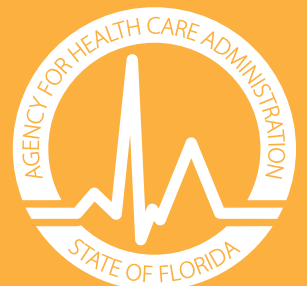


# Florida Agency for Health Care Administration

## *Schedule I Series* *Schedule ID*

2003 - Health Care Trust Fund  
2021 - Administrative Trust Fund  
2122 - Tobacco Settlement Trust Fund  
2126 - Quality Long-Term Care Trust Fund  
2339 - Grants and Donations Trust Fund  
2474 - Medical Care Trust Fund  
2565 - Public Medical Assistance Trust Fund  
2579 - Refugee Assistance Trust Fund



**SCHEDULE ID: REQUEST FOR CREATION, RE-CREATION, RETENTION, TERMINATION,  
OR MODIFICATION OF A TRUST FUND**

Department:	Agency for Health Care Administration
Fiscal Year	2020 - 2021
Fund Name:	Health Care Trust Fund
FLAIR #:*	003001
Name Position Telephone No. of Person Completing Form:	La-Shonna K. Austin, Budget Director 850-412-3818
<b>Type of Action Requested :</b>  (Check one)	<input type="checkbox"/> <b>Exempt From Termination</b> <input type="checkbox"/> <b>Re-create without modification</b> <span style="margin-left: 150px;">(last action was initial create)</span>  <input checked="" type="checkbox"/> <b>Retain without modification</b> <input type="checkbox"/> <b>Re-create/Retain with modification</b> <span style="margin-left: 150px;">(last action was re-create)</span>  <input type="checkbox"/> <b>Create New Fund</b> <input type="checkbox"/> <b>Terminate Existing Fund</b>

\* Enter ONLY the six-digit code. Not applicable for requests to **Create** trust fund.

For **All Trust Funds** scheduled for review this year, answer questions 1-6.

1	Cite the statutory authority for the trust fund (Florida Statutes or, if none, Laws of Florida). Give the statutory purpose, if stated, for the trust fund.	Chapter 20.425, F.S. Funds to be credited to and uses of the trust fund shall be administered in accordance with the provisions of ss. 400.063 and 408.16, F.S.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	Funds are primarily derived from license fees, administrative fines, taxes, cigarette surcharge, federal grants, refunds, and transfers from other state agencies (DFS - Worker's Comp). These include: <ul style="list-style-type: none"> <li>• CLIA (Clinical Laboratory Improvement Act),</li> <li>• Survey and Certification,</li> <li>• Medicaid Indirect Earnings, which include: <ul style="list-style-type: none"> <li>o Title XVIII (Health Insurance for Aged and Disabled),</li> <li>o Title XIX</li> <li>o Title XXI.</li> </ul> </li> </ul>
3	If state or federal law requires or prohibits specific expenditures from the trust fund, list the requirements or prohibitions and the statutory citations for them.	None.
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	None.
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	None.
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	General Revenue is used in conjunction with the fund appropriated for the administration of the Medicaid program to provide state match for federally funded expenditures.

For Trust Funds that the agency believes are **Exempt from Termination** answer question 7.

7	If this trust fund is exempt from termination according to Article III, section 19(f)(3) of the <i>Florida Constitution</i> , list the specific exemptions that apply.	N/A
---	--	-----

For Trust Funds that the agency recommends should be **Re-created/Retained with or without modification** answer questions 8 and 9 and attach draft legislation as requested.

8	Give the specific reasons that continuation (re-creation after initial creation or retention after subsequent re-creation) of this trust fund is necessary. List agency activities (based on the activity detail report) supported by the trust fund.	The Health Care Trust Fund supports the administration and regulation activities of the Agency and funds health care services provided to eligible individuals through the Medicaid program. All licenses, fees and other charges, including the surcharge on tobacco products, collected are deposited into this fund and are utilized for Agency operations as authorized by the legislature. The fund is necessary to enable the Agency to administer its responsibilities. All Agency activities are impacted by this fund.
9	Describe any modifications the agency is requesting when this fund is re-created/retained. Attach draft legislation to accomplish the requested change.	N/A

For Trust Funds that the agency recommends should be **Terminated** answer question 10 and attach draft legislation as requested.

