

# Schedule I

# Administrative Trust Fund

## **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.



## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	Budget Period: 2011-2012
<b>Trust Fund Title:</b>	Agency for Health Care Administration
<b>Budget Entity:</b>	Administrative Trust Fund
<b>LAS/PBS Fund Number:</b>	Department Level
	2021

	Balance as of 6/30/2010		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	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)		-
<b>Total Cash plus Accounts Receivable</b>	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
<b>Unreserved Fund Balance, 07/01/10</b>	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.

**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 I Series**

**Health Care Trust  
Fund**

**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	
<b>Gross Revenue</b>		70,686,286
<b>Less Revenue Exemptions</b>		
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
<b>Total Revenue Exemptions</b>		24,661,863
<b>Total Revenue Subject to 5% Reserve</b>		46,024,423
<b>Total 5% reserve for Health Care Trust Fund</b>		<b>2,301,221</b>

**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.





**Executive Office of the Governor  
Inter-Agency Transfers Reported on Schedule I**

**Agency Name Agency for Health Care Administration**

List all transfers totaling \$100,000 or more. Provide the applicable agency name and fund number, the transfer category used, and the amount of the transfer for each of the fiscal years indicated, as well as the name and phone number of the person at the other agency who confirmed the amount of the transfer. If transferred in/out to the General Revenue Fund, do not include on this form; however, on Schedule I be sure to include "To GR" or "From GR" in the description field.

**Fund Name and Number :** Tobacco Settlement Trust Fund - 2122

<b>Transfers In (Provide Agency and Fund Number Received From)</b>	<b>Transfer Category</b>	<b>Amount FY 09-10 (A01)</b>	<b>Amount FY 10-11 (A02)</b>	<b>Amount FY 11-12 (A03)</b>	<b>Confirmed By</b>
Department of Financial Services - 2123	001500	140,164,108	86,839,492	87,596,411	

<b>Transfers Out (Operating and Non-Operating) (Provide Agency and Fund Number Transferred To)</b>	<b>Transfer Category</b>				

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Inter-Agency Transfers Reported on Schedule I**

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List all transfers totaling \$100,000 or more. Provide the applicable agency name and fund number, the transfer category used, and the amount of the transfer for each of the fiscal years indicated, as well as the name and phone number of the person at the other agency who confirmed the amount of the transfer. If transferred in/out to the General Revenue Fund, do not include on this form; however, on Schedule I be sure to include "To GR" or "From GR" in the description field.

**Fund Name and Number :** Grants and Donation Trust Fund - 2339

<b>Transfers In (Provide Agency and Fund Number Received From)</b>	<b>Transfer Category</b>	<b>Amount FY 09-10 (A01)</b>	<b>Amount FY 10-11 (A02)</b>	<b>Amount FY 11-12 (A03)</b>	<b>Confirmed By</b>
Department of Health - 1000	001000	3,157,155	3,673,296	4,172,805	

<b>Transfers Out (Operating and Non-Operating) (Provide Agency and Fund Number Transferred To)</b>	<b>Transfer Category</b>				

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Inter-Agency Transfers Reported on Schedule I**

**Agency Name Agency for Health Care Administration**

List all transfers totaling \$100,000 or more. Provide the applicable agency name and fund number, the transfer category used, and the amount of the transfer for each of the fiscal years indicated, as well as the name and phone number of the person at the other agency who confirmed the amount of the transfer. If transferred in/out to the General Revenue Fund, do not include on this form; however, on Schedule I be sure to include "To GR" or "From GR" in the description field.

**Fund Name and Number :**

Medical Care Trust Fund - 2474

<b>Transfers In (Provide Agency and Fund Number Received From)</b>	<b>Transfer Category</b>	<b>Amount FY 09-10 (A01)</b>	<b>Amount FY 10-11 (A02)</b>	<b>Amount FY 11-12 (A03)</b>	<b>Confirmed By</b>
Department of Children and Families - 1000	015059	12,869,693	21,588,363	26,818,185	
Department of Health - 1000	010059	2,130,895	2,020,541	2,509,740	
Department of Health - 2531	001500	2,959,057	2,900,000	2,900,000	
Department of Juvenile Justice	001500		2,000,000	2,000,000	
Department of Children and Families - 1000	001000	10,296,835	17,213,897	21,597,285	
Department of Health - 1000	015059	149,203	601,361	601,361	
Department of Health - 2390	001500	2,349,660	4,529,971	4,529,971	
<b>Transfers Out (Operating and Non-Operating) (Provide Agency and Fund Number Transferred To)</b>	<b>Transfer Category</b>				
Department of Children and Families - 2261	102342	7,251,127	8,091,606	8,091,606	
Department of Children and Families - 2261	181353	261,122	242,322	243,929	
Department of Health - 2168	102342	83,521,552	95,399,041	107,715,683	
Department of Health - 2021	181353	289,131	290,000	290,000	
Department of Health - 2141	181353	6,791,548	5,303,818	5,303,818	
Department of Health - 2168	181353	3,954,832	4,000,000	4,000,000	
Department of Health - 2261	181353	1,289,333	1,290,000	1,290,000	

**Executive Office of the Governor  
Inter-Agency Transfers Reported on Schedule I**

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**Fund Name and Number :** Medical Care Trust Fund - 2474

