

BEGINNING TRIAL BALANCE BY FUND  
 JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
13100 000000	UNEXPENDED GENERAL REVENUE RELEASES BALANCE BROUGHT FORWARD	71,894.86
31100	ACCOUNTS PAYABLE	
010000	SALARIES AND BENEFITS	26,077.06
010000 CF	SALARIES AND BENEFITS	68,562.62-
030000	OTHER PERSONAL SERVICES	0.00
030000 CF	OTHER PERSONAL SERVICES	304.35-
040000	EXPENSES	0.00
040000 CF	EXPENSES	2,433.39-
100777	CONTRACTED SERVICES	0.00
100777 CF	CONTRACTED SERVICES	70.76-
	** GL 31100 TOTAL	45,294.06-
35300	DUE TO OTHER DEPARTMENTS	
040000	EXPENSES	0.00
040000 CF	EXPENSES	523.74-
	** GL 35300 TOTAL	523.74-
38600	CURRENT COMPENSATED ABSENCES LIABILITY	
010000	SALARIES AND BENEFITS	26,077.06-
54900	ASSIGNED FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND  
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680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
 10 1 000298 68500100 GEN REV--AGENCY FOR HEALTH CARE ADMINISTRATION

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
13100 000000	UNEXPENDED GENERAL REVENUE RELEASES BALANCE BROUGHT FORWARD	9,262,883.75
31100	ACCOUNTS PAYABLE	
100777	CONTRACTED SERVICES	0.00
100777 CF	CONTRACTED SERVICES	544,331.26-
	** GL 31100 TOTAL	544,331.26-
31500	CURRENT INSURANCE LIABILITY	
102340	MEDIKIDS	0.00
102340 CF	MEDIKIDS	999,430.73-
102342	CHILDRENS MED SVCS NETWORK	0.00
102342 CF	CHILDRENS MED SVCS NETWORK	7,719,121.76-
	** GL 31500 TOTAL	8,718,552.49-
54900 000000	ASSIGNED FUND BALANCE BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100	CASH ON HAND	
000000	BALANCE BROUGHT FORWARD	43,045.78
001800		0.00
	** GL 11100 TOTAL	43,045.78
13100	UNEXPENDED GENERAL REVENUE RELEASES	
000000	BALANCE BROUGHT FORWARD	8,551,400.17
15100	ACCOUNTS RECEIVABLE	
001801		87,888,840.23
15900	ALLOWANCE FOR UNCOLLECTIBLES	
001801		8,052,944.62-
31100	ACCOUNTS PAYABLE	
010000	SALARIES AND BENEFITS	4,423.13
010000	CF SALARIES AND BENEFITS	240,742.32-
030000	OTHER PERSONAL SERVICES	0.00
030000	CF OTHER PERSONAL SERVICES	194,132.45-
040000	EXPENSES	0.00
040000	CF EXPENSES	2,105.08-
060000	OPERATING CAPITAL OUTLAY	0.00
060000	CF OPERATING CAPITAL OUTLAY	2,932.70-
100693	CONT NRSNG HOME AUD PRG	0.00
100693	CF CONT NRSNG HOME AUD PRG	275,789.10-
100777	CONTRACTED SERVICES	32.24
100777	CF CONTRACTED SERVICES	2,835,627.29-
102086	MEDICAID FISCAL CONTRACT	4,982,660.95-
102086	CF MEDICAID FISCAL CONTRACT	1,570.67-
102093	MEDICAID PEER REVIEW	0.00
	** GL 31100 TOTAL	8,531,105.19-
31500	CURRENT INSURANCE LIABILITY	
100549	PHARMACEUTICAL EXPENSE ASSISTANCE	0.00
100549	CF PHARMACEUTICAL EXPENSE ASSISTANCE	15,839.61-
102086	MEDICAID FISCAL CONTRACT	4,982,660.95
102086	CF MEDICAID FISCAL CONTRACT	4,982,660.95-
	** GL 31500 TOTAL	15,839.61-
32100	ACCRUED SALARIES AND WAGES	
010000	SALARIES AND BENEFITS	0.00

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
35300	DUE TO OTHER DEPARTMENTS	
040000	EXPENSES	8,290.58-
100777	CONTRACTED SERVICES	32.24-
	** GL 35300 TOTAL	8,322.82-
35600	DUE TO GENERAL REVENUE	
001800		669.99
001801		74,816,260.19-
	** GL 35600 TOTAL	74,815,590.20-
38600	CURRENT COMPENSATED ABSENCES LIABILITY	
010000	SALARIES AND BENEFITS	4,423.13-
54900	ASSIGNED FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	5,055,060.61-
55100	FUND BALANCE RESERVED FOR ENCUMBRANCES	
000000	BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100	CASH ON HAND	
000000	BALANCE BROUGHT FORWARD	37,129.59
000500		0.00
001800		0.00
	** GL 11100 TOTAL	37,129.59
13100	UNEXPENDED GENERAL REVENUE RELEASES	
000000	BALANCE BROUGHT FORWARD	311,859,137.74
15100	ACCOUNTS RECEIVABLE	
001800		27,883,539.73
15900	ALLOWANCE FOR UNCOLLECTIBLES	
001800		1,102,182.86-
25400	OTHER LOANS AND NOTES RECEIVABLE	
001800		4,562,688.08
25900	ALLOWANCE FOR UNCOLLECTIBLES	
001800		159,694.08-
31500	CURRENT INSURANCE LIABILITY	
100062	ADULT VISION/HEARING SVCS	0.00
100062 CF	ADULT VISION/HEARING SVCS	848,776.64-
100311	CASE MANAGEMENT	0.00
100311 CF	CASE MANAGEMENT	4,782,971.92-
100436	THERAPEUTIC SVCS - CHILD	0.00
100436 CF	THERAPEUTIC SVCS - CHILD	5,603,981.62-
100616	COMMUNITY MENTAL HEALTH SV	0.00
100616 CF	COMMUNITY MENTAL HEALTH SV	272,454.08-
101240	G/A-RURAL HOSP FIN ASST	0.00
101240 CF	G/A-RURAL HOSP FIN ASST	929,479.56-
101246	FAMILY PLANNING	0.00
101246 CF	FAMILY PLANNING	278,420.51-
101561	HOME HEALTH SERVICES	0.00
101561 CF	HOME HEALTH SERVICES	19,586,842.64-
101575	HOSPICE SERVICES	0.00
101575 CF	HOSPICE SERVICES	28,325,070.69-
101582	HOSPITAL INPATIENT SERVICE	0.00
101582 CF	HOSPITAL INPATIENT SERVICE	123,752,872.26-
101583	REGULAR DISPROP SHARE	0.00
101583 CF	REGULAR DISPROP SHARE	375,120.00-
101584	LOW INCOME POOL	0.00
101584 CF	LOW INCOME POOL	8,600,191.11-
101585	FREESTANDING DIALYSIS CTRS	0.00

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
101585	CF FREESTANDING DIALYSIS CTRS	2,338,362.78-
101589	HOSPITAL INSURANCE BENEFIT	0.00
101589	CF HOSPITAL INSURANCE BENEFIT	23,206,156.06-
101938	RESPIRATORY THERAPY SVCS	0.00
101938	CF RESPIRATORY THERAPY SVCS	975,747.64-
102212	NURSE PRACTITIONER SERVICE	0.00
102212	CF NURSE PRACTITIONER SERVICE	1,417,746.43-
102234	BIRTHING CENTER SERVICES	0.00
102234	CF BIRTHING CENTER SERVICES	218,162.77-
102324	OTHER LAB & X-RAY SERVICES	0.00
102324	CF OTHER LAB & X-RAY SERVICES	4,720,762.41-
102387	PATIENT TRANSPORTATION	2,020,913.74
102387	CF PATIENT TRANSPORTATION	7,210,117.17-
102538	PERSONAL CARE SERVICES	0.00
102538	CF PERSONAL CARE SERVICES	464,624.52-
102540	PHYSICAL REHAB THERAPY	0.00
102540	CF PHYSICAL REHAB THERAPY	699,114.21-
102681	PRESCRIBED MEDICINE/DRUGS	0.00
102681	CF PRESCRIBED MEDICINE/DRUGS	22,410,797.25-
102683	MEDICARE PART D PAYMENT	0.00
102683	CF MEDICARE PART D PAYMENT	35,000,000.00-
102685	PRIVATE DUTY NURSING SVCS	0.00
102685	CF PRIVATE DUTY NURSING SVCS	17,301,510.38-
103276	RURAL HEALTH SERVICES	0.00
103276	CF RURAL HEALTH SERVICES	327,521.27-
103529	SPEECH THERAPY SERVICES	0.00
103529	CF SPEECH THERAPY SERVICES	527,690.89-
103558	MEDIPASS SERVICES	0.00
103558	CF MEDIPASS SERVICES	1,482,714.79-
103740	OCCUPATIONAL THERAPY SVCS	0.00
103740	CF OCCUPATIONAL THERAPY SVCS	201,928.14-
	** GL 31500 TOTAL	309,838,224.00-
35300	DUE TO OTHER DEPARTMENTS	
102387	PATIENT TRANSPORTATION	2,020,913.74-
35600	DUE TO GENERAL REVENUE	
000500		10,393.25-
001800		31,028,579.06-
	** GL 35600 TOTAL	31,038,972.31-
54900	ASSIGNED FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	182,508.15-
	*** FUND TOTAL	0.00

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
13100 000000	UNEXPENDED GENERAL REVENUE RELEASES BALANCE BROUGHT FORWARD	41,612,117.81
31500	CURRENT INSURANCE LIABILITY	
101649	ICF/DD COMMUNITY	0.00
101649 CF	ICF/DD COMMUNITY	13,723,187.24-
102233	NURSING HOME CARE	0.00
102233 CF	NURSING HOME CARE	27,888,930.57-
	** GL 31500 TOTAL	41,612,117.81-
54900 000000	ASSIGNED FUND BALANCE BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND  
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680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
10 1 000298 68501600 GEN REV--AGENCY FOR HEALTH CARE ADMINISTRATION

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



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

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

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11200 000000	CASH IN BANK BALANCE BROUGHT FORWARD	8,814,545.53
14100 000000	POOLED INVESTMENTS WITH STATE TREASURY BALANCE BROUGHT FORWARD	27,565,746.47
15300 000000	INTEREST AND DIVIDENDS RECEIVABLE BALANCE BROUGHT FORWARD	629,921.00
16500 000000	DUE FROM OTHER GOVERNMENTAL UNITS BALANCE BROUGHT FORWARD	39,288,480.00
19100 000000	PREPAID ITEMS BALANCE BROUGHT FORWARD	127,272.00
27400 000000	INFRASTRUCTURE AND OTHER IMPROVEMENTS BALANCE BROUGHT FORWARD	49,236.00
27600 000000	FURNITURE AND EQUIPMENT BALANCE BROUGHT FORWARD	0.00
27700 000000	ACC DEPR - FURNITURE & EQUIPMENT BALANCE BROUGHT FORWARD	0.00
31100 000000	ACCOUNTS PAYABLE BALANCE BROUGHT FORWARD	47,034,234.00-
31500 000000	CURRENT INSURANCE LIABILITY BALANCE BROUGHT FORWARD	0.00
32100 000000	ACCRUED SALARIES AND WAGES BALANCE BROUGHT FORWARD	0.00
32900 000000	ACCRUED INTEREST PAYABLE BALANCE BROUGHT FORWARD	67,798.00-
33100 000000	DEPOSITS PAYABLE BALANCE BROUGHT FORWARD	0.00
35700 000000	DUE TO COMPONENT UNIT/PRIMARY BALANCE BROUGHT FORWARD	277,773.00-