10	Explain how the current cash balance and all current receipts of the trust fund will be distributed. Attach draft legislation that removes reference to the trust fund from the statutes.	N/A
----	---	-----

For **New** Trust Funds that the agency recommends should be **Created** answer questions 11-13 and attach draft legislation as requested.

11	Describe the purpose of the trust fund and identify its revenue sources. Attach draft legislation that meets the requirements of section 215.3207, <i>Florida Statutes</i> .	N/A
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	N/A
13	Describe the period of time for which this new trust fund will be needed, or the circumstances under which it will no longer be needed.	N/A

**SCHEDULE ID: REQUEST FOR CREATION, RE-CREATION, RETENTION, TERMINATION,  
OR MODIFICATION OF A TRUST FUND**

Department:	Agency for Health Care Administration
Fiscal Year	2020 - 2021
Fund Name:	Administrative Trust Fund
FLAIR #:*	021010
Name	
Position	La-Shonna K. Austin, Budget Director
Telephone No. of Person	850-412-3818
Completing Form:	
<b>Type of Action Requested :</b>  (Check one)	<input type="checkbox"/> <b>Exempt From Termination</b> <input type="checkbox"/> <b>Re-create without modification</b> <span style="margin-left: 150px;">(last action was initial create)</span>  <input checked="" type="checkbox"/> <b>Retain without modification</b> <input type="checkbox"/> <b>Re-create/Retain with modification</b> <span style="margin-left: 150px;">(last action was re-create)</span>  <input type="checkbox"/> <b>Create New Fund</b> <input type="checkbox"/> <b>Terminate Existing Fund</b>

\* Enter ONLY the six-digit code. Not applicable for requests to **Create** trust fund.

For **All Trust Funds** scheduled for review this year, answer questions 1-6.

1	Cite the statutory authority for the trust fund (Florida Statutes or, if none, Laws of Florida). Give the statutory purpose, if stated, for the trust fund.	Chapter 20.425, F.S. Funds to be credited to and uses of the trust fund shall be administered in accordance with the provisions of s. 215.32, F.S.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	Funds are primarily derived from indirect cost earnings and trust fund assessments. These include: • US Grants (Title XIX - Medical Assistance Programs and Title XXI - State Children Health Insurance Programs); and • Transfers from other Trust Funds within the Agency (Grants and Donations Trust Fund, Health Care Trust Fund, and Medical Care Trust Fund).
3	If state or federal law requires or prohibits specific expenditures from the trust fund, list the requirements or prohibitions and the statutory citations for them.	This fund is exempt from the service charge to general revenue pursuant to sections 215.22(3) and 215.24, F.S.
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	None
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	None
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	General Revenue is necessary to fully fund administrative activities.

For Trust Funds that the agency believes are **Exempt from Termination** answer question 7.

7	If this trust fund is exempt from termination according to Article III, section 19(f)(3) of the <i>Florida Constitution</i> , list the specific exemptions that apply.	N/A
---	--	-----

For Trust Funds that the agency recommends should be **Re-created/Retained with or without modification** answer questions 8 and 9 and attach draft legislation as requested.

8	Give the specific reasons that continuation (re-creation after initial creation or retention after subsequent re-creation) of this trust fund is necessary. List agency activities (based on the activity detail report) supported by the trust fund.	This fund is used as a depository for funds used for management activities that are departmental in nature and funded by indirect cost earnings and assessments against trust funds.
9	Describe any modifications the agency is requesting when this fund is re-created/retained. Attach draft legislation to accomplish the requested change.	N/A

For Trust Funds that the agency recommends should be **Terminated** answer question 10 and attach draft legislation as requested.

10	Explain how the current cash balance and all current receipts of the trust fund will be distributed. Attach draft legislation that removes reference to the trust fund from the statutes.	N/A
----	---	-----

For **New** Trust Funds that the agency recommends should be **Created** answer questions 11-13 and attach draft legislation as requested.