<b>Transfers In (Provide Agency and Fund Number Received From)</b>	<b>Transfer Category</b>	<b>Amount FY 09-10 (A01)</b>	<b>Amount FY 10-11 (A02)</b>	<b>Amount FY 11-12 (A03)</b>	<b>Confirmed By</b>
Department of Elder Affairs - 1000	001000	18,182,453	34,507,992	42,867,624	
Department of Elder Affairs - 1000	001500	87,669,254	122,351,123	151,990,988	
Department of Elder Affairs - 2122	001000	11,946,346	18,600,193	23,106,126	
Agency for Persons with Disabilities - 1000	001000	258,539,800	293,747,557	409,821,632	

<b>Transfers Out (Operating and Non-Operating) (Provide Agency and Fund Number Transferred To)</b>	<b>Transfer Category</b>				
Florida Department of Law Enforcement - 2510	181019	150,566	155,000	155,000	
Department of Health - 2021	181011	841,881	969,929	969,929	
Department of Health - 2168	181011	10,435,931	10,435,931	10,435,931	
Department of Health - 2261	181011	5,832,375	5,832,375	5,832,375	
Department of Health - 2390	181011	212,453	212,453	212,453	
Department of Health - 2352	181011	49,312	49,312	49,312	

**Executive Office of the Governor  
Inter-Agency Transfers Reported on Schedule I**

**Agency Name Agency for Health Care Administration**

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**Fund Name and Number :** Medical Care Trust Fund - 2474

<b>Transfers In (Provide Agency and Fund Number Received From)</b>	<b>Transfer Category</b>	<b>Amount FY 09-10 (A01)</b>	<b>Amount FY 10-11 (A02)</b>	<b>Amount FY 11-12 (A03)</b>	<b>Confirmed By</b>

<b>Transfers Out (Operating and Non-Operating) (Provide Agency and Fund Number Transferred To)</b>	<b>Transfer Category</b>	<b>Amount FY 09-10 (A01)</b>	<b>Amount FY 10-11 (A02)</b>	<b>Amount FY 11-12 (A03)</b>	<b>Confirmed By</b>
Department of Transportation - 2731	102387	43,411,608	42,062,984	56,629,063	
Department of Children and Families - 2261	181011	69,280,840	68,505,841	68,505,841	
Department of Children and Families - 2516	181011	6,032,640	6,032,640	5,052,275	
Agency for Persons with Disabilities - 2516	181011	70,554,222	70,500,000	70,500,000	

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Inter-Agency Transfers Reported on Schedule I**

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**Fund Name and Number :** Public Medical Assistance Trust Fund - 2565

<b>Transfers In (Provide Agency and Fund Number Received From)</b>	<b>Transfer Category</b>	<b>Amount FY 09-10 (A01)</b>	<b>Amount FY 10-11 (A02)</b>	<b>Amount FY 11-12 (A03)</b>	<b>Confirmed By</b>
Department of Business and Professional Regulation - 2C	001500	79,626,094.00	83,100,000.00	83,100,000.00	

<b>Transfers Out (Operating and Non-Operating) (Provide Agency and Fund Number Transferred To)</b>	<b>Transfer Category</b>				

**Executive Office of the Governor  
Inter-Agency Transfers Reported on Schedule I**

**Agency Name Agency for Health Care Administration**

List all transfers totaling \$100,000 or more. Provide the applicable agency name and fund number, the transfer category used, and the amount of the transfer for each of the fiscal years indicated, as well as the name and phone number of the person at the other agency who confirmed the amount of the transfer. If transferred in/out to the General Revenue Fund, do not include on this form; however, on Schedule I be sure to include "To GR" or "From GR" in the description field.

**Fund Name and Number :** Refugee Assistance Trust Fund - 2579

<b>Transfers In (Provide Agency and Fund Number Received From)</b>	<b>Transfer Category</b>	<b>Amount FY 09-10 (A01)</b>	<b>Amount FY 10-11 (A02)</b>	<b>Amount FY 11-12 (A03)</b>	<b>Confirmed By</b>
Department of Children and Families - 2261	001510	30,078,492	21,580,660	22,562,095	

<b>Transfers Out (Operating and Non-Operating) (Provide Agency and Fund Number Transferred To)</b>	<b>Transfer Category</b>				



**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 <b>Examination of Regulatory Fees Form - Part I and II.</b> )
<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**

	<b>ACTUAL</b>	<b>ESTIMATED</b>	<b>REQUEST</b>
	<b>FY 2009 - 10</b>	<b>FY 2010 - 11</b>	<b>FY 2011 - 12</b>
<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, &amp; 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
<b>TOTAL - Surplus/Deficit</b>	(C)	<b>(2,312,521)</b>	<b>(1,985,630)</b>	<b>(1,985,630)</b>

**EXPLANATION of LINE C:**

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

## Schedule IA - Part I: Examination of Regulatory Fees

**Department:** Agency for Health Care Administration

**Regulatory Service to or Oversight of Businesses or Professions Program:**  
Health Care Facilities

1. What recent operational efficiencies have been achieved to either decrease costs or improve services? If costs have been reduced, how much money has been saved during the fiscal year?