BEGINNING TRIAL BALANCE BY FUND  
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680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
15 8 100031 68500100 FLA HEALTHY KIDS CORPORATION

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
38600 000000	CURRENT COMPENSATED ABSENCES LIABILITY BALANCE BROUGHT FORWARD	247,340.00-
38900 000000	DEFERRED REVENUES BALANCE BROUGHT FORWARD	15,780,828.00-
54900 000000	ASSIGNED FUND BALANCE BALANCE BROUGHT FORWARD	13,067,228.00-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND  
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680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
 20 2 003001 68200000 HEALTH CARE TRUST FUND/AHCA

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

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

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

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	12,925,411.38
35300 181010	DUE TO OTHER DEPARTMENTS TR/TOBACCO SUR/DOH BIO TF	3,740,459.25-
54900 000000	ASSIGNED FUND BALANCE BALANCE BROUGHT FORWARD	9,184,952.13-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

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

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100 000000	CASH ON HAND BALANCE BROUGHT FORWARD	410,488.61
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	49,876,553.74
15100 000100 000300 001200	ACCOUNTS RECEIVABLE	842,047.12 1,926,256.00 6,675,494.77
	** GL 15100 TOTAL	9,443,797.89
15900 000100 000300 001200	ALLOWANCE FOR UNCOLLECTIBLES	42,059.97- 579,379.20- 3,832,624.12-
	** GL 15900 TOTAL	4,454,063.29-
16200 001500	DUE FROM STATE FUNDS, WITHIN DEPART.	821,892.88
16300 000200 001500 001600	DUE FROM OTHER DEPARTMENTS	200.00 2,917,393.83 1,339.21
	** GL 16300 TOTAL	2,918,933.04
16400 000700	DUE FROM FEDERAL GOVERNMENT	5,716,559.36
25700 000000	ADVANCES TO OTHER FUNDS WITHIN DEPARTM BALANCE BROUGHT FORWARD	20,000.00
31100 010000 010000 CF 030000 030000 CF 040000 040000 CF 100777 100777 CF 102100 102100 CF	ACCOUNTS PAYABLE SALARIES AND BENEFITS SALARIES AND BENEFITS OTHER PERSONAL SERVICES OTHER PERSONAL SERVICES EXPENSES EXPENSES CONTRACTED SERVICES CONTRACTED SERVICES MEDICAID SURVEILLANCE MEDICAID SURVEILLANCE	74,427.45 708,588.01- 0.00 4,973.62- 0.00 210,473.41- 3,542.00 428,085.00- 0.00 1,526.98-
	** GL 31100 TOTAL	1,275,677.57-



BEGINNING TRIAL BALANCE BY FUND  
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680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
20 2 003001 68700700 HEALTH CARE TRUST FUND/AHCA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
35300	DUE TO OTHER DEPARTMENTS	
040000	EXPENSES	5,647.82-
040000 CF	EXPENSES	29,963.47-
100777	CONTRACTED SERVICES	3,542.00-
181015	TR/DOH/CERT NURSING ASST	34,500.42-
	** GL 35300 TOTAL	73,653.71-
35600	DUE TO GENERAL REVENUE	
310322	SERVICE CHARGE TO GEN REV	1,104,916.26-
38600	CURRENT COMPENSATED ABSENCES LIABILITY	
010000	SALARIES AND BENEFITS	74,427.45-
38900	DEFERRED REVENUES	
000100		263,995.76-
000300		725,285.71-
001200		2,432,854.65-
	** GL 38900 TOTAL	3,422,136.12-
54900	ASSIGNED FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	58,803,351.12-
55100	FUND BALANCE RESERVED FOR ENCUMBRANCES	
000000	BALANCE BROUGHT FORWARD	0.00
55900	OTHER FUND BALANCE RESERVED	
000100		0.00
	*** FUND TOTAL	0.00

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100 000000	CASH ON HAND BALANCE BROUGHT FORWARD	4,542.30
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	3,651,832.38
16400 000700	DUE FROM FEDERAL GOVERNMENT	2,094,319.96
31100	ACCOUNTS PAYABLE	
010000	SALARIES AND BENEFITS	3,477.87
010000 CF	SALARIES AND BENEFITS	283,398.44-
030000	OTHER PERSONAL SERVICES	0.00
030000 CF	OTHER PERSONAL SERVICES	13,470.09-
040000	EXPENSES	0.00
040000 CF	EXPENSES	105,302.30-
060000	OPERATING CAPITAL OUTLAY	0.00
060000 CF	OPERATING CAPITAL OUTLAY	36,732.04-
100777	CONTRACTED SERVICES	100.44
100777 CF	CONTRACTED SERVICES	363,845.12-
109910	STATE OPERATIONS-ARRA 2009	0.00
109910 CF	STATE OPERATIONS-ARRA 2009	257,882.29-
109911	G/A-CONTRAC SVCS-ARRA 2009	0.00
109911 CF	G/A-CONTRAC SVCS-ARRA 2009	1,786,734.20-
	** GL 31100 TOTAL	2,843,786.17-
35200	DUE TO STATE FUNDS, WITHIN DEPARTMENT	
180200	TR/GENERAL REVENUE-SWCAP	821,892.88-
181011	TR/AGY/PUB HLTH-SOC WLF AG	2,000,000.00-
	** GL 35200 TOTAL	2,821,892.88-
35300	DUE TO OTHER DEPARTMENTS	
040000	EXPENSES	831.30-
040000 CF	EXPENSES	15,526.69-
100777	CONTRACTED SERVICES	6,907.42-
100777 CF	CONTRACTED SERVICES	30,428.75-
210010	TRC - DMS	0.00
210010 CF	TRC - DMS	26,464.78-
	** GL 35300 TOTAL	80,158.94-
35600	DUE TO GENERAL REVENUE	
310322	SERVICE CHARGE TO GEN REV	1,378.78-

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
38600 010000	CURRENT COMPENSATED ABSENCES LIABILITY SALARIES AND BENEFITS	3,477.87-
54900 000000	ASSIGNED FUND BALANCE BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

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

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

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

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

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

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

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	125,016.51
31100 102342 CF	ACCOUNTS PAYABLE CHILDRENS MED SVCS NETWORK	0.00
35200 100784	DUE TO STATE FUNDS, WITHIN DEPARTMENT G/A-CONTRACT SVCS-FHK ADMN	125,016.51-
35300 102342 CF	DUE TO OTHER DEPARTMENTS CHILDRENS MED SVCS NETWORK	0.00
54900 000000	ASSIGNED FUND BALANCE BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

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JULY 01, 2011

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

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



BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	0.00
16200 001500	DUE FROM STATE FUNDS, WITHIN DEPART.	125,016.51
35300 181007	DUE TO OTHER DEPARTMENTS TR/DFS/TOBACCO CLEARING TF	125,016.51-
54900 000000	ASSIGNED FUND BALANCE BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

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

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

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

BEGINNING TRIAL BALANCE BY FUND  
 JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	3,134,291.78
31100	ACCOUNTS PAYABLE	
100777	CONTRACTED SERVICES	0.00
100777 CF	CONTRACTED SERVICES	253,657.14-
	** GL 31100 TOTAL	253,657.14-
35600 310322	DUE TO GENERAL REVENUE SERVICE CHARGE TO GEN REV	128,978.32-
54900 000000	ASSIGNED FUND BALANCE BALANCE BROUGHT FORWARD	2,751,656.32-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND  
 JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	1,583,321.83
31100	ACCOUNTS PAYABLE	
000000	BALANCE BROUGHT FORWARD	0.00
100777	CONTRACTED SERVICES	0.00
100777 CF	CONTRACTED SERVICES	7,931.25-
102342 CF	CHILDRENS MED SVCS NETWORK	0.00
	** GL 31100 TOTAL	7,931.25-
35300	DUE TO OTHER DEPARTMENTS	
102340	MEDIKIDS	0.00
102342	CHILDRENS MED SVCS NETWORK	0.00
102342 CF	CHILDRENS MED SVCS NETWORK	0.00
	** GL 35300 TOTAL	0.00
54900	ASSIGNED FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	1,575,390.58-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND  
 JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	193,578.00
15100 000100	ACCOUNTS RECEIVABLE	0.00
16400 000700	DUE FROM FEDERAL GOVERNMENT	0.00
31100 100777	ACCOUNTS PAYABLE CONTRACTED SERVICES	0.00
100777	CF CONTRACTED SERVICES	30,608.17-
	** GL 31100 TOTAL	30,608.17-
54900 000000	ASSIGNED FUND BALANCE BALANCE BROUGHT FORWARD	162,969.83-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100 000000	CASH ON HAND BALANCE BROUGHT FORWARD	12,589,837.20
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	178,491,664.57
15100	ACCOUNTS RECEIVABLE	
000100		374,708.69
000500		338,631.69
001200		360,215.58
001800		149,648,398.95
	** GL 15100 TOTAL	150,721,954.91
15900	ALLOWANCE FOR UNCOLLECTIBLES	
000500		30,364.66-
001200		32,419.40-
001800		1,406,447.08-
	** GL 15900 TOTAL	1,469,231.14-
16300 040000	DUE FROM OTHER DEPARTMENTS EXPENSES	11,257.60
25400 001800	OTHER LOANS AND NOTES RECEIVABLE	1,008,185.59
25900 001800	ALLOWANCE FOR UNCOLLECTIBLES	45,368.35-
31500	CURRENT INSURANCE LIABILITY	
101240	G/A-RURAL HOSP FIN ASST	0.00
101240 CF	G/A-RURAL HOSP FIN ASST	1,703,397.26-
101582	HOSPITAL INPATIENT SERVICE	0.00
101582 CF	HOSPITAL INPATIENT SERVICE	234,834,202.50-
101583	REGULAR DISPROP SHARE	0.00
101583 CF	REGULAR DISPROP SHARE	31,476,347.50-
101584	LOW INCOME POOL	0.00
101584 CF	LOW INCOME POOL	81,530,323.93-
101596	HOSPITAL OUTPATIENT SVCS	0.00
101596 CF	HOSPITAL OUTPATIENT SVCS	43,348,353.00-
102541	PHYSICIAN SERVICES	0.00
102541 CF	PHYSICIAN SERVICES	271,824.00-
102681	PRESCRIBED MEDICINE/DRUGS	0.00
102681 CF	PRESCRIBED MEDICINE/DRUGS	98,054,022.29-
103742	CLINIC SERVICES	0.00
103742 CF	CLINIC SERVICES	16,396,032.00-
	** GL 31500 TOTAL	507,614,502.48-

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
38900	DEFERRED REVENUES	
000500		246,210.87-
001200		327,796.18-
001800		55,713,700.19-
	** GL 38900 TOTAL	56,287,707.24-
48900	DEFERRED REVENUE - LONG TERM	
001800		962,817.24-
54900	ASSIGNED FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	223,556,726.58
	*** FUND TOTAL	0.00