11	Describe the purpose of the trust fund and identify its revenue sources. Attach draft legislation that meets the requirements of section 215.3207, <i>Florida Statutes</i> .	N/A
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	N/A
13	Describe the period of time for which this new trust fund will be needed, or the circumstances under which it will no longer be needed.	N/A

**SCHEDULE ID: REQUEST FOR CREATION, RE-CREATION, RETENTION, TERMINATION,  
OR MODIFICATION OF A TRUST FUND**

Department:	Agency for Health Care Administration
Fiscal Year	2020 - 2021
Fund Name:	Tobacco Settlement Trust Fund
FLAIR #:*	122018
Name Position Telephone No. of Person Completing Form:	La-Shonna K. Austin, Budget Director 850-412-3818
<b>Type of Action Requested :</b>  (Check one)	<input type="checkbox"/> <b>Exempt From Termination</b> <input type="checkbox"/> <b>Re-create without modification</b> <span style="margin-left: 150px;">(last action was initial create)</span>  <input checked="" type="checkbox"/> <b>Retain without modification</b> <input type="checkbox"/> <b>Re-create/Retain with modification</b> <span style="margin-left: 150px;">(last action was re-create)</span>  <input type="checkbox"/> <b>Create New Fund</b> <input type="checkbox"/> <b>Terminate Existing Fund</b>

\* Enter ONLY the six-digit code. Not applicable for requests to **Create** trust fund.

For **All Trust Funds** scheduled for review this year, answer questions 1-6.

1	Cite the statutory authority for the trust fund (Florida Statutes or, if none, Laws of Florida). Give the statutory purpose, if stated, for the trust fund.	s. 20.425, F.S. Funds to be credited to the trust fund shall consist of funds disbursed, by nonoperating transfer, from the Department of Financial Services Tobacco Settlement Clearing Trust Fund in amounts equal to the annual appropriations made from this trust fund.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	Funds are derived from the Department of Financial Services Tobacco Settlement Clearing Trust Fund in amounts equal to the annual appropriations made from this trust fund.
3	If state or federal law requires or prohibits specific expenditures from the trust fund, list the requirements or prohibitions and the statutory citations for them.	Notwithstanding the provisions of s. 216.301 and pursuant to s. 216.351, F.S., any unencumbered balance in the trust fund at the end of any fiscal year and any encumbered balance remaining undisbursed on September 30 of the same calendar year shall revert to the Department of Financial Services Tobacco Settlement Clearing Trust Fund.
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	None.
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	None.
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	General Revenue is used in conjunction with this fund to provide state match for federally funded expenditures.

For Trust Funds that the agency believes are **Exempt from Termination** answer question 7.

7	If this trust fund is exempt from termination according to Article III, section 19(f)(3) of the <i>Florida Constitution</i> , list the specific exemptions that apply.	N/A
---	--	-----

For Trust Funds that the agency recommends should be **Re-created/Retained with or without modification** answer questions 8 and 9 and attach draft legislation as requested.

8	Give the specific reasons that continuation (re-creation after initial creation or retention after subsequent re-creation) of this trust fund is necessary. List agency activities (based on the activity detail report) supported by the trust fund.	This fund is necessary to enable the Agency to utilize funding appropriated by the legislature and transferred from the Department of Financial Services Tobacco Settlement Clearing Trust Fund for purposes permitted or required by the tobacco settlement. State portion of Medicaid match for Physician Services.
9	Describe any modifications the agency is requesting when this fund is re-created/retained. Attach draft legislation to accomplish the requested change.	N/A

For Trust Funds that the agency recommends should be **Terminated** answer question 10 and attach draft legislation as requested.

10	Explain how the current cash balance and all current receipts of the trust fund will be distributed. Attach draft legislation that removes reference to the trust fund from the statutes.	N/A
----	---	-----

For **New** Trust Funds that the agency recommends should be **Created** answer questions 11-13 and attach draft legislation as requested.