**Response:** There have not been operational efficiencies specific to any one particular program. However, licensure streamlining changes to Chapter 408 created through passage of SB 1986 and background screening through passage of HB 7069 may improve efficiency of licensure. Central intake and front end scanning of licensure applications has also had a significant positive impact on program efficiency.

Central intake and front end scanning of all applications and accompanying checks was fully implemented during SFY 09/10. These central intake activities, coupled with efficiencies obtained under the Document Management System have reduced the costs across all programs by more than \$93,000 for postage, more than \$18,000 for copier rentals and more than \$13,000 for paper purchases.

2. What additional operational efficiencies are planned? What are the estimated savings associated with these efficiencies during the next fiscal year?

**Response:** There are ongoing efforts to further streamline licensure processes across the board through legislation being proposed for 2012.

3. Is the regulatory activity an appropriate function that the agency should continue at its current level?

**Response:** Yes. It is required by Florida Statutes.

4. Are the fees charged for the regulatory service or oversight to businesses or professions based on revenue projections that are prepared using generally accepted governmental accounting procedures or official estimates by the Revenue Estimating Conference, if applicable?

**Response:** No. Fees are established in Florida Statutes.

5. Are the fees charged for the regulatory service or oversight to businesses or professions adequate to cover both direct and indirect costs of providing the regulatory service or oversight?

**Response:** No. Reports available to the licensure units indicate the fees do not cover the total licensure expense, which includes application processing and the on-site survey activity required in statute.

6. Are the fees charged for the regulatory service or oversight to businesses or professions reasonable and do they take into account differences between the types of professions or businesses that are regulated? For example, do fees reflect the amount of time required to conduct inspections by using a sliding scale for annual fees based on the size of the regulated business; or do fees provide a financial incentive for regulated entities to maintain compliance with state standards by assessing a re-inspection fee if violations are found at initial inspection?

**Response:** Fees are established in Florida Statutes.

7. If the fees charged for the regulatory services or oversight to businesses or professions are **not** adequate to cover direct and indirect program costs provide either:
  - a) information regarding alternatives for realigning revenues or costs to make the regulatory service or program totally self-sufficient, including any statutory changes that are necessary to implement the alternative; or
  - b) demonstrate that the service or program provides substantial benefits to the public which justify a partial subsidy from other state funds, specifically describing the benefits to the general public (statements such as 'providing consumer benefits' or 'promoting health, safety and welfare' are not sufficient justification). For example, the program produces a range of benefits to the general public, including pollution reduction, wildlife preservation, and improved drinking water supply. Alternatively, the agency can demonstrate that requiring self-sufficiency would put the regulated entity at an unfair advantage. For example, raising fees sufficiently to cover program costs would require so high an assessment as to damage its competitive position with similar entities in other states.

**Response:** Regulation of Health Care Facilities is critical to the health, welfare and safety of patients. Although costs are not adequately funded by the licensure fees allowed by statute, the regulatory program is critical to the health and safety of Floridians and is therefore subsidized by other state funds.

8. If the regulatory program is not self-sufficient and provides a public benefit using state subsidization, please provide a plan for reducing the state subsidy.

**Response:** During the 2010 legislative session, the Agency requested an amendment to Chapter 408, Part II, F.S., and authorizing statutes to remove limits (maximums) on licensing fees and allow fees to be adjusted to pay for the cost of regulatory activities. Adjustments were limited to the Consumer Price Index (inflation) plus 10% annually. Pursuant to 408.805, F.S., licensing fees must cover Agency costs. This provision was not accepted by the legislature and will not be requested in 2011 since legislative policies have not changed. Agency costs continue to increase and previous deficits may never be covered without statutory relief.

Currently significant disparities in fees exist among provider types; some provider types pay for the costs of their regulation and others do not.

**Schedule IA - Part II: Examination of Regulatory Fees**

Department: **Agency for Health Care Administration**

Regulatory Service to or Oversight of Business or Profession Program: **Health Care Regulation**

Does Florida Statutes require the regulatory program to be financially self-sufficient? (Yes or No and F.S.): **Yes. 408.805, F.S. effective 10/1/06**

What percent of the regulatory cost is currently subsidized? (0 to 100%) **0%**

If the program is subsidized from other state funds, what is the source(s)? **Section 408.20, F.S. Assessments, Health Care Trust Fund**

