				
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?	Y				
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y				
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Y				
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y				
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A				
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?	N/A				
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?	Y				
8.10	Are the statutory authority references correct?	Y				
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)	Y				
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y				
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y				
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y				
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y				
8.16	Are the Schedule I revenues consistent with the FST's reported in the Exhibit D-3A?	Y				
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y				

		Program or Service (Budget Entity Codes)			
Action		68500200			
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y			
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y			
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y			
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y			
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y			
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y			
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y			
8.25	Are current year September operating reversions appropriately shown in column A02?	Y			
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y			
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y			
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y			
AUDITS:					
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y			
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y			
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y			
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 125 of the LBR Instructions.)				

		Program or Service (Budget Entity Codes)				
Action		68500200				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
9. SCHEDULE II (PSCR, SC2)						
AUDIT:						
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 157 of the LBR Instructions.)	Y				
10. SCHEDULE III (PSCR, SC3)						
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 87 of the LBR Instructions.)	Y				

		Program or Service (Budget Entity Codes)				
Action		68500200				
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 94 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	Y				
11. SCHEDULE IV (EADR, SC4)						
11.1	Are the correct Information Technology (IT) issue codes used?	Y				
TIP If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.						
12. SCHEDULE VIIIA (EADR, SC8A)						
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?	Y				
13. SCHEDULE VIIIB-1 (EADR, S8B1)						
13.1	Do the reductions comply with the instructions provided on pages 98 through 101 of the LBR Instructions regarding a 5% reduction in recurring and nonrecurring General Revenue and Trust Funds?	Y				
14. SCHEDULE VIIIB-2 (EADR, S8B2)						
14.1	Do the reductions comply with the instructions provided on pages 102 through 104 of the LBR Instructions regarding a 15% reduction in recurring General Revenue and Trust Funds?	Y				
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)						
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)	Y				
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?	Y				
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:						
15.3	Does the FY 2009-10 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y				
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")	Y				
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")	N/A				

		Program or Service (Budget Entity Codes)				
Action		68500200				
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Y				
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y				
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					

	Program or Service (Budget Entity Codes)			
Action	68500200			

16. MANUALLY PREPARED EXHIBITS & SCHEDULES

16.1	Do exhibits and schedules comply with LBR Instructions (pages 110 through 154 of the LBR Instructions), and are they accurate and complete?	Y				
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?	Y				
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y				

AUDITS - GENERAL INFORMATION

TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.					
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					

17. CAPITAL IMPROVEMENTS PROGRAM (CIP)

17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y				
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A				
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y				
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y				
17.5	Are the appropriate counties identified in the narrative?	Y				
17.6	Has the CIP-2 form (Exhibit B) been modified to include the agency priority for each project and the modified form saved as a PDF document?	Y				
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.					

18. FLORIDA FISCAL PORTAL

18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?	Y				
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Fiscal Year 2011-12 LBR Technical Review Checklist (Rev. 10-13-2010)

Department/Budget Entity (Service): Agency for Health Care Administration / Health Services to Individuals
Agency Budget Officer/OPB Analyst Name: Michele Tallent / Kate West

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

	Program or Service (Budget Entity Codes)			
Action	68501400			

1. GENERAL

1.1 Are Columns A01, A02, A04, A05, A36, A90, A91, A92, A93, A94, A95, IA1, IA4, IA5, IP1, V1, 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)	Y				
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y				

AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y				
1.4 Has security been set correctly? (CSDR, CSA)	Y				
TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.					

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?	Y				
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?	Y				

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	N/A				
3.2 Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y				

AUDITS:

		Program or Service (Budget Entity Codes)				
Action		68501400				
3.3	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y				
3.4	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y				
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.					
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.					
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.					
4. EXHIBIT D (EADR, EXD)						
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y				
4.2	Is the program component code and title used correct?	Y				
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.					
5. EXHIBIT D-1 (ED1R, EXD1)						
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y				
AUDITS:						
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y				
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Y				
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.)	Y				

		Program or Service (Budget Entity Codes)				
Action		68501400				
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.					
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 2009-10 approved budget. Amounts should be positive.					
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.					
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)						
6.1	Are issues appropriately aligned with appropriation categories?	Y				
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
7. EXHIBIT D-3A (EADR, ED3A)						
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)	Y				
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.)	Y				
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	N/A				
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?	N/A				
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.)	N/A				
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.	N/A				
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				