11	Describe the purpose of the trust fund and identify its revenue sources. Attach draft legislation that meets the requirements of section 215.3207, <i>Florida Statutes</i> .	N/A
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	N/A
13	Describe the period of time for which this new trust fund will be needed, or the circumstances under which it will no longer be needed.	N/A

**SCHEDULE ID: REQUEST FOR CREATION, RE-CREATION, RETENTION, TERMINATION,  
OR MODIFICATION OF A TRUST FUND**

Department:	Agency for Health Care Administration
Fiscal Year	2020 - 2021
Fund Name:	Quality Long Term Care Trust Fund
FLAIR #:*	126001
Name Position Telephone No. of Person Completing Form:	La-Shonna K. Austin, Budget Director 850-412-3818
<b>Type of Action Requested :</b>  (Check one)	<input type="checkbox"/> <b>Exempt From Termination</b> <input type="checkbox"/> <b>Re-create without modification</b> <span style="margin-left: 150px;">(last action was initial create)</span>  <input checked="" type="checkbox"/> <b>Retain without modification</b> <input type="checkbox"/> <b>Re-create/Retain with modification</b> <span style="margin-left: 150px;">(last action was re-create)</span>  <input type="checkbox"/> <b>Create New Fund</b> <input type="checkbox"/> <b>Terminate Existing Fund</b>

\* Enter ONLY the six-digit code. Not applicable for requests to **Create** trust fund.

For **All Trust Funds** scheduled for review this year, answer questions 1-6.

1	Cite the statutory authority for the trust fund (Florida Statutes or, if none, Laws of Florida). Give the statutory purpose, if stated, for the trust fund.	Funds to be credited to and uses of the trust fund shall be administered in accordance with the provisions of s. 400.0239, F.S.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	Funds are primarily derived from fines and forfeitures and include: <ul style="list-style-type: none"> <li>• Nursing Home Civil Monetary Penalties, and</li> <li>• Fifty percent of the punitive damages awarded for violations of clients' rights.</li> </ul>
3	If state or federal law requires or prohibits specific expenditures from the trust fund, list the requirements or prohibitions and the statutory citations for them.	Federal law limits the use of these funds to activities directly related to the improvement of the care of residents in nursing home and assisted living facilities.
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	Federal law limits the use of these funds to activities directly related to the improvement of the care of residents in nursing home and assisted living facilities.
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	None
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	None.



For Trust Funds that the agency believes are **Exempt from Termination** answer question 7.

7	If this trust fund is exempt from termination according to Article III, section 19(f)(3) of the <i>Florida Constitution</i> , list the specific exemptions that apply.	N/A
---	--	-----

For Trust Funds that the agency recommends should be **Re-created/Retained with or without modification** answer questions 8 and 9 and attach draft legislation as requested.

8	Give the specific reasons that continuation (re-creation after initial creation or retention after subsequent re-creation) of this trust fund is necessary. List agency activities (based on the activity detail report) supported by the trust fund.	This fund is utilized to support activities and programs directly related to the improvement of the care of nursing home and assisted living facility residents. Federal nursing home civil monetary penalties collected by the Centers for Medicare and Medicaid.
9	Describe any modifications the agency is requesting when this fund is re-created/retained. Attach draft legislation to accomplish the requested change.	N/A

For Trust Funds that the agency recommends should be **Terminated** answer question 10 and attach draft legislation as requested.

10	Explain how the current cash balance and all current receipts of the trust fund will be distributed. Attach draft legislation that removes reference to the trust fund from the statutes.	N/A
----	---	-----

For **New** Trust Funds that the agency recommends should be **Created** answer questions 11-13 and attach draft legislation as requested.