What is the current annual amount of the subsidy? **\$2,312,521**

Service / Product Regulated	Specific Fee Title	Statutory Authority for Fee	Maximum Fee Authorized (cap)	Year of Last Statutory Revision to Fee	Is Fee Set by Rule? (Yes or No)	Current Fee Assessed	Fund Fee Deposited in (indicate General Revenue or Specific Trust Fund)
<b>Abortion Clinic</b>	Licensure Fee	s. 390.014, F.S.	\$514	10/01/06	Yes	\$514	Health Care Trust Fund
<b>Adult Day Care Centers</b>	Licensure Fee	s.429.907, F.S.	\$159	08/04/95	Yes	\$159	Health Care Trust Fund
<b>Adult Family Care Homes</b>	Licensure Fee	s.429.67, F.S.	\$208	10/01/06	No	\$208	Department of Elderly Affairs Administrative Trust Fund
<b>Ambulatory Surgical Centers</b>	Licensure Fee	s. 395.004, F.S.	\$1,542	10/1/1982	Yes	\$1,542	Health Care Trust Fund
					Inspection	\$400	Health Care Trust Fund
					Life Safety	\$40	Health Care Trust Fund
<b>Assisted Living Facility</b>							
Standard ALF	Application Fee	Chapter 429, Part I	\$12,584	2005	No	\$356 + \$59 per bed fee	Health Care Trust Fund
Extended Congrate Care ALF	Application Fee	Chapter 429, Part I	\$12,584	2005	No	\$501 + \$10 per bed fee	Health Care Trust Fund
Limited Nursing Service ALF	Application Fee	Chapter 429, Part I	\$12,584	2005	No	\$296 + \$10 per bed fee	Health Care Trust Fund
<b>Birth Centers</b>	Licensure Fee	s. 383.305, F.S.	\$360	10/1/2006	Yes	\$360	Health Care Trust Fund
	Survey Fee	s. 383.324, F.S.	\$250	9/17/1996	Yes	\$250	Health Care Trust Fund
	Validation Inspection	s. 383.324, F.S.	\$250	9/17/1996	Yes	\$250	Health Care Trust Fund
<b>Clinical Laboratory</b>	Licensure Fee	s. 483.172, F.S.	\$3,919	1993	Yes	\$100 to Max based on test & specialities	Health Care Trust Fund
<b>Crisis Stabilization Unit &amp; Short Term Residential Treatment Facility</b>	Licensure Fee	s. 394.877, F.S.	\$192 per bed	07/14/92	Yes	\$192 per bed	Health Care Trust Fund
<b>Drug Free Workplace Lab</b>	Licensure Fee	s.112.0455(17), F.S.	\$20,000	12/05/96	Yes	\$16,000	Health Care Trust Fund
<b>Health Care Clinics</b>	License application	s. 400.9925	\$2,000	N/A	No	\$2,000	Health Care Trust Fund
	Exemption Fee	s. 400.9925	\$100	N/A	No	\$100	Health Care Trust Fund
	Fingerprinting Fee	s. 400.9925	\$47	N/A	No	\$47	Health Care Trust Fund

**\*408.805(2) The agency shall annually adjust licensure fees, including fees paid per bed, by not more than the change in the Consumer Price Index based on the 12 months immediately preceding the increase.**

Service / Product Regulated	Specific Fee Title	Statutory Authority for Fee	Maximum Fee Authorized (cap)	Year of Last Statutory Revision to Fee	Is Fee Set by Rule? (Yes or No)	Current Fee Assessed	Fund Fee Deposited in (indicate General Revenue or Specific Trust Fund)
<b>Health Care Risk Managers</b>	Application Fee	s. 395.10974(3), F.S.	\$75	07/01/03	No**	\$50	Health Care Trust Fund
	Initial Licensure	s. 395.10974(3), F.S.	\$100	07/01/03	No**	\$100	Health Care Trust Fund
	Fingerprinting Fee	s. 395.10974(3), F.S.	\$75	07/01/03	No**	\$23	Health Care Trust Fund
**Fees must be set by rule but, to date, have not been. This will require promulgation of a new rule, which is planned for the near future..							
<b>Health Care Service Pools Temporary staff provided to health care facilities)</b>	Registration Fee	s.400.980, F.S.	\$600	Unknown	Yes - 59A-27	\$600	Health Care Trust Fund
<b>Health Maintenance Orgs</b>	Application Fee	s. 641.48, F.S.	\$1,000	12/1/2002	Yes	\$1,000	Health Care Trust Fund
Every Two Years	Renewal Fee	s. 641.495, F.S.	\$1,000	12/1/2002	Yes	\$1,000	Health Care Trust Fund
Annually	Oversight Expenses	s. 641.58, F.S.	0.1 % Annual Revenue	12/1/2002		0.1 % Annual Revenue	Health Care Trust Fund
Prepaid Health Clinics	Application Fee	s. 641.48, F.S.	\$1,000	12/1/2002	Yes	\$1,000	Health Care Trust Fund
Every Two Years	Renewal Fee	s. 641.495, F.S.	\$1,000	12/1/2002	Yes	\$1,000	Health Care Trust Fund
Annually	Oversight Expenses	s. 641.58, F.S.	0.1 % Annual Revenue	12/1/2002		0.1 % Annual Revenue	Health Care Trust Fund
Exclusive Provider Orgs	Oversight Expenses	s. 624.6472, FS	0.1 % Annual Revenue	12/1/2002		0.1 % Annual Revenue	Health Care Trust Fund
<b>Workers Comp Managed Care</b>	Application fee	s. 440.134, FS	\$1,000		Yes	\$1,000	Health Care Trust Fund
Every Two Years	Renewal fee	s. 440.134, FS	\$1,000		Yes	\$1,000	Health Care Trust Fund
<b>Home Health Agency</b>	License fee	400.471(10), FS	\$2,000	2005	Yes - 59A-8	\$1,660	Health Care Trust Fund
	Renewal fee	400.471(10), FS	\$2,000	2005	Yes - 59A-8	\$1,660	Health Care Trust Fund
<b>Home Medical Equipment Providers &amp; Services</b>	Licensure Fee	s.400.931, F.S.	\$300	1999	Yes - 59A-25	\$300	Health Care Trust Fund
	Survey/Inspection Fee (80% Exempt)	s.400.931, F.S.	\$400	1999	Yes - 59A-25	\$400	Health Care Trust Fund
<b>Homemakers, Companions &amp; Sitters</b>	Registration Fee	s.400.509, F.S.	\$50	1987	No	\$50	Health Care Trust Fund
<b>Homes for Special Services</b>	Licensure Fee	s. 400.801(3), F.S.	\$2,056	Unknown	No	\$80.50 per bed max of \$2,056	Health Care Trust Fund
<b>Hospice Services</b>	Licensure Fee	s. 400.801(3), F.S.	\$1,200	Unknown	No	\$1,200	Health Care Trust Fund
<b>Hospitals</b>	Lisensure Fee	s. 395.004, F.S.	\$31 Per Bed	1982	Yes	\$31 Per Bed Min \$1542	Health Care Trust Fund
	Life Safety Inspections	s. 395.0161, F.S.	\$1.50 P- Bed		Yes	\$1.50 per bed Min \$40	Health Care Trust Fund
	Accrediated	Validation Fee	s. 395.0161, F.S.	\$12 per bed		Yes	\$12 Per Bed Min \$40
Non-accrediated	Inspection Fee	s. 395.0161, F.S.	\$12 per bed		Yes	\$12 Per Bed Min \$40	Health Care Trust Fund
<b>*408.805(2) The agency shall annually adjust licensure fees, including fees paid per bed, by not more than the change in the Consumer Price Index based on the 12 months immediately preceding the increase.</b>							