BEGINNING TRIAL BALANCE BY FUND  
 JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100 000000	CASH ON HAND BALANCE BROUGHT FORWARD	31,107.16
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	33,398,322.19
15100 000100 000300	ACCOUNTS RECEIVABLE	0.00
	** GL 15100 TOTAL	1,037,609.07 1,037,609.07
15900 000300	ALLOWANCE FOR UNCOLLECTIBLES	280,247.05-
16300 000300	DUE FROM OTHER DEPARTMENTS	336,755.72
31500 101649 101649 102233 102233	CURRENT INSURANCE LIABILITY ICF/DD COMMUNITY CF ICF/DD COMMUNITY NURSING HOME CARE CF NURSING HOME CARE	0.00 2,048,753.49- 0.00 99,934,440.34-
	** GL 31500 TOTAL	101,983,193.83-
48800 000100	UNEARNED REVENUE - LONG TERM	27,292,183.53-
54900 000000	ASSIGNED FUND BALANCE BALANCE BROUGHT FORWARD	94,751,830.27
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	23,013,541.71
16400 000700	DUE FROM FEDERAL GOVERNMENT	0.00
31100	ACCOUNTS PAYABLE	
100777	CONTRACTED SERVICES	0.00
100777 CF	CONTRACTED SERVICES	574,192.42-
	** GL 31100 TOTAL	574,192.42-
31500	CURRENT INSURANCE LIABILITY	
102340	MEDIKIDS	0.00
102340 CF	MEDIKIDS	1,197,188.67-
102342	CHILDRENS MED SVCS NETWORK	0.00
102342 CF	CHILDRENS MED SVCS NETWORK	15,840,174.57-
	** GL 31500 TOTAL	17,037,363.24-
35300	DUE TO OTHER DEPARTMENTS	
102342	CHILDRENS MED SVCS NETWORK	77,926.77-
181353	TR/ACHA/CMS-FEDERAL MATCH	1,697,994.94-
	** GL 35300 TOTAL	1,775,921.71-
54900 000000	ASSIGNED FUND BALANCE BALANCE BROUGHT FORWARD	3,626,064.34-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	57,180,708.97
16400 000700	DUE FROM FEDERAL GOVERNMENT	234,582.74
31100	ACCOUNTS PAYABLE	
010000	SALARIES AND BENEFITS	16,711.53
010000 CF	SALARIES AND BENEFITS	535,443.09-
030000	OTHER PERSONAL SERVICES	0.00
030000 CF	OTHER PERSONAL SERVICES	3,261,856.03-
040000	EXPENSES	8,835.63-
040000 CF	EXPENSES	100,445.76-
060000	OPERATING CAPITAL OUTLAY	0.00
060000 CF	OPERATING CAPITAL OUTLAY	1,649.70-
100693	CONT NRSNG HOME AUD PRG	0.00
100693 CF	CONT NRSNG HOME AUD PRG	275,789.10-
100777	CONTRACTED SERVICES	364.56
100777 CF	CONTRACTED SERVICES	9,202,767.77-
102086	MEDICAID FISCAL CONTRACT	0.00
102086 CF	MEDICAID FISCAL CONTRACT	4,712.01-
102093	MEDICAID PEER REVIEW	0.00
102093 CF	MEDICAID PEER REVIEW	11,472.50-
	** GL 31100 TOTAL	13,385,895.50-
31500	CURRENT INSURANCE LIABILITY	
102086	MEDICAID FISCAL CONTRACT	0.00
102086 CF	MEDICAID FISCAL CONTRACT	21,212,531.31-
	** GL 31500 TOTAL	21,212,531.31-
35300	DUE TO OTHER DEPARTMENTS	
010000	SALARIES AND BENEFITS	467.53-
040000	EXPENSES	287.17-
040000 CF	EXPENSES	46,752.00-
100777	CONTRACTED SERVICES	125,921.95-
181011	TR/AGY/PUB HLTH-SOC WLF AG	6,574,842.56-
	** GL 35300 TOTAL	6,748,271.21-
38600	CURRENT COMPENSATED ABSENCES LIABILITY	
010000	SALARIES AND BENEFITS	16,711.53-
54900	ASSIGNED FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	16,051,882.16-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100 000000	CASH ON HAND BALANCE BROUGHT FORWARD	80,973.67
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	6,681,813,239.58
14300 000000	SPECIAL INVESTMENTS W/STATE TREASURY BALANCE BROUGHT FORWARD	8,077,652.88
15100 000000 001800	ACCOUNTS RECEIVABLE BALANCE BROUGHT FORWARD	182,378.22 90,711,963.74
	** GL 15100 TOTAL	90,894,341.96
15900 001800	ALLOWANCE FOR UNCOLLECTIBLES	5,057,827.72-
16200 001500	DUE FROM STATE FUNDS, WITHIN DEPART.	2,000,000.00
16300 001500	DUE FROM OTHER DEPARTMENTS	4,390,674.17
25400 001800	OTHER LOANS AND NOTES RECEIVABLE	9,130,532.51
25900 001800	ALLOWANCE FOR UNCOLLECTIBLES	335,825.90-
31100 000000 105445 105445 310018	ACCOUNTS PAYABLE BALANCE BROUGHT FORWARD MEDICAID SCHOOL REFINANCE CF MEDICAID SCHOOL REFINANCE DIST OF DONATE ORG-PASS IT ON LIC PLATE FUN	8,085,758.93- 0.00 25,489,267.20- 0.00
	** GL 31100 TOTAL	33,575,026.13-
31500 100436 100436 100616 100616 101240 101240 101246 101246	CURRENT INSURANCE LIABILITY THERAPEUTIC SVCS - CHILD CF THERAPEUTIC SVCS - CHILD COMMUNITY MENTAL HEALTH SV CF COMMUNITY MENTAL HEALTH SV G/A-RURAL HOSP FIN ASST CF G/A-RURAL HOSP FIN ASST FAMILY PLANNING CF FAMILY PLANNING	0.00 4,540,835.65- 0.00 6,217,615.48- 0.00 2,204,294.55- 0.00 2,491,458.51-

BEGINNING TRIAL BALANCE BY FUND  
 JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
101405	HEALTHY START SERVICES	0.00
101405 CF	HEALTHY START SERVICES	11,910,070.96-
101561	HOME HEALTH SERVICES	0.00
101561 CF	HOME HEALTH SERVICES	23,835,406.12-
101575	HOSPICE SERVICES	0.00
101575 CF	HOSPICE SERVICES	24,685,510.59-
101582	HOSPITAL INPATIENT SERVICE	0.00
101582 CF	HOSPITAL INPATIENT SERVICE	526,424,595.76-
101583	REGULAR DISPROP SHARE	0.00
101583 CF	REGULAR DISPROP SHARE	39,644,531.50-
101584	LOW INCOME POOL	0.00
101584 CF	LOW INCOME POOL	55,042,628.68-
101585	FREESTANDING DIALYSIS CTRS	0.00
101585 CF	FREESTANDING DIALYSIS CTRS	2,646,059.67-
101589	HOSPITAL INSURANCE BENEFIT	0.00
101589 CF	HOSPITAL INSURANCE BENEFIT	30,490,781.18-
101596	HOSPITAL OUTPATIENT SVCS	0.00
101596 CF	HOSPITAL OUTPATIENT SVCS	195,306,646.88-
101938	RESPIRATORY THERAPY SVCS	0.00
101938 CF	RESPIRATORY THERAPY SVCS	212,079.81-
102212	NURSE PRACTITIONER SERVICE	0.00
102212 CF	NURSE PRACTITIONER SERVICE	2,001,009.43-
102234	BIRTHING CENTER SERVICES	0.00
102234 CF	BIRTHING CENTER SERVICES	268,269.67-
102324	OTHER LAB & X-RAY SERVICES	0.00
102324 CF	OTHER LAB & X-RAY SERVICES	1,414,929.49-
102387	PATIENT TRANSPORTATION	3,430,701.42
102387 CF	PATIENT TRANSPORTATION	3,346,517.48-
102540	PHYSICAL REHAB THERAPY	0.00
102540 CF	PHYSICAL REHAB THERAPY	678,658.07-
102541	PHYSICIAN SERVICES	0.00
102541 CF	PHYSICIAN SERVICES	118,509,586.51-
102681	PRESCRIBED MEDICINE/DRUGS	0.00
102681 CF	PRESCRIBED MEDICINE/DRUGS	3,128,126.98-
102685	PRIVATE DUTY NURSING SVCS	0.00
102685 CF	PRIVATE DUTY NURSING SVCS	17,220,894.98-
103558	MEDIPASS SERVICES	0.00
103558 CF	MEDIPASS SERVICES	838,211.93-
103742	CLINIC SERVICES	0.00
103742 CF	CLINIC SERVICES	6,933,394.42-
	** GL 31500 TOTAL	1,076,561,412.88-
35300	DUE TO OTHER DEPARTMENTS	
102387	PATIENT TRANSPORTATION	3,430,701.42-
181011	TR/AGY/PUB HLTH-SOC WLF AG	357,505.72-
	** GL 35300 TOTAL	3,788,207.14-

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
38900 001800	DEFERRED REVENUES	27,287,367.94-
48900 001800	DEFERRED REVENUE - LONG TERM	8,794,706.61-
54900 000000	ASSIGNED FUND BALANCE BALANCE BROUGHT FORWARD	5,640,987,040.45-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	6,273,394,221.34-
16300	DUE FROM OTHER DEPARTMENTS	
001000		35,982,335.49
001500		28,621,994.21
	** GL 16300 TOTAL	64,604,329.70
25100 001500	ADVANCES TO OTHER FUNDS BETWEEN DEPART	3,478,978.33
31500	CURRENT INSURANCE LIABILITY	
100602	ASSISTIVE CARE SERVICES	0.00
100602 CF	ASSISTIVE CARE SERVICES	1,590,510.26-
101554	HOME & COMMUNITY BASED SVC	0.00
101554 CF	HOME & COMMUNITY BASED SVC	12,469,057.97-
101557	ALF WAIVER	0.00
101557 CF	ALF WAIVER	7,520,645.84-
101644	ICF/MR - SUNLAND CENTER	0.00
101644 CF	ICF/MR - SUNLAND CENTER	8,867,731.11-
101649	ICF/DD COMMUNITY	0.00
101649 CF	ICF/DD COMMUNITY	33,019,961.04-
102233	NURSING HOME CARE	0.00
102233 CF	NURSING HOME CARE	123,260,130.19-
103556	ST MENTAL HEALTH HOSP PRG	0.00
103556 CF	ST MENTAL HEALTH HOSP PRG	2,421,389.24-
	** GL 31500 TOTAL	189,149,425.65-
48900 001500	DEFERRED REVENUE - LONG TERM	3,478,978.33-
54900 000000	ASSIGNED FUND BALANCE BALANCE BROUGHT FORWARD	6,397,939,317.29
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

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



BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

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

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

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

BEGINNING TRIAL BALANCE BY FUND  
 JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11100 000000	CASH ON HAND BALANCE BROUGHT FORWARD	772,666.00
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	616,786,226.19
15100 000300 001200	ACCOUNTS RECEIVABLE	37,249,478.28
	** GL 15100 TOTAL	5,789.01 37,255,267.29
15900 000300 001200	ALLOWANCE FOR UNCOLLECTIBLES	3,895,879.73-
	** GL 15900 TOTAL	1,982.00- 3,897,861.73-
16300 001500	DUE FROM OTHER DEPARTMENTS	313,412.04
38900 000300 001200	DEFERRED REVENUES	11,673,759.49-
	** GL 38900 TOTAL	3,807.01- 11,677,566.50-
54900 000000	ASSIGNED FUND BALANCE BALANCE BROUGHT FORWARD	639,552,143.29-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