11	Describe the purpose of the trust fund and identify its revenue sources. Attach draft legislation that meets the requirements of section 215.3207, <i>Florida Statutes</i> .	N/A
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	N/A
13	Describe the period of time for which this new trust fund will be needed, or the circumstances under which it will no longer be needed.	N/A

**SCHEDULE ID: REQUEST FOR CREATION, RE-CREATION, RETENTION, TERMINATION,  
OR MODIFICATION OF A TRUST FUND**

Department:	Agency for Health Care Administration
Fiscal Year	2020 - 2021
Fund Name:	Grants and Donations Trust Fund
FLAIR #:*	339094
Name Position Telephone No. of Person Completing Form:	La-Shonna K. Austin, Budget Director 850-412-3818
<b>Type of Action Requested :</b>  (Check one)	<input type="checkbox"/> <b>Exempt From Termination</b> <input type="checkbox"/> <b>Re-create without modification (last action was initial create)</b>  <input checked="" type="checkbox"/> <b>Retain without modification</b> <input type="checkbox"/> <b>Re-create/Retain with modification (last action was re-create)</b>  <input type="checkbox"/> <b>Create New Fund</b> <input type="checkbox"/> <b>Terminate Existing Fund</b>

\* Enter ONLY the six-digit code. Not applicable for requests to **Create** trust fund.

For **All Trust Funds** scheduled for review this year, answer questions 1-6.

1	Cite the statutory authority for the trust fund (Florida Statutes or, if none, Laws of Florida). Give the statutory purpose, if stated, for the trust fund.	Chapter 20.425, F.S. Funds to be credited to and uses of the trust fund shall be administered in accordance with the provisions of ss. 215.32, 400.179, and 409.916.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	Funds are primarily derived from premiums collections, drug rebates, refunds, county distributions, nursing home lease bond, quality assessments, and state grants. These include: <ul style="list-style-type: none"> <li>• Drug Rebates - Pharmaceutical Manufacturers;</li> <li>• County Contributions - Disproportionate Share;</li> <li>• Medicaid Fraud and Abuse Recoupment (Non-Federal Share);</li> <li>• Fines (Fraud and Abuse);</li> <li>• Transfers from DOH - Hospital Inpatient Services;</li> <li>• Family Premiums - Healthy Kids;</li> <li>• Nursing Home Quality Assessment Fee; and</li> <li>• ICF/DD Quality Assessment Fee.</li> </ul>
3	If state or federal law requires or prohibits specific expenditures from the trust fund, list the requirements or prohibitions and the statutory citations for them.	This fund is exempt from the service charge to general revenue pursuant to sections 215.22(3) and 215.24, F.S.
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	Federal share of Drug Rebates are deposited into this trust fund and used a matching funds for the administrations of Medicaid program.
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	None
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	General Revenue is used in conjunction with this fund to provide state match for federally funded expenditures.

For Trust Funds that the agency believes are **Exempt from Termination** answer question 7.

7	If this trust fund is exempt from termination according to Article III, section 19(f)(3) of the <i>Florida Constitution</i> , list the specific exemptions that apply.	N/A
---	--	-----

For Trust Funds that the agency recommends should be **Re-created/Retained with or without modification** answer questions 8 and 9 and attach draft legislation as requested.

8	Give the specific reasons that continuation (re-creation after initial creation or retention after subsequent re-creation) of this trust fund is necessary. List agency activities (based on the activity detail report) supported by the trust fund.	This fund is used to deposit funds received from pharmaceutical manufacturers in the form of drug rebates and grants as well as the Agency's share of Medicaid fraud and abuse recoupments. This fund is necessary to enable the Agency to administer the Medicaid program (Title XIX). All Medicaid activities are impacted by this trust fund.
9	Describe any modifications the agency is requesting when this fund is re-created/retained. Attach draft legislation to accomplish the requested change.	N/A

For Trust Funds that the agency recommends should be **Terminated** answer question 10 and attach draft legislation as requested.

10	Explain how the current cash balance and all current receipts of the trust fund will be distributed. Attach draft legislation that removes reference to the trust fund from the statutes.	N/A
----	---	-----

For **New** Trust Funds that the agency recommends should be **Created** answer questions 11-13 and attach draft legislation as requested.