Action		Program or Service (Budget Entity Codes)			
		68501400			
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/A			
7.9	Does the issue narrative reference the specific county(ies) where applicable?	N/A			
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 #11-006?	N/A			
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N/A			
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A			

		Program or Service (Budget Entity Codes)			
Action		68501400			
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A			
7.14	Do the amounts reflect appropriate FSI assignments?	Y			
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)	N/A			
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	N/A			
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A			
AUDIT:					
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")	Y			
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))	N/A			
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.				

	Program or Service (Budget Entity Codes)				
Action	68501400				
<p>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).</p>					
<p>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.</p>					

	Program or Service (Budget Entity Codes)			
Action	68501400			

8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)

8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y				
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?	Y				
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?	Y				
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y				
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Y				
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y				
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A				
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?	N/A				
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?	Y				
8.10	Are the statutory authority references correct?	Y				
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)	Y				
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y				
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y				
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y				
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y				
8.16	Are the Schedule I revenues consistent with the FST's reported in the Exhibit D-3A?	Y				
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y				

		Program or Service (Budget Entity Codes)				
Action		68501400				
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y				
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y				
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y				
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y				
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y				
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y				
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y				
8.25	Are current year September operating reversions appropriately shown in column A02?	Y				
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y				
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y				
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y				
AUDITS:						
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y				
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y				
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y				
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!					
TIP	Determine if the agency is scheduled for trust fund review. (See page 125 of the LBR Instructions.)					

		Program or Service (Budget Entity Codes)				
Action		68501400				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
9. SCHEDULE II (PSCR, SC2)						
AUDIT:						
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 157 of the LBR Instructions.)	N/A				
10. SCHEDULE III (PSCR, SC3)						
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 87 of the LBR Instructions.)	N/A				

		Program or Service (Budget Entity Codes)				
Action		68501400				
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 94 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	N/A				
11. SCHEDULE IV (EADR, SC4)						
11.1	Are the correct Information Technology (IT) issue codes used?	N/A				
TIP If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.						
12. SCHEDULE VIIIA (EADR, SC8A)						
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?	Y				
13. SCHEDULE VIIIB-1 (EADR, S8B1)						
13.1	Do the reductions comply with the instructions provided on pages 98 through 101 of the LBR Instructions regarding a 5% reduction in recurring and nonrecurring General Revenue and Trust Funds?	Y				
14. SCHEDULE VIIIB-2 (EADR, S8B2)						
14.1	Do the reductions comply with the instructions provided on pages 102 through 104 of the LBR Instructions regarding a 15% reduction in recurring General Revenue and Trust Funds?	Y				
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)						
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)	Y				
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?	Y				
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:						
15.3	Does the FY 2009-10 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y				
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")	Y				
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")	N/A				

		Program or Service (Budget Entity Codes)				
Action		68501400				
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Y				
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y				
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					

	Program or Service (Budget Entity Codes)			
Action	68501400			

16. MANUALLY PREPARED EXHIBITS & SCHEDULES

16.1	Do exhibits and schedules comply with LBR Instructions (pages 110 through 154 of the LBR Instructions), and are they accurate and complete?	Y				
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?	Y				
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y				

AUDITS - GENERAL INFORMATION

TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.					
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					

17. CAPITAL IMPROVEMENTS PROGRAM (CIP)

17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y				
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A				
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y				
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y				
17.5	Are the appropriate counties identified in the narrative?	Y				
17.6	Has the CIP-2 form (Exhibit B) been modified to include the agency priority for each project and the modified form saved as a PDF document?	Y				
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.					

18. FLORIDA FISCAL PORTAL

18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?	Y				
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Fiscal Year 2011-12 LBR Technical Review Checklist (Rev. 10-13-2010)

Department/Budget Entity (Service): Agency for Health Care Administration / Long Term Care
Agency Budget Officer/OPB Analyst Name: Michele Tallent / Kate West

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

	Program or Service (Budget Entity Codes)			
Action	68501500			

1. GENERAL

1.1 Are Columns A01, A02, A04, A05, A36, A90, A91, A92, A93, A94, A95, IA1, IA4, IA5, IP1, V1, 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)	Y				
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y				

AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y				
1.4 Has security been set correctly? (CSDR, CSA)	Y				
TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.					