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

BEGINNING TRIAL BALANCE BY FUND  
 JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	1,325,712.35
16300 001510	DUE FROM OTHER DEPARTMENTS	7,101,322.28
31500	CURRENT INSURANCE LIABILITY	
100062	ADULT VISION/HEARING SVCS	0.00
100062 CF	ADULT VISION/HEARING SVCS	179,187.41-
100311	CASE MANAGEMENT	0.00
100311 CF	CASE MANAGEMENT	67,354.05-
100436	THERAPEUTIC SVCS - CHILD	0.00
100436 CF	THERAPEUTIC SVCS - CHILD	2,160.26-
100919	DEVEL EVAL & INTERV/PART C	0.00
100919 CF	DEVEL EVAL & INTERV/PART C	690.50-
101029	EARLY/PERIOD SCREEN/CHILD	0.00
101029 CF	EARLY/PERIOD SCREEN/CHILD	54,915.44-
101246	FAMILY PLANNING	0.00
101246 CF	FAMILY PLANNING	9,503.47-
101596	HOSPITAL OUTPATIENT SVCS	0.00
101596 CF	HOSPITAL OUTPATIENT SVCS	482,575.67-
102324	OTHER LAB & X-RAY SERVICES	0.00
102324 CF	OTHER LAB & X-RAY SERVICES	86,546.26-
102387	PATIENT TRANSPORTATION	0.00
102387 CF	PATIENT TRANSPORTATION	2,123.70-
102541	PHYSICIAN SERVICES	0.00
102541 CF	PHYSICIAN SERVICES	587,409.66-
102673	PREPAID HEALTH PLANS	0.00
102673 CF	PREPAID HEALTH PLANS	4,067,157.82-
102681	PRESCRIBED MEDICINE/DRUGS	0.00
102681 CF	PRESCRIBED MEDICINE/DRUGS	767,900.43-
103276	RURAL HEALTH SERVICES	0.00
103276 CF	RURAL HEALTH SERVICES	192.02-
103529	SPEECH THERAPY SERVICES	0.00
103529 CF	SPEECH THERAPY SERVICES	673.16-
103558	MEDIPASS SERVICES	0.00
103558 CF	MEDIPASS SERVICES	23,365.00-
103742	CLINIC SERVICES	0.00
103742 CF	CLINIC SERVICES	64,587.94-
	** GL 31500 TOTAL	6,396,342.79-
54900 000000	ASSIGNED FUND BALANCE BALANCE BROUGHT FORWARD	2,030,691.84-
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

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

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

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

BEGINNING TRIAL BALANCE BY FUND  
 JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
27600	FURNITURE AND EQUIPMENT	
000000	BALANCE BROUGHT FORWARD	9,613,347.01
040000	EXPENSES	341,964.35-
060000	OPERATING CAPITAL OUTLAY	2,542,360.35-
100021	ACQUISITION/MOTOR VEHICLES	213,874.00-
210008	DCF DATA CENTER	60,433.00-
	** GL 27600 TOTAL	6,454,715.31
27700	ACC DEPR - FURNITURE & EQUIPMENT	
000000	BALANCE BROUGHT FORWARD	42,024.96-
040000	EXPENSES	8,639.00-
060000	OPERATING CAPITAL OUTLAY	5,410,480.34-
100021	ACQUISITION/MOTOR VEHICLES	15,737.00-
210008	DCF DATA CENTER	4,613.33-
	** GL 27700 TOTAL	5,481,494.63-
54900	ASSIGNED FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	973,220.68-
	*** FUND TOTAL	0.00



BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
27600	FURNITURE AND EQUIPMENT	
040000	EXPENSES	0.00
060000	OPERATING CAPITAL OUTLAY	0.00
	** GL 27600 TOTAL	0.00
27700	ACC DEPR - FURNITURE & EQUIPMENT	
060000	OPERATING CAPITAL OUTLAY	0.00
	*** FUND TOTAL	0.00

BEGINNING TRIAL BALANCE BY FUND  
 JULY 01, 2011

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

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
31500 000000	CURRENT INSURANCE LIABILITY BALANCE BROUGHT FORWARD	382,464,801.83-
38600 000000	CURRENT COMPENSATED ABSENCES LIABILITY BALANCE BROUGHT FORWARD	4,253,081.15-
48500 000000	INSTALLMENT PURCHASE CONTRACTS BALANCE BROUGHT FORWARD	0.00
48600 000000	COMPENSATED ABSENCES LIABILITY BALANCE BROUGHT FORWARD	14,957,808.77-
49900 000000	OTHER LONG-TERM LIABILITIES BALANCE BROUGHT FORWARD	40,273,716.00-
54900 000000	ASSIGNED FUND BALANCE BALANCE BROUGHT FORWARD	441,949,407.75
	*** FUND TOTAL	0.00 E



# Schedule I Series

**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.

<b>Revenue:</b>		
Total Revenue for FY 11-12	993,467,237	
<b>Gross Revenue</b>		993,467,237
<b>Less Revenue Exemptions</b>		
Federal Funds:		
CLIA	2,495,155	
CLIA Indirect	155,112	
Title XVIII	9,671,535	
Title XVIII indirect	1,017,938	
Title XIX	6,918,319	
Title XIX indirect	888,733	
Background Screening Grant	1,734,857	
Total Federal Funds		22,881,649
General Revenue Service Charge 8%		5,702,847
Non Operating Transfer:		
FDLE Level 2 Screening	1,122,000	
DOH Cert Nursing Asst.	225,000	
DOH Local Health Council	1,300,000	
Transfer Section 215	12,000,000	
Transfer to ATF	13,619,620	
Transfer to DOH	28,985,225	
Total Non-operating Transfers		57,251,845
<b>Total Revenue Exemptions</b>		85,836,341
<b>Total Revenue Subject to 5% Reserve</b>		907,630,896
<b>Total 5% reserve for Health Care Trust Fund</b>		<b>45,381,545</b>

**Section III Adjustments Narrative:**

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

Current Year Adjustments of \$964,897 are due tos, due froms, and reclass of general ledger codes.

Prior Year Adjustments of \$(1,780,160) 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 :**

Health Care Trust Fund - 2003

<b>Transfers In (Provide Agency and Fund Number Received From)</b>	<b>Transfer Category</b>	<b>Amount FY 10-11 (A01)</b>	<b>Amount FY 11-12 (A02)</b>	<b>Amount FY 12-13 (A03)</b>	<b>Confirmed By</b>
68501400 Transfer in from DPBR (79202086001) 2086	001500	369,761,332	629,300,000	623,800,000	Mary Townsend 850-717-1553
68501500 Transfer in from DPBR (79202086001) 2086	001500	540,000,000	270,000,000	270,000,000	Mary Townsend 850-717-1553

<b>Transfers Out (Operating and Non-Operating) (Provide Agency and Fund Number Transferred To)</b>	<b>Transfer Category</b>				
68501400 Transfer out to DOH (6420224500164200800) 2450	181010	53,740,459	28,985,225	25,000,000	Dawne Sutherland 850-245-4537
68700700 Transfer out to DOH (6410202103364100200) 2021	181015	17,734	36,000	36,000	Dawne Sutherland 850-245-4537
68700700 Transfer out to DOH (6450235200164400100) 2352	181015	94,301	189,000	189,000	Dawne Sutherland 850-245-4537
68700700 Transfer out to DMS (7220251015072970100) 2510	100565	387,345	324,509	324,509	Jamie Stern 850-488-9675
68700700 Transfer out to DOH (6420233906064400200) 2339	181009	1,135,263	1,300,000	1,200,000	Dawne Sutherland 850-245-4537

**SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS**

**Department:** 68 Health Care Administrati      **Budget Period: 2012-13**  
**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 2010 - 11</b>	<b>FY 2011 - 12</b>	<b>FY 2012 - 13</b>
<u>Receipts:</u>			
<u>Abortion Clinic</u>	26,416	25,142	25,142
<u>AFCH</u>	64,692	78,129	78,129
<u>ALF Facility</u>	3,904,961	3,931,452	3,931,452
<u>ADC Facility</u>	9,559	23,398	23,398
<u>Amb. Surgical Center</u>	463,113	436,693	436,693
<u>Birth Center</u>	8,280	7,523	7,523
<u>Crisis Stabilization Units</u>	164,989	137,189	137,189
<u>Diagnostic imaging</u>	0	0	0
<u>Forensic Lab</u>	67,337	113,962	113,962
<u>HMO</u>	1,643,382	1,994,775	1,994,775
<u>HMO-WC</u>	0	218,872	218,872
<u>H, C, &amp; Ss</u>	91,217	135,688	135,688
<u>Health Care Clinics</u>	2,912,994	2,752,012	2,752,012
<u>Health Care Services Pool</u>	215,761	223,629	223,629
<u>Home Health</u>	3,299,757	4,580,318	4,580,318
<u>Home Medical Equipment</u>	345,372	418,239	418,239
<u>Home Spec. Service</u>	713	2,346	2,346
<u>Hospice</u>	38,792	34,357	34,357
<u>Hospital</u>	1,503,724	1,337,457	1,337,457
<u>ICF/DD</u>	279,671	347,752	347,752
<u>Laboratory</u>	1,268,216	1,542,312	1,542,312
<u>Multiphasic Center</u>	3,746	3,496	3,496
<u>Nurse Registry</u>	346,274	507,246	507,246

Organ & Tissue Donor	73,622	89,215	89,215
Organ Procurement	517,400	390,169	390,169
PPECS	46,073	32,347	32,347
Radiation Therapy	0	0	0
Residential Treatment	276,870	239,214	239,214
Risk Management	97,375	147,562	147,562
SNF Home	4,846,231	4,171,901	4,171,901
Trans. Living	26,174	43,591	43,591
UTIL Review	87	965	965
Plans Review	4,178,725	3,483,458	3,483,458

**Total Fee Collection to Line (A) - Section III**      26,721,524      27,450,409      27,450,409

**SECTION II - FULL COSTS**

Direct Costs:

Salaries and Benefits			
Other Personal Services			
Expenses			
Operating Capital Outlay			
Direct Cost Allocation	21,315,391	22,082,958	22,082,958

Indirect Costs Charged to Trust Fund      7,434,002      7,701,700      7,701,700

**Total Full Costs to Line (B) - Section III**      28,749,393      29,784,659      29,784,659

Basis Used: \_\_\_\_\_

**SECTION III - SUMMARY**

TOTAL SECTION I	(A)	26,721,524	27,450,409	27,450,409
TOTAL SECTION II	(B)	28,749,393	29,784,659	29,784,659
<b>TOTAL - Surplus/Deficit</b>	(C)	<b>(2,027,869)</b>	<b>(2,334,250)</b>	<b>(2,334,250)</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, continued efficiencies were obtained in background screening through passage of HB 7069 (effective 8/1/10) and have improved the efficiency of licensure. The bill required the scanning of fingerprints by an outside source and have resulted in faster screening results and moved the workload of fingerprint intake to an outside party. This has allows the existing staff to handle a workload increase from 63,000 to over 200,000 annually.

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

**Response:** The agency received initial legislative approval for a three-year project to implement an online licensing application to replace paper applications and excessive data entry. The project will move the data entry to the applicants and increase efficiency of processing. Additionally, 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, although efficiencies could be achieved through certain regulatory proposed (legislative changes are necessary).

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. Most fees are established in Florida Statutes. Some are established in state rules with a capped maximum amounts in Florida Statutes. For those established in state rule, the actual cost of licensure and surveys are used to



determine the fee. There are a few programs where costs significantly exceed license fees.