11	Describe the purpose of the trust fund and identify its revenue sources. Attach draft legislation that meets the requirements of section 215.3207, <i>Florida Statutes</i> .	N/A
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	N/A
13	Describe the period of time for which this new trust fund will be needed, or the circumstances under which it will no longer be needed.	N/A

**SCHEDULE ID: REQUEST FOR CREATION, RE-CREATION, RETENTION, TERMINATION,  
OR MODIFICATION OF A TRUST FUND**

Department:	Agency for Health Care Administration
Fiscal Year	2020 - 2021
Fund Name:	Medical Care Trust Fund
FLAIR #:*	474001
Name Position Telephone No. of Person Completing Form:	La-Shonna K. Austin, Budget Director 850-412-3818
<b>Type of Action Requested :</b>  (Check one)	<input type="checkbox"/> <b>Exempt From Termination</b> <input type="checkbox"/> <b>Re-create without modification</b> <span style="margin-left: 150px;">(last action was initial create)</span>  <input checked="" type="checkbox"/> <b>Retain without modification</b> <input type="checkbox"/> <b>Re-create/Retain with modification</b> <span style="margin-left: 150px;">(last action was re-create)</span>  <input type="checkbox"/> <b>Create New Fund</b> <input type="checkbox"/> <b>Terminate Existing Fund</b>

\* Enter ONLY the six-digit code. Not applicable for requests to **Create** trust fund.

For **All Trust Funds** scheduled for review this year, answer questions 1-6.

1	Cite the statutory authority for the trust fund (Florida Statutes or, if none, Laws of Florida). Give the statutory purpose, if stated, for the trust fund.	Chapter 20.425, F.S. Funds to be credited to the trust fund shall consist of receipts from federal grants and shall be used for the purpose of providing health care services to individuals eligible pursuant to the requirement and limitation of Titles XIX and XXI of the Social Security Act, as amended, and for other such purposes as may be appropriate.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	Funds are primarily derived of receipts from federal and state grants, refunds, and distributions from other departments. These include: <ul style="list-style-type: none"> <li>• US Grants (Title XIX - Medical Assistance Programs and Title XXI - State Children Health Insurance Programs);</li> <li>• Medicaid Fraud &amp; Abuse Recoupments (Federal Share);</li> <li>• Medicaid Nursing Home Recoupments (Federal Share);</li> <li>• Medicaid Hospital Retro-rate adjustments (Federal Share);</li> <li>• Medicaid Third Party Liability Collections (Federal and Non-Federal Share); and</li> <li>• Transfers in from other state agencies to cover the state share of Medicaid expenditures appropriated to their agency.</li> </ul>
3	If state or federal law requires or prohibits specific expenditures from the trust fund, list the requirements or prohibitions and the statutory citations for them.	None.

4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	Funds to be credited to the trust fund shall consist of receipts from federal grants and shall be used for the purpose of providing health care services to individuals eligible pursuant to the requirement and limitation of Titles XIX and XXI of the Social Security Act, as amended, and for other such purposes as may be appropriate.
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	None
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	General Revenue is used in conjunction with this fund to provide state match for federally funded expenditures.

For Trust Funds that the agency believes are **Exempt from Termination** answer question 7.

7	If this trust fund is exempt from termination according to Article III, section 19(f)(3) of the <i>Florida Constitution</i> , list the specific exemptions that apply.	N/A
---	--	-----

For Trust Funds that the agency recommends should be **Re-created/Retained with or without modification** answer questions 8 and 9 and attach draft legislation as requested.

8	Give the specific reasons that continuation (re-creation after initial creation or retention after subsequent re-creation) of this trust fund is necessary. List agency activities (based on the activity detail report) supported by the trust fund.	This fund is necessary to track the federal portion of Medicaid assistance payments relating to the Title XIX (Medicaid) and Title XXI (State Children's Health Insurance Program) federal grants. Activities in the Children's Special Health Care Medicaid Services to Individuals, Medicaid Long-Term Care, and Medicaid Prepaid health Plans are supported by this fund.
9	Describe any modifications the agency is requesting when this fund is re-created/retained. Attach draft legislation to accomplish the requested change.	N/A

For Trust Funds that the agency recommends should be **Terminated** answer question 10 and attach draft legislation as requested.

10	Explain how the current cash balance and all current receipts of the trust fund will be distributed. Attach draft legislation that removes reference to the trust fund from the statutes.	N/A
----	---	-----

For **New** Trust Funds that the agency recommends should be **Created** answer questions 11-13 and attach draft legislation as requested.