Service / Product Regulated	Specific Fee Title	Statutory Authority for Fee	Maximum Fee Authorized (cap)	Year of Last Statutory Revision to Fee	Is Fee Set by Rule? (Yes or No)	Current Fee Assessed	Fund Fee Deposited in (indicate General Revenue or Specific Trust Fund)
<b>Intermediate Care Facility for the Developmental Multiphasic Health Testing Centers</b>	Licensure Fee	s. 400.962(3), F.S.	\$241 per bed	1991	No	\$241 per bed	Health Care Trust Fund
	Licensure Fee	s. 483.291(2), F.S.	\$2,000	Unknown	Yes	\$600	Health Care Trust Fund
<b>Nurse Registry</b> home health services by independent contractors	Licensure Fee	s.400.506, F.S.	\$2,000	2005	Yes- 59A-18	\$2,000	Health Care Trust Fund
<b>Skilled Nursing Facilities</b>	Licensure Fee	s.400.062, F.S. & s.400.111, F.S.	\$112.50 per community bed, \$110.50 if a shelter bed	2001	Yes 59A-4.103(2)FAC	\$112.50 per community bed, \$110.50 if a shelter bed	Health Care Trust Fund
	Resident Protection Fee		\$0.50 per bed			\$0.50 per bed	Resident Protection TF
	Data Assessment Fee	s. 408.20, F.S.	\$20 per bed	1994		\$20 per bed	Health Care Trust Fund
<b>Organ Procurement Orgs</b>	Application Fee	s. 765.544, F.S.	\$1,000	N/A	No	\$1,000<25%	Organ & Tissue Donor Trust Fund
Organ Procurement Orgs	Assessment Fee	s. 765.544, F.S.	\$35,000	N/A	No	annual	Fund
Tissue Banks	Application Fee	s. 765.544, F.S.	\$1,000	N/A	No	\$1,000<25%	Organ & Tissue Donor Trust Fund
Tissue Banks	Assessment Fee	s. 765.544, F.S.	\$35,000	N/A	No	annual	Fund
Eye Banks	Application Fee	s. 765.544, F.S.	\$500	N/A	No	\$500<25%	Organ & Tissue Donor Trust Fund
Eye Banks	Assessment Fee	s. 765.544, F.S.	\$35,000	N/A	No	annual	Fund
<b>Prescribed Pediatric Extended Care Facilities</b>	Licensure Fee	400.905(3), F.S.	\$3,000	1994	Yes	\$1,336	Health Care Trust Fund
<b>Residential Treatment Facility</b>	Licensure Fee	s.394.877, F.S.	\$176 per bed	1992	Yes	\$176 per bed	Health Care Trust Fund
<b>Residential Treatment Ctrs for Children and Adolescents</b>	Licensure Fee	s. 394.877	\$230 per bed	Original Statute	Yes	\$230 per bed	Health Care Trust Fund
<b>Transitional Living Facility</b>	Annual License Fee	400.805(2)(b), F.S.	\$4,112.50 + \$80.50 per	1994	yes	\$4,112.50 + \$80.50 per bed	Health Care Trust Fund
				1994	yes		Health Care Trust Fund
<b>Utilization Review</b>	Registration Fee	s.395.0199, F.S.	\$514	1990	No	\$514	Health Care Trust Fund

\*408.805(2) The agency shall annually adjust licensure fees, including fees paid per bed, by not more than the change in the Consumer Price Index based on the 12 months immediately preceding the increase.