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, assistance to applicants and consumers, and the on-site inspection 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 take into account the size of the provider for those with licensed beds (a per-bed fee is assessed in addition to a base licensure fee in most cases). However, some fee exemptions exist that do not equitably address size including the exemption from per bed fees for assisted living facilities that serve residents on Optional State Supplementation. In some instances, the capped amounts in the Florida Statutes are too low to cover the costs, such as the \$50 fee for homemaker companion services, and the \$600 fee for a hospice license that includes all branch locations and inpatient facilities.

There are some fees that correlate to findings or increased workload such as an assisted living facility fee for confirmed complaints and nursing home six-month survey fees, however, these fees are capped in statutes and require legal action to collect (including additional legal costs).

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. Costs are not adequately funded by the licensure fees allowed by statute for each program independently. Suggestions for addressing underfunded programs follow:

Homemaker Companion Services – 400.509(3), The amount of the fee shall be \$330 per biennium.

Hospice – Add a separate inspection fee amount for freestanding inpatient facilities and add increased licensure amount for each branch, inpatient and residential facility.

Home Medical Equipment providers and Nurse Registries - statutory fee increase.

Assisted Living Facilities - options include:

- A. Require licensure fees for Optional State Supplementation (OSS) beds. Florida law exempts facilities that designate their beds as OSS. The current fee for non-OSS beds is \$61 per bed in addition to the \$366 standard licensure fee. Some of the facilities that receive this exemption for the majority of their licensed beds require significant regulatory resources. Eliminating this exemption is an option to offset program costs. There are currently 15,678 OSS beds in Florida, so revenues generated would be \$478,453.50 annually (15,678 x \$61/bed every two years for biennial licensure).
- B. Increase the per-bed, per facility, and/or specialty licensure fees for all providers to offset program deficits.
- C. Assess higher fees at renewal for those facilities that required greater regulatory oversight based on the number of complaint inspections, violations cited, follow up visits required to determine correction of violations and adverse sanctions such as moratoria, suspension, fines, or other actions.
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 was not requested in 2011 since legislative policies have not changed.

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%) **7.05%**

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? **\$2,027,869**

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.	\$522	10/01/06	Yes	\$522	Health Care Trust Fund
<b>Adult Day Care Centers</b>	Licensure Fee	s. 429.907(3), F.S.	\$165	10/01/06	Yes	\$165	Health Care Trust Fund
<b>Adult Family Care Homes</b>	Licensure Fee	s. 429.67(3), F.S.	\$217	10/01/06	No	\$217	Department of Elderly Affairs Administrative Trust Fund
<b>Ambulatory Surgical Centers</b>	Licensure Fee	s. 395.004, F.S.	\$1,608	10/01/06	Yes	\$1,608	Health Care Trust Fund
					Inspection	\$400	Health Care Trust Fund
					Life Safety	\$40	Health Care Trust Fund
<b>Assisted Living Facility</b>							
Standard ALF	Licensure Fee	s. 429.07(4), F.S.	\$13,644	10/01/06	No	\$371 + \$62 per private bed fee	Health Care Trust Fund
	Confirmed Complaint Fee	s. 429.19, F.S.	1/2 licensure fee or \$500		No	1/2 licensure fee or \$500	Health Care Trust Fund
Extended Congrate Care ALF	Licensure Fee	s. 429.07(4), F.S.	\$523 + \$10 per bed fee	10/01/06	No	\$523 + \$10 per bed fee	Health Care Trust Fund
Limited Nursing Service ALF	Licensure Fee	s. 429.07(4), F.S.	\$309 + \$10 per bed fee	10/01/06	No	\$309 + \$10 per bed fee	Health Care Trust Fund
<b>Birth Centers</b>	Licensure Fee	s. 383.305, F.S.	\$376	10/01/06	Yes	\$376	Health Care Trust Fund
	Survey Fee	s. 383.324, F.S.	\$250	10/01/06	Yes	\$250	Health Care Trust Fund
	Validation Inspection	s. 383.324, F.S.	\$250	10/01/06	Yes	\$250	Health Care Trust Fund
<b>Clinical Laboratory</b>	Licensure Fee	s. 483.172, F.S.	\$3,919	10/01/06	Yes	\$100 to Max based on test & specialties	Health Care Trust Fund
<b>Crisis Stabilization Unit &amp; Short Term Residential Treatment Facility</b>	Licensure Fee	s. 394.877, F.S.	\$195 per bed	10/01/06	Yes	\$195 per bed	Health Care Trust Fund
<b>Drug Free Workplace Lab</b>	Licensure Fee	s. 112.0455(17), F.S.	\$20,000	10/01/06	Yes	\$16,435	Health Care Trust Fund
	Licensure Fee	s. 400.9925	\$2,000		No	\$2,000	Health Care Trust Fund

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 Clinics</b>	Exemption Fee	s. 400.9925	\$100		No	\$100	Health Care Trust Fund
	Fingerprinting Fee	s. 400.9925	\$47	N/A	No	\$47	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>							
<b>Health Care Risk Managers</b>	Application Fee	s. 395.10974(3), F.S.	\$75	07/01/03	No**	\$51	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**	\$58.25	Health Care Trust Fund
**Fees must be set by rule but, to date, have not been. This will require promulgation of a new rule.							
<b>Health Care Service Pools Temporary staff provided to health care facilities)</b>	Registration Fee	s. 400.980(2), F.S.	no cap	amt not in law	Yes	\$616	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 Premiums	12/1/2002		0.00013725% 2010 Annual	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 Premiums	12/1/2002		0.00013725% 2010 Annual	Health Care Trust Fund
Exclusive Provider Orgs	Oversight Expenses	s. 624.6472, FS	0.1% Annual Premiums	12/1/2002		0.00013725% 2010 Annual	Health Care Trust Fund
<b>Workers Comp Managed Care</b>	Application fee	s. 440.134, FS	\$1,000	Unknown	Yes	\$1,000	Health Care Trust Fund
	Every Two Years Renewal fee	s. 440.134, FS	\$1,000	Unknown	Yes	\$1,000	Health Care Trust Fund
<b>Home Health Agency</b>	License fee	s. 400.471(10), FS	\$2,000	10/01/06	Yes	\$1,705	Health Care Trust Fund
	Renewal fee	s. 400.471(10), FS	\$2,000	10/01/06	Yes	\$1,705	Health Care Trust Fund
<b>Home Medical Equipment Providers &amp; Services</b>	Licensure Fee	s. 400.931, F.S.	\$300	10/01/06	Yes	\$300	Health Care Trust Fund
	Survey/Inspection Fee (80% Exempt)	s. 400.931, F.S.	\$400	10/01/06	Yes	\$400	Health Care Trust Fund
<b>Homemakers, Companions &amp; Sitters</b>	Registration Fee	s. 400.509, F.S.	\$50	10/01/06	No	\$50	Health Care Trust Fund
	Licensure Fee	s. 400.801(3), F.S.	\$2,000	amt not in law	No	\$86.00 per bed max of \$1,098	Health Care Trust Fund

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>Hospice Services</b>	Licensure Fee	s. 400.801(3), F.S.	\$1,200	amt not in law	No	\$1,200	Health Care Trust Fund
<b>Hospitals</b>	Licensure Fee	s. 395.004, F.S.	\$31 Per Bed	10/01/06	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
	Accredited Validation Fee	s. 395.0161, F.S.	\$12 per bed		Yes	\$12 Per Bed Min \$400	Health Care Trust Fund
Non-accredited	Inspection Fee	s. 395.0161, F.S.	\$12 per bed		Yes	\$12 Per Bed Min \$400	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>							
<b>Intermediate Care Facility for the Developmental</b>	Licensure Fee	s. 400.962(3), F.S.	\$252 per bed	10/01/06	No	\$252 per bed	Health Care Trust Fund
<b>Multiphasic Health Testing Centers</b>	Licensure Fee	s. 483.291(2), F.S.	\$2,000	Unknown	Yes	\$625	Health Care Trust Fund
<b>Nurse Registry</b>	Licensure Fee	s. 400.506, F.S.	\$2,000	10/01/06	Yes	\$2,000	Health Care Trust Fund
home health services by independent contractors							
<b>Skilled Nursing Facilities</b>	Licensure Fee	s. 400.062, F.S.	\$112.50 per community bed, \$100.25 if a shelter bed	10/01/06	Yes	\$112.50 per community bed, \$100.25 if a shelter bed	Health Care Trust Fund
	Resident Protection Fee		\$.50 per bed			\$.50 per bed	Resident Protection TF
	Data Assessment Fee	s. 408.20, F.S.	\$20 per bed	10/01/06		\$12 per bed	Health Care Trust Fund
	Additional survey fee	s. 400.19(3), F.S.	\$6,000			\$6,000	Health Care Trust Fund
<b>Organ Procurement Orgs</b>	Application Fee	s. 765.544, F.S.	\$1,000	N/A	No	\$1,000 initial/	Organ & Tissue Donor Trust Fund
Organ Procurement Orgs	Assessment Fee	s. 765.544, F.S.	\$35,000	N/A	No	CHOW	
Tissue Banks	Application Fee	s. 765.544, F.S.	\$1,000	N/A	No	\$1,000 initial/	Organ & Tissue Donor Trust Fund
Tissue Banks	Assessment Fee	s. 765.544, F.S.	\$35,000	N/A	No	CHOW	
Eye Banks	Application Fee	s. 765.544, F.S.	\$500	N/A	No	\$500 initial/	Organ & Tissue Donor Trust Fund
Eye Banks	Assessment Fee	s. 765.544, F.S.	\$35,000	N/A	No	CHOW	
<b>Prescribed Pediatric Extended Care Facilities</b>	Licensure Fee	s. 400.905(2), F.S.	\$3,000	10/01/06	Yes	\$1,448	Health Care Trust Fund
<b>Residential Treatment Facility</b>	Licensure Fee	s. 394.877, F.S.	\$184 per bed	10/01/06	Yes	\$184 per bed	Health Care Trust Fund

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>Residential Treatment Ctrs for Children and Adolescents</b>	Licensure Fee	s. 394.877, F.S.	\$240 per bed	10/01/06	Yes	\$240 per bed	Health Care Trust Fund
<b>Transitional Living Facility</b>	License Fee	s. 400.805(2)(b), F.S.	\$4,458 + \$87 per bed	10/01/06	Yes	\$4,458 + \$87 per bed	Health Care Trust Fund Health Care Trust Fund
<b>Utilization Review - Effective 07/01/09 - no longer required to register with the Agency, therefore fee no longer applicable</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.							