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?	Y				
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?	Y				

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	N/A				
3.2 Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	N/A				

AUDITS:

		Program or Service (Budget Entity Codes)				
Action		68501500				
3.3	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y				
3.4	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y				
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.					
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.					
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.					
4. EXHIBIT D (EADR, EXD)						
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y				
4.2	Is the program component code and title used correct?	Y				
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.					
5. EXHIBIT D-1 (ED1R, EXD1)						
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y				
AUDITS:						
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y				
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Y				
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.)	Y				

		Program or Service (Budget Entity Codes)				
Action		68501500				
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.					
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 2009-10 approved budget. Amounts should be positive.					
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.					
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)						
6.1	Are issues appropriately aligned with appropriation categories?	Y				
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
7. EXHIBIT D-3A (EADR, ED3A)						
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)	N/A				
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.)	N/A				
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	N/A				
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?	N/A				
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.)	N/A				
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.	N/A				
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				

Action		Program or Service (Budget Entity Codes)			
		68501500			
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/A			
7.9	Does the issue narrative reference the specific county(ies) where applicable?	N/A			
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 #11-006?	N/A			
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N/A			
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A			

		Program or Service (Budget Entity Codes)			
Action		68501500			
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?	N/A			
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)	N/A			
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	N/A			
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A			
AUDIT:					
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")	N/A			
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))	N/A			
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.				

	Program or Service (Budget Entity Codes)				
Action	68501500				
<p>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).</p>					
<p>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.</p>					

	Program or Service (Budget Entity Codes)			
Action	68501500			

8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)

8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y				
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?	Y				
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?	Y				
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y				
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Y				
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y				
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A				
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?	N/A				
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?	Y				
8.10	Are the statutory authority references correct?	Y				
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)	Y				
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y				
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y				
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y				
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y				
8.16	Are the Schedule I revenues consistent with the FST's reported in the Exhibit D-3A?	Y				
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y				

		Program or Service (Budget Entity Codes)			
Action		68501500			
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y			
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y			
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y			
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y			
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y			
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y			
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y			
8.25	Are current year September operating reversions appropriately shown in column A02?	Y			
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y			
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y			
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y			
AUDITS:					
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y			
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y			
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y			
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 125 of the LBR Instructions.)				

		Program or Service (Budget Entity Codes)				
Action		68501500				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
9. SCHEDULE II (PSCR, SC2)						
AUDIT:						
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 157 of the LBR Instructions.)	N/A				
10. SCHEDULE III (PSCR, SC3)						
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 87 of the LBR Instructions.)	N/A				

		Program or Service (Budget Entity Codes)				
Action		68501500				
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 94 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	N/A				
11. SCHEDULE IV (EADR, SC4)						
11.1	Are the correct Information Technology (IT) issue codes used?	N/A				
TIP If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.						
12. SCHEDULE VIIIA (EADR, SC8A)						
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?	Y				
13. SCHEDULE VIIIB-1 (EADR, S8B1)						
13.1	Do the reductions comply with the instructions provided on pages 98 through 101 of the LBR Instructions regarding a 5% reduction in recurring and nonrecurring General Revenue and Trust Funds?	Y				
14. SCHEDULE VIIIB-2 (EADR, S8B2)						
14.1	Do the reductions comply with the instructions provided on pages 102 through 104 of the LBR Instructions regarding a 15% reduction in recurring General Revenue and Trust Funds?	Y				
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)						
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)	Y				
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?	Y				
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:						
15.3	Does the FY 2009-10 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y				
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")	Y				
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")	N/A				

		Program or Service (Budget Entity Codes)				
Action		68501500				
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Y				
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y				
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					

	Program or Service (Budget Entity Codes)			
Action	68501500			

16. MANUALLY PREPARED EXHIBITS & SCHEDULES

16.1	Do exhibits and schedules comply with LBR Instructions (pages 110 through 154 of the LBR Instructions), and are they accurate and complete?	Y				
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?	Y				
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y				

AUDITS - GENERAL INFORMATION

TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.					
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					

17. CAPITAL IMPROVEMENTS PROGRAM (CIP)

17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y				
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A				
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y				
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y				
17.5	Are the appropriate counties identified in the narrative?	Y				
17.6	Has the CIP-2 form (Exhibit B) been modified to include the agency priority for each project and the modified form saved as a PDF document?	Y				
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.					