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

**Department: Agency for Health Care Administration**

**Budget Period 2011-12**

**Budget Entity: ALL**

**Fund: Health Care Trust Fund (2003)**

(1) FUNDING SOURCE	(2) ACTUAL FY 2009-10	(3) ESTIMATED FY 2010-11	(4) REQUEST FY 2011-12
<u>Receipts:</u>			
Fees	37,307,325	26,663,953	37,648,573
Licenses	26,315,120	23,687,235	20,648,573
Cigarette Taxes	40,881,473	0	0
<b>Total *</b>	<b>104,503,918</b>	<b>50,351,188</b>	<b>58,297,146</b>

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

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<b>Budget Period: 2011- 2012</b>
<b>Trust Fund Title:</b>	<b>Agency for Health Care Administration</b>
<b>Budget Entity:</b>	<b>Health Care Trust Fund</b>
<b>LAS/PBS Fund Number:</b>	<b>Department Level</b>
	<b>2003</b>

	Balance as of 6/30/2010	SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	133,103,960.00 (A)		133,103,960.00
ADD: Other Cash (See Instructions)	267,176.00 (B)		267,176.00
ADD: Investments			-
ADD: Outstanding Accounts Receivable	8,343,932.00 (D)	279,775,313.00	288,119,245.00
ADD: <u>Advance</u>	20,000.00 (E)		20,000.00
<b>Total Cash plus Accounts Receivable</b>	141,735,068.00 (F)	279,775,313.00	421,510,381.00
LESS: Allowances for Uncollectibles	4,337,406.00 (G)		4,337,406.00
LESS: Approved "A" Certified Forwards	39,204,110.00 (H)		39,204,110.00
Approved "B" Certified Forwards			-
Approved "FCO" Certified Forwards			-
LESS: Other Accounts Payable (Nonoperating)	1,244,313.00 (I)	270,080,439.00	271,324,752.00
LESS: Unearned Revenue and Other Payables	590,464.00 (J)		590,464.00
LESS: Deferred Revenue	1,549,731.00 (J)		1,549,731.00
<b>Unreserved Fund Balance, 07/01/10</b>	94,809,044.00 (K)	9,694,874.00	104,503,918.00 **

**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:** Health Care Trust Funded  
**LAS/PBS Fund Number:** 2003

**BEGINNING TRIAL BALANCE:**

Unreserved Fund Balance Per Trial Balance, 07-01-10 94,809,044 (A)

**Add/Subtract:**

Prior Year Financial Statement Adjustment(s) -9,694,874 (B)

**Other Adjustment(s):**

G/L 15XXX & 16XXX Accounts Receivables   (C)

G/L 3XXXX Other Accounts Payable   (C)

**ADJUSTED BEGINNING TRIAL BALANCE:** 104,503,918 (D)

**UNRESERVED FUND BALANCE, SCHEDULE IC** 104,503,918 (E)

**DIFFERENCE:** 0 (F)\*

**\*SHOULD EQUAL ZERO.**

**Schedule I Series**

**Medical Care Trust  
Fund**

## 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	
<b>Gross Revenue</b>		11,912,637,774
<b>Less Revenue Exemptions</b>		
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
<b>Total Revenue Exemptions</b>		11,752,822,285
<b>Total Revenue Subject to 5% Reserve</b>		159,815,489
<b>Total 5% reserve for Medical Care Trust Fund</b>		<b>7,990,774</b>

### 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.

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

**Department:** Agency for Health Care Administration  
**Budget Entity:** ALL  
**Fund:** Medical Care Trust Fund (2474)

**Budget Period 2011-12**

(1) FUNDING SOURCE	(2) ACTUAL FY 2009-10	(3) ESTIMATED FY 2010-11	(4) REQUEST FY 2011-12
<u>Receipts:</u>			
Due from Federal Government	460,167,096	115,622,140	30,206,790
Drug Rebate - Return to Federal Gov.		54,095,507	
Reserve Cash Sweep		16,700,000	
<b>Total *</b>	<b>460,167,096</b>	<b>186,417,647</b>	<b>30,206,790</b>

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

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<b>Budget Period: 2011 - 2012</b>
<b>Trust Fund Title:</b>	<b>Agency for Health Care Administration</b>
<b>Budget Entity:</b>	<b>Medical Care Trust Fund</b>
<b>LAS/PBS Fund Number:</b>	<b>Department Level</b>
	<b>2474</b>

	Balance as of 6/30/2010	SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	111,644,654.00 (A)		111,644,654.00
ADD: Other Cash (See Instructions)	435,897.00 (B)		435,897.00
ADD: Investments	469,422,238.00 (C)		469,422,238.00
ADD: Outstanding Accounts Receivable	2,051,906,198.00 (D)	3,138,413,171.00	5,190,319,369.00
ADD: _____			-
<b>Total Cash plus Accounts Receivable</b>	2,633,408,987.00 (F)	3,138,413,171.00	5,771,822,158.00
LESS: Allowances for Uncollectibles	4,450,491.00 (G)		4,450,491.00
LESS: Approved "A" Certified Forwards	1,369,704,905.00 (H)	3,031,343,041.00	4,401,047,946.00
Approved "B" Certified Forwards			-
Approved "FCO" Certified Forwards			-
LESS: Other Accounts Payable (Nonoperating)	4,728,960.00 (I)	21,104.00	4,750,064.00
LESS: Other Payables	469,886,756.00 (J)		469,886,756.00
LESS: Deferred Revenues	32,456,276.00 (J)		32,456,276.00
<b>Unreserved Fund Balance, 07/01/10</b>	784,637,875.00 (K)	107,049,026.00	859,230,625.00 **