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<u>Budget Period: 2012-2013</u>
<b>Trust Fund Title:</b>	<u>Agency for Health Care Administration</u>
<b>Budget Entity:</b>	<u>Health Care Trust Fund</u>
<b>LAS/PBS Fund Number:</b>	<u>Agency Level</u>
	<u>2003</u>

	Balance as of 6/30/2011		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	62,801,965	(A)		62,801,965
ADD: Other Cash (See Instructions)	410,489	(B)		410,489
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	18,901,183	(D)		18,901,183
ADD: Advance	20,000	(E)		20,000
<b>Total Cash plus Accounts Receivable</b>	82,133,637	(F)	0	82,133,637
LESS: Allowances for Uncollectibles	4,454,063	(G)		4,454,063
LESS: Approved "A" Certified Forwards	1,383,610	(H)		1,383,610
Approved "B" Certified Forwards		(H)		0
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)	4,879,877	(I)		4,879,877
LESS: Payables not Certified Forwards	-68,780		50,596	-18,184
LESS: Deferred Revenue	3,422,136	(J)		3,422,136
LESS: Current Compensated Absences	74,427	(J)		74,427
<b>Unreserved Fund Balance, 07/01/11</b>	67,988,304	(K)	-50,596	67,937,708 **

**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**

<b>Department Title:</b>	<u>Budget Period: 2012 - 2013</u>
<b>Trust Fund Title:</b>	<u>Agency for Health Care Administration</u>
<b>LAS/PBS Fund Number:</b>	<u>Health Care Trust Fund</u>
	<u>2003</u>

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/11**

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	<input type="text" value="67,988,303"/> (A)
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**Subtract Nonspendable Fund Balance (GLC 56XXX)**

<input type="text"/>	(B)
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**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment Due To Federal Government	<input type="text" value="-50,596"/> (C)
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SWFS Adjustment # and Description	<input type="text"/> (C)
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**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	<input type="text"/> (D)
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Approved "C" Carry Forward Total (FCO) per LAS/PBS	<input type="text"/> (D)
--	--------------------------

A/P not C/F-Operating Categories	<input type="text"/> (D)
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<input type="text"/>	(D)
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<input type="text"/>	(D)
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**Rounding**

<input type="text" value="1"/>	(D)
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**ADJUSTED BEGINNING TRIAL BALANCE:**

<input type="text" value="67,937,708"/>	(E)
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**UNRESERVED FUND BALANCE, SCHEDULE IC (Line I)**

<input type="text" value="67,937,708"/>	(F)
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**DIFFERENCE:**

<input type="text" value="0"/>	(G)*
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**\*SHOULD EQUAL ZERO.**

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

Department:	Agency for Health Care Administration	
Fund Name:	Health Care Trust Fund	
FLAIR #.*	003001	
Name, Position, and Telephone No. of Person Completing Form:	Michele Tallent , Budget Director (850) 412-3815	Paula Shirley, Chief, Finance and Accounting (850) 412-3820
<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.	s. 408.16, F.S.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	See Schedule 1, Column A01
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.	
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	

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 Florida Constitution, list the specific exemptions that apply.	
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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. 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 regulatory 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.	

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.	
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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 s. 215.3207, F.S.	
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	
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.	

## **Fund: 2021 Administrative Trust Fund**

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

### **Section III Adjustments Narrative:**

September 2010 reversions \$80,840 are the result of unexpended certified forward appropriations.

Current Year Adjustments of \$1,837,731 are payables not certified forward and due to the reclassification of general

Prior Year Adjustments of \$14,788,614 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

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<u>Budget Period: 2012-2013</u>
<b>Trust Fund Title:</b>	<u>Agency for Health Care Administration</u>
<b>Budget Entity:</b>	<u>Administrative Trust Fund</u>
<b>LAS/PBS Fund Number:</b>	<u>Agency Level</u>
	<u>2021</u>

	Balance as of 6/30/2011		SWFS* Adjustments		Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	3,651,832	(A)			3,651,832
ADD: Other Cash (See Instructions)	4,542	(B)			4,542
ADD: Investments		(C)			0
ADD: Outstanding Accounts Receivable	2,094,320	(D)			2,094,320
ADD: Advance		(E)			0
<b>Total Cash plus Accounts Receivable</b>	5,750,695	(F)	0		5,750,695
LESS: Allowances for Uncollectibles		(G)			0
LESS: Approved "A" Certified Forwards	2,919,785	(H)			2,919,785
Approved "B" Certified Forwards		(H)			0
Approved "FCO" Certified Forwards		(H)			0
LESS: Other Accounts Payable (Nonoperating)	2,823,272	(I)			2,823,272
LESS: Payables not Certified Forwards	4,160				4,160
LESS: Deferred Revenue		(J)			0
LESS: Current Compensated Absences	3,478	(J)			3,478
<b>Unreserved Fund Balance, 07/01/11</b>	(0)	(K)	0		(0)**

**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**

<b>Department Title:</b>	<u>Budget Period: 2012 - 2013</u>
<b>Trust Fund Title:</b>	<u>Agency for Health Care Administration</u>
<b>LAS/PBS Fund Number:</b>	<u>Administrative Trust Fund</u>
	<u>2021</u>

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/11**

Total all GLC's 5XXXX for governmental funds;  (A)  
GLC 539XX for proprietary and fiduciary funds

**Subtract Nonspendable Fund Balance (GLC 56XXX)**

(B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description  (C)

SWFS Adjustment # and Description  (C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS  (D)

Approved "C" Carry Forward Total (FCO) per LAS/PBS  (D)

A/P not C/F-Operating Categories  (D)

(D)

(D)

(D)

**ADJUSTED BEGINNING TRIAL BALANCE:**  (E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line I)**  (F)

**DIFFERENCE:**  (G)\*

**\*SHOULD EQUAL ZERO.**

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

Department:	Agency for Health Care Administration	
Fund Name:	Administrative Trust Fund	
FLAIR #:*	021010	
Name, Position, and Telephone No. of Person Completing Form:	Michele Tallent , Budget Director (850) 412-3815	Paula Shirley, Chief, Finance and Accounting (850) 412-3820
<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 2008-009, Laws of Florida
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	See Schedule 1, Column A01
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.	
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	

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 Florida Constitution, list the specific exemptions that apply.	
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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.	

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.	
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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 s. 215.3207, F.S.	
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	
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.	



**Fund: 2122 Tobacco Settlement Trust Fund**

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

**Section III Adjustments Narrative:**

September 2010 reversions \$756,919 are the result of unexpended certified forward appropriations.

**Revenue Estimating Methodology Narrative:**

Revenue is based on 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 10-11 (A01)</b>	<b>Amount FY 11-12 (A02)</b>	<b>Amount FY 12-13 (A03)</b>	<b>Confirmed By</b>
68500100 Transfer in from DFS (43202123001) 2123	001500	25,065,381	94,996,411	94,996,411	Karen Towels 850-413-2130
68501400 Transfer in from DFS (43202123001) 2123	001500	112,769,360	58,738,330	58,738,330	Karen Towels 850-413-2130
68500200 Transfer in from DFS (43202123001) 2123	001500		400,000		
<b>Transfers Out (Operating and Non-Operating) (Provide Agency and Fund Number Transferred To)</b>	<b>Transfer Category</b>				
68500100 Transfer out to DOH (642021680164300100) 2168	102342	8,880,639	15,619,174	15,619,174	
68501400 Transfer out to DFS (4320212300143010100) 2123	181007	881,936	0	0	Karen Towels 850-413-2130

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2012-2013

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

	Balance as of 6/30/2011		SWFS* Adjustments		Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	125,017	(A)			125,017
ADD: Other Cash (See Instructions)		(B)			0
ADD: Investments		(C)			0
ADD: Outstanding Accounts Receivable	125,017	(D)			125,017
ADD: Advance		(E)			0
<b>Total Cash plus Accounts Receivable</b>	250,034	(F)	0		250,034
LESS: Allowances for Uncollectibles		(G)			0
LESS: Approved "A" Certified Forwards		(H)			0
Approved "B" Certified Forwards		(H)			0
Approved "FCO" Certified Forwards		(H)			0
LESS: Other Accounts Payable (Nonoperating)	250,034	(I)			250,034
LESS: Payables not Certified Forwards					0
LESS: Deferred Revenue		(J)			0
LESS: Current Compensated Absences		(J)			0
<b>Unreserved Fund Balance, 07/01/11</b>	0	(K)	0		0 **

**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**

<b>Department Title:</b>	<u>Budget Period: 2012 - 2013</u>
<b>Trust Fund Title:</b>	<u>Agency for Health Care Administration</u>
<b>LAS/PBS Fund Number:</b>	<u>Tobacco Settlement Trust Fund</u>
	<u>2122</u>

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/11**

Total all GLC's 5XXXX for governmental funds;  (A)  
GLC 539XX for proprietary and fiduciary funds

**Subtract Nonspendable Fund Balance (GLC 56XXX)**

(B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description  (C)

SWFS Adjustment # and Description  (C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS  (D)

Approved "C" Carry Forward Total (FCO) per LAS/PBS  (D)

A/P not C/F-Operating Categories  (D)

(D)

(D)

**Rounding**

(D)

**ADJUSTED BEGINNING TRIAL BALANCE:**

(E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line I)**

(F)

**DIFFERENCE:**

(G)\*

**\*SHOULD EQUAL ZERO.**

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

Department:	Agency for Health Care Administration	
Fund Name:	Tobacco Settlement Trust Fund	
FLAIR #:*	122018	
Name, Position, and Telephone No. of Person Completing Form:	Michele Tallent , Budget Director (850) 412-3815	Paula Shirley, Chief, Finance and Accounting (850) 412-3820
<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.	s. 20.425, F.S.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	See Schedule 1, Column A01
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.	
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	

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 Florida Constitution, list the specific exemptions that apply.	
---	--	--

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.
9	Describe any modifications the agency is requesting when this fund is re-created/retained. Attach draft legislation to accomplish the requested change.	

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.	
----	---	--

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 s. 215.3207, F.S.	
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	
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.	

## 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 11-12	1,642,555	
<b>Gross Revenue</b>		1,642,555
<b>Less Revenue Exemptions</b>		
General Revenue Service Charge 8%		131,404
Non Operating Transfer: Transfer Section 215		
Total Non-operating Transfers		0
<b>Total Revenue Exemptions</b>		131,404
<b>Total Revenue Subject to 5% Reserve</b>		1,511,151
<b>Total 5% reserve for Quality Long-Term Care Trust Fund</b>		<b>75,558</b>

### Section III Adjustments Narrative:

### Revenue Estimating Methodology Narrative:

Calculations were based on historical collections.

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2012-2013

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

	Balance as of 6/30/2011		SWFS* Adjustments		Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	3,134,292	(A)			3,134,292
ADD: Other Cash (See Instructions)		(B)			0
ADD: Investments		(C)			0
ADD: Outstanding Accounts Receivable		(D)			0
ADD: Advance		(E)			0
<b>Total Cash plus Accounts Receivable</b>	3,134,292	(F)	0		3,134,292
LESS: Allowances for Uncollectibles		(G)			0
LESS: Approved "A" Certified Forwards	253,657	(H)			253,657
Approved "B" Certified Forwards		(H)			0
Approved "FCO" Certified Forwards		(H)			0
LESS: Other Accounts Payable (Nonoperating)	128,978	(I)			128,978
LESS: Payables not Certified Forwards					0
LESS: Deferred Revenue		(J)			0
LESS: Current Compensated Absences		(J)			0
<b>Unreserved Fund Balance, 07/01/11</b>	2,751,656	(K)	0		2,751,656 **

**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: 2012 - 2013**

**Department Title:**

**Agency for Health Care Administration**

**Trust Fund Title:**

**Quality of Long-Term Care Facility Improvement Trust Fund**

**LAS/PBS Fund Number:**

**2126**

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/11**

Total all GLC's 5XXXX for governmental funds;  
GLC 539XX for proprietary and fiduciary funds

(A)

**Subtract Nonspendable Fund Balance (GLC 56XXX)**

(B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description

(C)

SWFS Adjustment # and Description

(C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS

(D)

Approved "C" Carry Forward Total (FCO) per LAS/PBS

(D)

A/P not C/F-Operating Categories

(D)

(D)

(D)

**Rounding**

(D)

**ADJUSTED BEGINNING TRIAL BALANCE:**

(E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line I)**

(F)

**DIFFERENCE:**

(G)\*

**\*SHOULD EQUAL ZERO.**

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

Department:	Agency for Health Care Administration	
Fund Name:	Quality of Long Term Care Improvement Trust Fund	
FLAIR #:*	126001	
Name, Position, and Telephone No. of Person Completing Form:	Michele Tallent , Budget Director (850) 412-3815	Paula Shirley, Chief, Finance and Accounting (850) 412-3820
<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.	s. 400.0239, F.S.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	See Schedule 1, Column A01
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.	
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	

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 Florida Constitution, list the specific exemptions that apply.	
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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.	