11	Describe the purpose of the trust fund and identify its revenue sources. Attach draft legislation that meets the requirements of section 215.3207, <i>Florida Statutes</i> .	N/A
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	N/A
13	Describe the period of time for which this new trust fund will be needed, or the circumstances under which it will no longer be needed.	N/A

**SCHEDULE ID: REQUEST FOR CREATION, RE-CREATION, RETENTION, TERMINATION,  
OR MODIFICATION OF A TRUST FUND**

Department:	Agency for Health Care Administration
Fiscal Year	2020 - 2021
Fund Name:	Public Medical Assistance Trust Fund
FLAIR #:*	565006
Name Position Telephone No. of Person Completing Form:	La-Shonna K. Austin, Budget Director 850-412-3818
<b>Type of Action Requested :</b>  (Check one)	<input type="checkbox"/> <b>Exempt From Termination</b> <input type="checkbox"/> <b>Re-create without modification</b> <span style="margin-left: 150px;">(last action was initial create)</span>  <input checked="" type="checkbox"/> <b>Retain without modification</b> <input type="checkbox"/> <b>Re-create/Retain with modification</b> <span style="margin-left: 150px;">(last action was re-create)</span>  <input type="checkbox"/> <b>Create New Fund</b> <input type="checkbox"/> <b>Terminate Existing Fund</b>

\* Enter ONLY the six-digit code. Not applicable for requests to **Create** trust fund.

For **All Trust Funds** scheduled for review this year, answer questions 1-6.

1	Cite the statutory authority for the trust fund (Florida Statutes or, if none, Laws of Florida). Give the statutory purpose, if stated, for the trust fund.	Chapter 20.425, F.S. Funds to be credited to and uses of the trust fund shall be administered in accordance with the provisions of ss. 394.4786 and 409.918, F.S.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	Funds are primarily derived from fines, forfeitures, cigarette taxes, and hospital assessments. These include: <ul style="list-style-type: none"> <li>• Transfers from DBPR - Cigarette Taxes;</li> <li>• Fees - Hospital and Ambulatory Assessments;</li> <li>• Fines - Hospital and Ambulatory; and</li> <li>• Hospital Assessments.</li> </ul>
3	If state or federal law requires or prohibits specific expenditures from the trust fund, list the requirements or prohibitions and the statutory citations for them.	This fund is exempt from the service charge to general revenue pursuant to sections 215.22(3) and 215.24, F.S.
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	Funds deposited into this trust fund are used a matching funds for the administration of the Medicaid program.
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	None.
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	General Revenue is used in conjunction with this fund to provide state match for federally funded expenditures.

For Trust Funds that the agency believes are **Exempt from Termination** answer question 7.

7	If this trust fund is exempt from termination according to Article III, section 19(f)(3) of the <i>Florida Constitution</i> , list the specific exemptions that apply.	N/A
---	--	-----

For Trust Funds that the agency recommends should be **Re-created/Retained with or without modification** answer questions 8 and 9 and attach draft legislation as requested.

8	Give the specific reasons that continuation (re-creation after initial creation or retention after subsequent re-creation) of this trust fund is necessary. List agency activities (based on the activity detail report) supported by the trust fund.	This fund is necessary to track annual assessments on net operating revenues for inpatient and outpatient services to fund public medical assistance. Activities within the Medicaid Services to Individuals Program are supported by this activity. This fund is also utilized to track cigarette taxes from the Department of Business and Professional Regulations.
9	Describe any modifications the agency is requesting when this fund is re-created/retained. Attach draft legislation to accomplish the requested change.	N/A

For Trust Funds that the agency recommends should be **Terminated** answer question 10 and attach draft legislation as requested.

10	Explain how the current cash balance and all current receipts of the trust fund will be distributed. Attach draft legislation that removes reference to the trust fund from the statutes.	N/A
----	---	-----

For **New** Trust Funds that the agency recommends should be **Created** answer questions 11-13 and attach draft legislation as requested.