18. FLORIDA FISCAL PORTAL

18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?	Y				
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Fiscal Year 2011-12 LBR Technical Review Checklist (Rev. 10-13-2010)

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

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

	Program or Service (Budget Entity Codes)			
Action	68700700			

1. GENERAL

1.1 Are Columns A01, A02, A04, A05, A36, A90, A91, A92, A93, A94, A95, IA1, IA4, IA5, IP1, V1, 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)	Y				
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y				

AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y				
1.4 Has security been set correctly? (CSDR, CSA)	Y				
TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.					

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?	Y				
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?	Y				

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	N/A				
3.2 Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	N/A				

AUDITS:

		Program or Service (Budget Entity Codes)				
Action		68700700				
3.3	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y				
3.4	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y				
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.					
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.					
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.					
4. EXHIBIT D (EADR, EXD)						
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y				
4.2	Is the program component code and title used correct?	Y				
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.					
5. EXHIBIT D-1 (ED1R, EXD1)						
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y				
AUDITS:						
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y				
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Y				
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.)	Y				

		Program or Service (Budget Entity Codes)				
Action		68700700				
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.					
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 2009-10 approved budget. Amounts should be positive.					
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.					
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)						
6.1	Are issues appropriately aligned with appropriation categories?	Y				
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
7. EXHIBIT D-3A (EADR, ED3A)						
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)	Y				
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.)	Y				
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	Y				
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y				
7.5	Does the issue narrative explain any variances from the Standard Expense 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.)	N/A				
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.	N/A				
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				

Action		Program or Service (Budget Entity Codes)			
		68700700			
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/A			
7.9	Does the issue narrative reference the specific county(ies) where applicable?	N/A			
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 #11-006?	N/A			
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N/A			
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A			

		Program or Service (Budget Entity Codes)			
Action		68700700			
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A			
7.14	Do the amounts reflect appropriate FSI assignments?	Y			
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)	N/A			
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	Y			
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")	Y			
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))	N/A			
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.				

	Program or Service (Budget Entity Codes)				
Action	68700700				
<p>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).</p>					
<p>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.</p>					

	Program or Service (Budget Entity Codes)			
Action	68700700			

8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)				
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y		
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?	Y		
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?	Y		
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y		
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Y		
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y		
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A		
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?	N/A		
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?	Y		
8.10	Are the statutory authority references correct?	Y		
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)	Y		
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y		
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y		
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y		
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y		
8.16	Are the Schedule I revenues consistent with the FST's reported in the Exhibit D-3A?	Y		
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y		

		Program or Service (Budget Entity Codes)				
Action		68700700				
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y				
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y				
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y				
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y				
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y				
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y				
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y				
8.25	Are current year September operating reversions appropriately shown in column A02?	Y				
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y				
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y				
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y				
AUDITS:						
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y				
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y				
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y				
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!					
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		Program or Service (Budget Entity Codes)			
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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 157 of the LBR Instructions.)	N/A			
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10.1	Is the appropriate lapse amount applied in Segment 3? (See page 87 of the LBR Instructions.)	N/A			

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11. SCHEDULE IV (EADR, SC4)						
11.1	Are the correct Information Technology (IT) issue codes used?	Y				
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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?	Y				
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:						
15.3	Does the FY 2009-10 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y				
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")	Y				
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")	N/A				

		Program or Service (Budget Entity Codes)				
Action		68700700				
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Y				
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TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					

	Program or Service (Budget Entity Codes)			
Action	68700700			

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AUDITS - GENERAL INFORMATION

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TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					

17. CAPITAL IMPROVEMENTS PROGRAM (CIP)

17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y				
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A				
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y				
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y				
17.5	Are the appropriate counties identified in the narrative?	Y				
17.6	Has the CIP-2 form (Exhibit B) been modified to include the agency priority for each project and the modified form saved as a PDF document?	Y				
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.					

18. FLORIDA FISCAL PORTAL

18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?	Y				
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