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.	
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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 s. 215.3207, F.S.	
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	
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.	

**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 11-12	1,947,487,205	
<b>Gross Revenue</b>		<u>1,947,487,205</u>
<b>Less Revenue Exemptions</b>		
Federal Funds:		
Title XIX		
Title XXI	0	
Total Federal Funds		<u>0</u>
Drug Rebates - Federal		389,050,896
County contributions		897,791,804
Nursing Home Quality Assessment		379,321,828
ICF/DD Quality Assessment		12,107,969
Family Prem-Hlthy Kids		11,634,384
Non Operating Transfer:		
Transfer in from DOH GR	31,560,983	
Transfer to MCTF	14,233,142	
Transfer to ATF	829,986	
Non Operating Transfer:		
	0	
	0	
	0	46,624,111
Total Non-operating Transfers		<u>0</u>
<b>Total Revenue Exemptions</b>		<u>1,736,530,992</u>
<b>Total Revenue Subject to 5% Reserve</b>		210,956,213
<b>Total 5% reserve for Grants and Donations Trust Fund</b>		<u><u>10,547,811</u></u>

**Section III Adjustments Narrative:**

September 2010 reversions of \$121,605,715 are the result of unexpended certified forward appropriations.

Current Year Adjustments of \$432,722,636 are due froms, transfer to MCTF, reclass general ledger codes, accrual reversal and reduction to account payables.

Prior Year Adjustments of \$(126,505,246) 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 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.

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

<b>Transfers In (Provide Agency and Fund Number Received From)</b>	<b>Transfer Category</b>	<b>Amount FY 10-11 (A01)</b>	<b>Amount FY 11-12 (A02)</b>	<b>Amount FY 12-13 (A03)</b>	<b>Confirmed By</b>
68501400 Transfer in from Dept of Health (64202141001642007) 2141	001000	17,260,254	31,560,983	31,516,528	Dawne Sutherland 850-245-4537
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	Budget Period: 2012-2013
<b>Trust Fund Title:</b>	Agency for Health Care Administration
<b>Budget Entity:</b>	Grants and Donation Trust Fund
<b>LAS/PBS Fund Number:</b>	Agency Level
	2339

	Balance as of 6/30/2011		SWFS* Adjustments		Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	213,666,887	(A)			213,666,887
ADD: Other Cash (See Instructions)	12,620,944	(B)			12,620,944
ADD: Investments		(C)			0
ADD: Outstanding Accounts Receivable	152,107,578	(D)	270,044,970		422,152,548
ADD: Other Loans and Notes Receivable	1,008,186	(E)			1,008,186
<b>Total Cash plus Accounts Receivable</b>	379,403,595	(F)	270,044,970		649,448,565
LESS: Allowances for Uncollectibles	1,794,846	(G)			1,794,846
LESS: Approved "A" Certified Forwards	609,636,235	(H)			609,636,235
Approved "B" Certified Forwards		(H)			0
Approved "FCO" Certified Forwards		(H)			0
LESS: Other Accounts Payable (Nonoperating)		(I)			0
LESS: Payables not Certified Forwards			(162,612,598)		(162,612,598)
LESS: Deferred Revenue	84,542,708	(J)			84,542,708
LESS: Current Compensated Absences		(J)			0
<b>Unreserved Fund Balance, 07/01/11</b>	(316,570,194)	(K)	432,657,568		116,087,374 **

**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**

<b>Department Title:</b>	<u>Budget Period: 2012 - 2013</u>
<b>Trust Fund Title:</b>	<u>Agency for Health Care Administration</u>
<b>LAS/PBS Fund Number:</b>	<u>Grants and Donation Trust Fund</u>
	<u>2339</u>

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/11**

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	<input type="text" value="-316,570,196"/> (A)
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**Subtract Nonspendable Fund Balance (GLC 56XXX)**

<input type="text"/>	(B)
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**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment Adjustments to Accounts Receivable	<input type="text" value="270,044,970"/> (C)
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SWFS Adjustment # and Description	<input type="text"/> (C)
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**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	<input type="text"/> (D)
---	--------------------------

Approved "C" Carry Forward Total (FCO) per LAS/PBS	<input type="text"/> (D)
--	--------------------------

A/P not C/F-Operating Categories	<input type="text" value="-162,612,598"/> (D)
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Other Accounts Payable (Nonoperating)	<input type="text"/> (D)
---------------------------------------	--------------------------

<input type="text"/>	(D)
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**Rounding**

<input type="text" value="2"/>	(D)
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**ADJUSTED BEGINNING TRIAL BALANCE:**

<input type="text" value="116,087,374"/>	(E)
--	-----

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line I)**

<input type="text" value="116,087,374"/>	(F)
--	-----

**DIFFERENCE:**

<input type="text" value="0"/>	(G)*
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**\*SHOULD EQUAL ZERO.**

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

Department:	Agency for Health Care Administration	
Fund Name:	Grants and Donation Trust Fund	
FLAIR #:*	339094	
Name, Position, and Telephone No. of Person Completing Form:	Michele Tallent , Budget Director (850) 412-3815	Paula Shirley, Chief, Finance and Accounting (850) 412-3820
<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.	s. 409.916, F.S.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	See Schedule 1, Column A01
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.	
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	



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 Florida Constitution, list the specific exemptions that apply.	
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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 Title XIX Medicaid program. 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.	

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.	
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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 s. 215.3207, F.S.	
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	
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.	

## 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 11-12	12,747,450,052	
<b>Gross Revenue</b>		12,747,450,052
<b>Less Revenue Exemptions</b>		
Federal Funds:		
Title XIX	11,395,924,091	
Title XXI	358,944,113	
Total Federal Funds		11,754,868,204
Transfer in From DCF		64,131,842
Transfer in From DOH		13,324,013
Transfer APD		402,065,161
Transfer DOEA		231,575,460
Transfer DJJ		2,000,000
Refunds-TPL-Federal		38,465,944
Child Health Care Quality Grant		1,222,512
Non Operating Transfer:		
Transfer to APD	70,500,000	
Transfer to DCF	83,130,408	
Transfer to Adm	6,677,069	
Transfer DOH	35,124,094	
Total Non-operating Transfers		195,431,571
<b>Total Revenue Exemptions</b>		12,703,084,707
<b>Total Revenue Subject to 5% Reserve</b>		44,365,345
<b>Total 5% reserve for Medical Care Trust Fund</b>		<b>2,218,267</b>

### Section III Adjustments Narrative:

September 2010 reversions of \$366,103,767 are the result of unexpended certified forward appropriations.

Prior Year Adjustment of \$(343,749,219) are necessary to record prior year FLAIR adjustments required by the Department of Financial Services.

Current Year Adjustments of \$1,132,598,614 are recording a due to and due froms between budget entities, recording due from and due tos to federal government, due tos to other departments, and reclass general ledger codes.

**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.

**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 :**

Medical Care Trust Fund - 2474 - Pg1

<b>Transfers In (Provide Agency and Fund Number Received From)</b>	<b>Transfer Category</b>	<b>Amount FY 10-11 (A01)</b>	<b>Amount FY 11-12 (A02)</b>	<b>Amount FY 12-13 (A03)</b>	<b>Confirmed By</b>
68501500 Transfer in from APD (6720202516013671001000) 2516	001000	4,891,808			Ramon Evans 850-921-2961
68501500 Transfer in from APD (67202639027671001000) 2639	001000	6,188,440			Ramon Evans 850-921-2961
68501500 Transfer in from DOH (642023900016440020000) 2390	001000	2,861,370	8,675,022	8,558,857	Dawne Sutherland 850-245-4537
68501500 Transfer in from DOH (642023900016440020000) 2390	001500	557,016	839,963	828,716	Dawne Sutherland 850-245-4537
68501400 Transfer in from DOH (6420226101064300100) 2261	001000	222,706			Dawne Sutherland 850-245-4537
68501400 Transfer in from DOH (6420253100364200800) 2531	001500	3,215,716	3,809,028	3,764,065	Dawne Sutherland 850-245-4537
68501500 Transfer in from APD (6710100032867100) 1000	001000	300,037,664	402,065,161	396,666,919	Ramon Evans 850-921-2961
<b>Transfers Out (Operating and Non-Operating)</b>	<b>Transfer Category</b>				
68500100 Transfer out to DCF (602022610156091050600) 2261	102342	7,659,841	8,009,278	8,009,278	Frank Liro 850-717-4752
68500100 Transfer out to DOH (642021680016430010000) 2168	102342	78,576,452	89,267,126	89,267,126	Dawne Sutherland 850-245-4537
68500100 Transfer out to DCF (602022610156091050600) 2261	181353	114,277	115,000	115,000	Frank Liro 850-717-4752
68500100 Transfer out to DOH (641020210336410020000) 2021	181353	302,817			Dawne Sutherland 850-245-4537
68500100 Transfer out to DOH (642021410061420070090) 2141	181353	7,000,000	6,124,094	6,127,633	Dawne Sutherland 850-245-4537
68500100 Transfer out to DOH (642022610106430010000) 2261	181353	1,340,104			Dawne Sutherland 850-245-4537
68500100 Transfers out to DCF (60202261056091070800) 2261	181353	140,521	146,121	146,121	Frank Liro 850-717-4752

**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 :**

Medical Care Trust Fund - 2474 - Pg 2

<b>Transfers In (Provide Agency and Fund Number Received From)</b>	<b>Transfer Category</b>	<b>Amount FY 10-11 (A01)</b>	<b>Amount FY 11-12 (A02)</b>	<b>Amount FY 12-13 (A03)</b>	<b>Confirmed By</b>
68501500 Transfer In from DCF ( 601010003266091031000) 1000	001000	4,551,820			Frank Liro 850-717-4752
68501500 Transfer In from DCF ( 601010032660091070800) 1000	001500	9,109,276	37,086,540	36,756,796	Frank Liro 850-717-4752
68501500 Transfer In from DOEA ( 651010005036510040000) 1000	001000	43,970,637			Lisa Revell 850-414-2038
68501500 Transfer In from DOEA ( 651010005036510040000) 1000	001500	134,774,967	231,575,460	229,726,008	Lisa Revell 850-414-2038
68501400 Transfer In from DOH (641010003196420040000) 1000	001500	100,000			Dawne Sutherland 850-245-4537
68501400 Transfer In from DOH (641010003196430010000) 1000	001000	2,182,299			Dawne Sutherland 850-245-4537
68501400 Transfer In from DOH (641010003196420040070) 1000	001500	519,043			Dawne Sutherland 850-245-4537
<b>Transfers Out (Operating and Non-Operating) (Provide Agency and Fund Number Transferred To)</b>	<b>Transfer Category</b>				
68500200 Transfer out to DOH (641020210336410020000) 2021	181011	1,216,598	24,000,000	24,000,000	Dawne Sutherland 850-245-4537
68500200 Transfer out to DOH (642021680016430010000) 2168	181011	14,613,351			Dawne Sutherland 850-245-4537
68500200 Transfer out to DOH (642022610106430010000) 2610	181011	7,914,080			Dawne Sutherland 850-245-4537
68500200 Transfer out to DOH (642023900016440020000) 2390	181011	301,341			Dawne Sutherland 850-245-4537
68500200 Transfer out to DOH (645023520016440010000) 2352	181011	52,535			Dawne Sutherland 850-245-4537