11	Describe the purpose of the trust fund and identify its revenue sources. Attach draft legislation that meets the requirements of section 215.3207, <i>Florida Statutes</i> .	N/A
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	N/A
13	Describe the period of time for which this new trust fund will be needed, or the circumstances under which it will no longer be needed.	N/A



**SCHEDULE ID: REQUEST FOR CREATION, RE-CREATION, RETENTION, TERMINATION,  
OR MODIFICATION OF A TRUST FUND**

Department:	Agency for Health Care Administration
Fiscal Year	2020 - 2021
Fund Name:	Refugee Assistance Trust Fund
FLAIR #:*	579001
Name Position Telephone No. of Person Completing Form:	La-Shonna K. Austin, Budget Director 850-412-3818
<b>Type of Action Requested :</b>  (Check one)	<input type="checkbox"/> <b>Exempt From Termination</b> <input type="checkbox"/> <b>Re-create without modification</b> <span style="margin-left: 150px;">(last action was initial create)</span>  <input checked="" type="checkbox"/> <b>Retain without modification</b> <input type="checkbox"/> <b>Re-create/Retain with modification</b> <span style="margin-left: 150px;">(last action was re-create)</span>  <input type="checkbox"/> <b>Create New Fund</b> <input type="checkbox"/> <b>Terminate Existing Fund</b>

\* Enter ONLY the six-digit code. Not applicable for requests to **Create** trust fund.

For **All Trust Funds** scheduled for review this year, answer questions 1-6.

1	Cite the statutory authority for the trust fund (Florida Statutes or, if none, Laws of Florida). Give the statutory purpose, if stated, for the trust fund.	Chapter 20.425, F.S. Funds to be credited to the trust fund shall consist of federal grant funds under the Refugee Resettlement Program and the Cuban/Haitian Entrant Program and shall be used for the purpose of providing medical assistance to individuals eligible pursuant to the requirements and limitations of 45 C.F.R. parts 400 and 401, as amended, or any other applicable federal requirement or limitation.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	Funds are derived from federal grant funds under the Refugee Resettlement program and the Cuban/Haitian Entrant program transferred from the Department of Children and Families Services.
3	If state or federal law requires or prohibits specific expenditures from the trust fund, list the requirements or prohibitions and the statutory citations for them.	Notwithstanding the provisions of s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end of any fiscal year shall remain in the trust fund at the end of the year and shall be available for carrying out the purposes of the trust fund.
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	All funds deposited into this trust fund are federal and must be used for the administration of the Refugee Resettlement program as described in 45 C.F.R. parts 400 and 401, as amended.
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	None
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	None.

For Trust Funds that the agency believes are **Exempt from Termination** answer question 7.

7	If this trust fund is exempt from termination according to Article III, section 19(f)(3) of the <i>Florida Constitution</i> , list the specific exemptions that apply.	N/A
---	--	-----

For Trust Funds that the agency recommends should be **Re-created/Retained with or without modification** answer questions 8 and 9 and attach draft legislation as requested.

8	Give the specific reasons that continuation (re-creation after initial creation or retention after subsequent re-creation) of this trust fund is necessary. List agency activities (based on the activity detail report) supported by the trust fund.	This trust fund is used to track Refugee and Entrant State Administration programs (funding for direct and medical assistance for refugees who are not categorically eligible for Title XIX Medicaid assistance).
9	Describe any modifications the agency is requesting when this fund is re-created/retained. Attach draft legislation to accomplish the requested change.	N/A

For Trust Funds that the agency recommends should be **Terminated** answer question 10 and attach draft legislation as requested.

10	Explain how the current cash balance and all current receipts of the trust fund will be distributed. Attach draft legislation that removes reference to the trust fund from the statutes.	N/A
----	---	-----

For **New** Trust Funds that the agency recommends should be **Created** answer questions 11-13 and attach draft legislation as requested.

11	Describe the purpose of the trust fund and identify its revenue sources. Attach draft legislation that meets the requirements of section 215.3207, <i>Florida Statutes</i> .	N/A
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	N/A
13	Describe the period of time for which this new trust fund will be needed, or the circumstances under which it will no longer be needed.	N/A