**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: Medical Care Trust Fund  
LAS/PBS Fund Number: 2474

**BEGINNING TRIAL BALANCE:**

Unreserved Fund Balance Per Trial Balance, 07-01-10 752,181,600 (A)

**Add/Subtract:**

Prior Year Financial Statement Adjustment(s) 107,049,026 (B)

**Other Adjustment(s):**

G/L 15XXX & 16XXX Accounts Receivables  (C)

G/L 3XXXX Other Accounts Payable -1 (C)

**ADJUSTED BEGINNING TRIAL BALANCE:** 859,230,625 (D)

**UNRESERVED FUND BALANCE, SCHEDULE IC** 859,230,625 (E)

**DIFFERENCE:** 0 (F)\*

**\*SHOULD EQUAL ZERO.**

**Schedule I Series**

**Grants and  
Donations Trust  
Fund**

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

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	2,311,650,981	
<b>Gross Revenue</b>		2,311,650,981
<b>Less Revenue Exemptions</b>		
Federal Funds:		
Title XIX	363,849	
Title XXI	0	
Total Federal Funds		363,849
	486,706,730	
County contributions		1,537,078,909
Transfer in From DOH GR	3,673,291	
Transfer to MCTF	67,798,970	
Transfer to ATF	740,000	
Non Operating Transfer:		
	0	
	0	
	0	558,918,991
Total Nonoperating Transfers		0
<b>Total Revenue Exemptions</b>		2,096,361,749
<b>Total Revenue Subject to 5% Reserve</b>		215,289,232
<b>Total 5% reserve for Grants and Donations Trust Fund</b>		<b>10,764,462</b>

**Section III Adjustments Narrative:**

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

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 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 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.

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

**Department: Agency for Health Care Administration**

**Budget Period 2011-12**

**Budget Entity: ALL**

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

(1) FUNDING SOURCE	(2) ACTUAL FY 2009-10	(3) ESTIMATED FY 2010-11	(4) REQUEST FY 2011-12
<u>Receipts:</u>			
Fraud and Abuse	5,366,300	0	0
Drug Rebate - Federal	0	30,315,869	128,210,453
Drug Rebate - State		16,446,231	99,476,375
Leasebond		17,137,652	23,534,898
<b>Total *</b>	<b>5,366,300</b>	<b>63,899,752</b>	<b>251,221,726</b>

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

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<b>Budget Period: 2011 - 2012</b>
<b>Trust Fund Title:</b>	<b>Agency for Health Care Administration</b>
<b>Budget Entity:</b>	<b>Grants and Donations Trust Fund</b>
<b>LAS/PBS Fund Number:</b>	<b>Department Level</b>
	<b>2339</b>

	Balance as of 6/30/2010	SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	149,353,216.00 (A)		149,353,216.00
ADD: Other Cash (See Instructions)	9,006,262.00 (B)		9,006,262.00
ADD: Investments			-
ADD: Outstanding Accounts Receivable	169,372,431.00 (D)	2,921,362.00	172,293,793.00
ADD: _____			-
<b>Total Cash plus Accounts Receivable</b>	327,731,909.00 (F)	2,921,362.00	330,653,271.00
LESS: Allowances for Uncollectibles	3,066,984.00 (G)		3,066,984.00
LESS: Approved "A" Certified Forwards	325,133,417.00 (H)	(46,804,574.00)	278,328,843.00
Approved "B" Certified Forwards			-
Approved "FCO" Certified Forwards			-
LESS: Unearned Revenue and Other Payables	27,286,674.00 (I)		27,286,674.00
LESS: Deferred Revenues	16,604,470.00 (J)		16,604,470.00
<b>Unreserved Fund Balance, 07/01/10</b>	(44,359,636.00) (K)	49,725,936.00	5,366,300.00 **

**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:** Grant and Donations Trust Fund  
**LAS/PBS Fund Number:** 2339

**BEGINNING TRIAL BALANCE:**

Unreserved Fund Balance Per Trial Balance, 07-01-10 -44,359,637 (A)

**Add/Subtract:**

Prior Year Financial Statement Adjustment(s) -49,725,937 (B)

**Other Adjustment(s):**

G/L 15XXX & 16XXX Accounts Receivables (C)

G/L 3XXXX Other Accounts Payable (C)

**ADJUSTED BEGINNING TRIAL BALANCE:** 5,366,300 (D)

**UNRESERVED FUND BALANCE, SCHEDULE IC** 5,366,300 (E)

**DIFFERENCE:** 0 (F)\*

**\*SHOULD EQUAL ZERO.**

**Schedule I Series**

**Public Medical  
Assistance Trust  
Fund**

## **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.





## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2011 - 2012

<b>Department Title:</b>	<b>Agency for Health Care Administration</b>
<b>Trust Fund Title:</b>	<b>Public Medical Assistance Trust Fund</b>
<b>Budget Entity:</b>	<b>Department Level</b>
<b>LAS/PBS Fund Number:</b>	<b>2565</b>