**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 :** Medical Care Trust Fund - 2474 - Pg 3

<b>Transfers In (Provide Agency and Fund Number Received From)</b>	<b>Transfer Category</b>	<b>Amount FY 10-11 (A01)</b>	<b>Amount FY 11-12 (A02)</b>	<b>Amount FY 12-13 (A03)</b>	<b>Confirmed By</b>
68501400 Transfer In from DJJ			2,000,000	2,000,000	
68501400 Transfer In from DCF (60101000326609031000) 1000	001500	3,999,999			Frank Liro 850-717-4752
68501400 Transfer In from DCF (6010100032660901050600) 1000	001500	13,489,174	27,045,302	26,683,143	Frank Liro 850-717-4752
<b>Transfers Out (Operating and Non-Operating) (Provide Agency and Fund Number Transferred To)</b>	<b>Transfer Category</b>				
68501400 Transfer out to DCF (602022610156091050600) 2261	181011	69,495,800	82,869,287	83,746,976	Frank Liro 850-717- 4752
68501400 Transfer out to APD (672025160136710030000) 2516	181011	59,343,230	70,500,000	70,500,000	Ramon Evans 850-921-2961
68501400 Transfer out to DOT (552027310015515050000) 2731	102387	40,141,754	40,129,079	40,129,079	Ellyn Hutson 850-414-4866
68501400 Transfer out to DCF (602025160156091050600) 2516	181011	5,609,541			Frank Liro 850-717- 4752
68500100 Transfer out to DOH (642021680016430010000) 2168	181353	4,079,361	5,000,000		Dawne Sutherland 850-245-4537

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	Budget Period: 2012-2013
<b>Trust Fund Title:</b>	Agency for Health Care Administration
<b>Budget Entity:</b>	Medical Care Trust Fund
<b>LAS/PBS Fund Number:</b>	Agency Level
	2474

	Balance as of 6/30/2011	SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	488,613,270 (A)		488,613,270
ADD: Other Cash (See Instructions)	80,974 (B)		80,974
ADD: Investments	8,077,653 (C)		8,077,653
ADD: Outstanding Accounts Receivable	162,123,929 (D)	6,425,073,987	6,587,197,916
ADD: Other Loans and Notes Receivable	9,130,533 (E)		9,130,533
ADD: Advance	3,478,978 (E)		3,478,978
<b>Total Cash plus Accounts Receivable</b>	671,505,337 (F)	6,425,073,987	7,096,579,324
LESS: Allowances for Uncollectibles	5,393,654 (G)		5,393,654
LESS: Approved "A" Certified Forwards	1,346,895,783 (H)		1,346,895,783
Approved "B" Certified Forwards			0
Approved "FCO" Certified Forwards			0
LESS: Other Accounts Payable (Nonoperating)	8,630,344 (I)	21,591,776	30,222,120
LESS: Payables not Certified Forwards	8,282,122	5,389,234,761	5,397,516,883
LESS: Deferred Revenue	39,561,053 (J)		39,561,053
LESS: Current Compensated Absences	16,712 (J)		16,712
<b>Unreserved Fund Balance, 07/01/11</b>	(737,274,331) (K)	1,014,247,450	276,973,120 **

**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**

<b>Department Title:</b>	<u>Budget Period: 2012 - 2013</u>
<b>Trust Fund Title:</b>	<u>Agency for Health Care Administration</u>
<b>LAS/PBS Fund Number:</b>	<u>Medical Care Trust Fund</u>
	<u>2474</u>

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/11**

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	<input type="text" value="-737,274,330"/> (A)
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**Subtract Nonspendable Fund Balance (GLC 56XXX)**

<input type="text"/>	(B)
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**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment Due from Federal Government	<input type="text" value="6,425,073,987"/> (C)
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SWFS Adjustment # and Description	<input type="text"/> (C)
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**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	<input type="text"/> (D)
---	--------------------------

Approved "C" Carry Forward Total (FCO) per LAS/PBS	<input type="text" value="5,389,234,761"/> (D)
--	--

A/P not C/F-Operating Categories	<input type="text"/> (D)
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Other Accounts Payable (Nonoperating)	<input type="text" value="21,591,776"/> (D)
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<input type="text"/>	(D)
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**Rounding**

<input type="text"/>	(D)
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**ADJUSTED BEGINNING TRIAL BALANCE:**

<input type="text" value="276,973,120"/>	(E)
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**UNRESERVED FUND BALANCE, SCHEDULE IC (Line I)**

<input type="text" value="276,973,120"/>	(F)
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**DIFFERENCE:**

<input type="text" value="0"/>	(G)*
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**\*SHOULD EQUAL ZERO.**



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

Department:	Agency for Health Care Administration	
Fund Name:	Medical Care Trust Fund	
FLAIR #:*	474001	
Name, Position, and Telephone No. of Person Completing Form:	Michele Tallent , Budget Director (850) 412-3815	Paula Shirley, Chief, Finance and Accounting (850) 412-3820
<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 2008-009 Laws of Florida
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	See Schedule 1, Column A01
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.	
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	

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 Florida Constitution, list the specific exemptions that apply.	
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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.	

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.	
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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 s. 215.3207, F.S.	
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	
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.	

## **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:**

### **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.

**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 :** Public Medical Assistance Trust Fund - 2565

<b>Transfers In (Provide Agency and Fund Number Received From)</b>	<b>Transfer Category</b>	<b>Amount FY 10-11 (A01)</b>	<b>Amount FY 11-12 (A02)</b>	<b>Amount FY 12-13 (A03)</b>	<b>Confirmed By</b>
68501400 Transfer in from DBPR (79202086001) 2086	001500	82,770,080	81,400,000	80,700,000	Mary Townsend 850-717-1553

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

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	Budget Period: 2012-2013 Agency for Health Care Administration
<b>Trust Fund Title:</b>	Public Medical Assistance Trust Fund
<b>Budget Entity:</b>	Agency Level
<b>LAS/PBS Fund Number:</b>	2565

	Balance as of 6/30/2011		SWFS* Adjustments		Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	616,786,226	(A)			616,786,226
ADD: Other Cash (See Instructions)	772,666	(B)			772,666
ADD: Investments		(C)			0
ADD: Outstanding Accounts Receivable	37,568,679	(D)			37,568,679
ADD: Other Loans and Notes Receivable		(E)			0
ADD: Advance		(E)			0
<b>Total Cash plus Accounts Receivable</b>	655,127,571	(F)	0		655,127,571
LESS: Allowances for Uncollectibles	3,897,862	(G)			3,897,862
LESS: Approved "A" Certified Forwards		(H)			0
Approved "B" Certified Forwards		(H)			0
Approved "FCO" Certified Forwards		(H)			0
LESS: Other Accounts Payable (Nonoperating)		(I)			0
LESS: Payables not Certified Forwards					0
LESS: Deferred Revenue	11,677,567	(J)			11,677,567
LESS: Current Compensated Absences		(J)			0
<b>Unreserved Fund Balance, 07/01/11</b>	639,552,143	(K)	0		639,552,143 **

**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: 2012 - 2013**

**Department Title:** Agency for Health Care Administration

**Trust Fund Title:** Public Medical Assistance Trust Fund

**LAS/PBS Fund Number:** 2565

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/11**

Total all GLC's 5XXXX for governmental funds; **639,552,143** (A)  
GLC 539XX for proprietary and fiduciary funds

**Subtract Nonspendable Fund Balance (GLC 56XXX)** (B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment (C)

SWFS Adjustment # and Description (C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D)

Approved "C" Carry Forward Total (FCO) per LAS/PBS (D)

A/P not C/F-Operating Categories (D)

Other Accounts Payable (Nonoperating) (D)

**Rounding** (D)

**ADJUSTED BEGINNING TRIAL BALANCE:** **639,552,143** (E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line I)** **639,552,143** (F)

**DIFFERENCE:** **0** (G)\*

**\*SHOULD EQUAL ZERO.**

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

Department:	Agency for Health Care Administration		
Fund Name:	Public Medical Assistance Trust Fund		
FLAIR #:*	565006		
Name, Position, and Telephone No. of Person Completing Form:	Michele Tallent , Budget Director (850) 412-3815	Paula Shirley, Chief, Finance and Accounting (850) 412-3820	
<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.	s. 409.918, F.S.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	See Schedule 1, Column A01
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.	
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	

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 Florida Constitution, list the specific exemptions that apply.	
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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.	

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.	
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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 s. 215.3207, F.S.	
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	
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.	



## **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 use to record revenues.



## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	Budget Period: 2012-2013
<b>Trust Fund Title:</b>	Agency for Health Care Administration
<b>Budget Entity:</b>	Refugee Assistance Trust Fund
<b>LAS/PBS Fund Number:</b>	Agency Level
	2579

	Balance as of 6/30/2011		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	1,325,712	(A)		1,325,712
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	7,101,322	(D)		7,101,322
ADD: Other Loans and Notes Receivable		(E)		0
ADD: Advance		(E)		0
<b>Total Cash plus Accounts Receivable</b>	8,427,034	(F)	0	8,427,034
LESS: Allowances for Uncollectibles		(G)		0
LESS: Approved "A" Certified Forwards	6,396,343	(H)		6,396,343
Approved "B" Certified Forwards		(H)		0
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: Payables not Certified Forwards				0
LESS: Deferred Revenue		(J)		0
LESS: Current Compensated Absences		(J)		0
<b>Unreserved Fund Balance, 07/01/11</b>	2,030,692	(K)	0	2,030,692 **

**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: 2012 - 2013**

**Department Title:**

**Agency for Health Care Administration**

**Trust Fund Title:**

**Refugee Assistance Trust Fund**

**LAS/PBS Fund Number:**

**2579**

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/11**

Total all GLC's 5XXXX for governmental funds;  
GLC 539XX for proprietary and fiduciary funds

(A)

**Subtract Nonspendable Fund Balance (GLC 56XXX)**

(B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment

(C)

SWFS Adjustment # and Description

(C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS

(D)

Approved "C" Carry Forward Total (FCO) per LAS/PBS

(D)

A/P not C/F-Operating Categories

(D)

Other Accounts Payable (Nonoperating)

(D)

(D)

**Rounding**

(D)

**ADJUSTED BEGINNING TRIAL BALANCE:**

(E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line I)**

(F)

**DIFFERENCE:**

(G)\*

**\*SHOULD EQUAL ZERO.**

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

Department:	Agency for Health Care Administration	
Fund Name:	Refugee Assistance Trust Fund	
FLAIR #.*	579001	
Name, Position, and Telephone No. of Person Completing Form:	Michele Tallent , Budget Director (850) 412-3815	Paula Shirley, Chief, Finance and Accounting (850) 412-3820
<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 2008-009, Laws of Florida
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	See Schedule 1, Column A01
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.	
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	

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 Florida Constitution, list the specific exemptions that apply.	
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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.	

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.	
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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 s. 215.3207, F.S.	
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	
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.	