	Balance as of 6/30/2010	SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	72,235,910.00 (A)		72,235,910.00
ADD: Other Cash (See Instructions)	6,129,957.00 (B)		6,129,957.00
ADD: Investments			-
ADD: Outstanding Accounts Receivable	32,811,024.00 (D)	412,577.00	33,223,601.00
ADD: _____			-
<b>Total Cash plus Accounts Receivable</b>	111,176,891.00 (F)	412,577.00	111,589,468.00
LESS: Allowances for Uncollectibles	2,342,740.00 (G)		2,342,740.00
LESS: Approved "A" Certified Forwards			-
Approved "B" Certified Forwards			-
Approved "FCO" Certified Forwards			-
LESS: Other Accounts Payable (Nonoperating)			-
LESS: Deferred Revenues	1,526,468.00 (J)		1,526,468.00
<b>Unreserved Fund Balance, 07/01/10</b>	107,307,683.00 (K)	412,577.00	107,720,260.00 **

**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:** 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.**

**Schedule I Series**

**Quality of Long  
Term Care Trust  
Fund**

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

### Section III Adjustments Narrative:

### Revenue Estimating Methodology Narrative:

Calculations were based on historical collections.

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	Budget Period: 2011 - 2012
<b>Trust Fund Title:</b>	Agency for Health Care Administration
<b>Budget Entity:</b>	Quality of Long-Term Care Facility Improvement Trust Fund
<b>LAS/PBS Fund Number:</b>	Department Level
	2126

	Balance as of 6/30/2010		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	3,688,581.00	(A)		3,688,581.00
ADD: Other Cash (See Instructions)		(B)		-
ADD: Investments		(C)		-
ADD: Outstanding Accounts Receivable		(D)		-
ADD: _____		(E)		-
<b>Total Cash plus Accounts Receivable</b>	3,688,581.00	(F)	-	3,688,581.00
LESS: Allowances for Uncollectibles		(G)		-
LESS: Approved "A" Certified Forwards	41,800.00	(H)		41,800.00
Approved "B" Certified Forwards		(H)		-
Approved "FCO" Certified Forwards		(H)		-
LESS: Other Accounts Payable (Nonoperating)	8,979.00	(I)		8,979.00
LESS: _____		(J)		-
<b>Unreserved Fund Balance, 07/01/10</b>	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  (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 I Series**

**Refugee Assistance  
Trust Fund**

## **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.

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<b>Budget Period: 2011 - 2012</b>
<b>Trust Fund Title:</b>	<b>Agency for Health Care Administration</b>
<b>Budget Entity:</b>	<b>Refugee Assistance Trust Fund</b>
<b>LAS/PBS Fund Number:</b>	<b>Department Level</b>
	<b>2579</b>

	Balance as of 6/30/2010	SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	(A)		-
ADD: Other Cash (See Instructions)	(B)		-
ADD: Investments	(C)		-
ADD: Outstanding Accounts Receivable	(D)		3,784,101.00
ADD: _____	(E)		-
<b>Total Cash plus Accounts Receivable</b>	(F)	-	3,784,101.00
LESS: Allowances for Uncollectibles	(G)		-
LESS: Approved "A" Certified Forwards	(H)		3,784,101.00
Approved "B" Certified Forwards	(H)		-
Approved "FCO" Certified Forwards	(H)		-
LESS: Other Accounts Payable (Nonoperating)	(I)		-
LESS: Reduction to Payables	(J)		-
<b>Unreserved Fund Balance, 07/01/10</b>	(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.

**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.**

# Schedule I

# Tobacco Settlement Trust Fund

## **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.

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<b>Budget Period: 2011-2012</b>
<b>Trust Fund Title:</b>	<b>Agency for Health Care Administration</b>
<b>Budget Entity:</b>	<b>Tobacco Settlement Trust Fund</b>
<b>LAS/PBS Fund Number:</b>	<b>Department Level</b>
	<b>2122</b>

	Balance as of 6/30/2010	SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	62,646,331.00 (A)		62,646,331.00
ADD: Other Cash (See Instructions)			-
ADD: Investments			-
ADD: Outstanding Accounts Receivable			-
ADD: _____			-
<b>Total Cash plus Accounts Receivable</b>	62,646,331.00 (F)	-	62,646,331.00
LESS: Allowances for Uncollectibles			-
LESS: Approved "A" Certified Forwards	872,221.00 (H)		872,221.00
Approved "B" Certified Forwards			-
Approved "FCO" Certified Forwards			-
LESS: Other Accounts Payable (Nonoperating)		61,774,110.00 (I)	61,774,110.00
LESS: _____			-
<b>Unreserved Fund Balance, 07/01/10</b>	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.

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2011 - 2012**

**Department Title:** Agency for Health Care Administration  
**Trust Fund Title:** Tobacco Settlement Trust Fund  
**LAS/PBS Fund Number:** 2122

**BEGINNING TRIAL BALANCE:**

Unreserved Fund Balance Per Trial Balance, 07-01-10  **0** (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:**  **0** (D)

**UNRESERVED FUND BALANCE, SCHEDULE IC**  **0** (E)

**DIFFERENCE:**  **0** (F)\*

**\*SHOULD EQUAL ZERO.**